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COMPREHENSIVE SEXUALITY EDUCATION IN KENTUCKY

THESIS

A thesis submitted in partial fulfillment of the
requirements for the degree of Master of Science in the
College of Agriculture, Food and Environment
at the University of Kentucky

By

Luciana Davis Hockersmith

Salvisa, Kentucky

Director: Dr. Bryan Hains, Associate Professor,
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Lexington, Kentucky

2016

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ABSTRACT OF THESIS

COMPREHENSIVE SEXUALITY EDUCATION IN KENTUCKY

Discussions of sex education of any kind can be controversial in a given setting. Traditional approaches to sex education prompt debate regarding effectiveness. Key indicators central to the effectiveness of sex education continue to be rates of teen pregnancy and transmission of sexually transmitted diseases (STDs). With discontentment surrounding the effectiveness of “traditional approaches,” a more wide-ranging method is worthy of being explored. The curriculum approach of Comprehensive Sexuality Education (CSE) includes six key concepts, and subsequent sub-concepts, intended to provide a broad and even all-inclusive range of topics for a similarly broad and even all-inclusive range of ages of youth. When considering utilizing CSE in a community one must consider the influence community leaders have in success of implementation. This qualitative study seeks to explore how community leaders in one Kentucky community respond to six key concepts of CSE and its possible delivery. Utilizing snowball sampling in one Kentucky County with low teen birth rates, ten community leaders were interviewed. Results of this study show openness to the topics included in CSE but reveal a need for parent education as it relates to communication within the family as well as the topics of each key concept of CSE.

KEYWORDS: (Comprehensive Sexuality Education, Community Leaders, Youth Development, Sex Education, Sexual Development, Parent Education)

Luciana D. Hockersmith

10/25/2016

RESPONSE TO KEY CONCEPTS OF COMPREHENSIVE SEXUALITY EDUCATION

By

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10.25.2016
Date

This work is dedicated to my mother and father who are the inspiration for the study.

*Beverly Lynn Milton Davis
(04.15.50 - 07.06.15),*

The strong silent type – she made a great life for her husband and three daughters.

*James Leonard Davis
(07.18.48 - 05.10.16)*

The charismatic people person – he demonstrated unwavering dedication to his wife until the moment he died, likely of a lonely broken heart.

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TABLE OF CONTENTS

Acknowledgments.....	iii
List of Tables	vii
List of Figures.....	viii
Chapter One: Introduction	1
Background and Setting.....	1
Statement of the Problem.....	1
Purpose of the Study	3
Objectives/Research Questions.....	3
Definition of Terms	4
Limitations of the Study	4
Basic Assumptions.....	4
Significance of the Problem.....	5
Chapter Two: Literature Review	5
Case for Sex Education.....	5
Curriculum Approaches	7
Abstinence-Only Education.....	7
Abstinence-Plus Education	8
Comprehensive Sexuality Education (CSE).....	9
Relationships.....	10
Personal Skills	10
Human Development.....	11
Sexual Health.....	11
Society and Culture.....	12
Sexual Behavior.....	12
Critical Perspectives of CSE.....	12
Real vs. Ideal.....	12
Law vs. Policy.....	13
Moral vs. Ethical.....	14
Human Rights (access and discrimination).....	14

Chapter Three: Methodology	16
Research Setting	18
Participant Selection	18
Community Leader (CL) Participant Respondent Profiles	19
CL01	21
CL02	22
CL03	23
CL04	24
CL05	25
CL06	26
CL07	27
CL08	28
CL09	29
CL10	30
Data Collection	31
Data Analysis	33
Demographic Coding	33
Content Coding	34
Theming	35
Researcher Role	36
Limitations	38
 Chapter Four: Results	 39
Initial Participant Knowledge and Perceptivity of CSE (Interview Part A)	39
Participant Perceptions of Community Understanding	39
Personal Perceptions	41
Personal Experience	42
Parental Expectations	45
Barriers	50
Delivery Expectations	55
Instructional Alternatives	61
Summary	62

Responses to Key Concepts of CSE (Interview Part B)	63
Relationships.....	66
Personal Skills	70
Human Development	76
Sexual Health.....	83
Society and Culture.....	87
Sexual Behavior.....	91
 Chapter Five: Discussion, Conclusion and Recommendations.....	95
Discussion.....	95
Insights.....	98
Potential Issues	99
Variables	101
Reflections	103
Conclusions.....	104
Partnerships.....	104
Recommendations.....	105
 Appendices.....	107
A. Formal Recruitment Script	107
B. Follow-Up Correspondence	109
C. Nomination Form	110
D. Interview PowerPoint.....	111
E. Formal Interview Protocol.....	122
 References.....	124
 Vita.....	131

LIST OF TABLES

Table 3.1. Participant demographic, common descriptors	19
Table 3.2. Participant demographic, emergent descriptors	20
Table 3.3. Participant interview duration.....	31
Table 4.1. Instances of participant responses of venue by key concept.....	64

LIST OF FIGURES

Figure 4.1. Code landscaping example: Part B interview prompts	64
Figure 4.2. Participant responses to Key Concept: Relationships	65
Figure 4.3. Participant responses to Key Concept: Personal Skills	70
Figure 4.4. Participant responses to Key Concept: Human Development	76
Figure 4.5. Participant responses to Key Concept: Sexual Health.....	82
Figure 4.6. Participant responses to Key Concept: Society and Culture.....	87
Figure 4.7. Participant responses to Key Concept: Sexual Behavior.....	90

Chapter One: Introduction

Background and Setting

The journey from childhood to adulthood is challenging at best since youth traverse a plethora of development processes (Shafii & Burstein, 2009). One such process is the development of sexuality which Klein (2006) says “may not always be comfortable, but is essential for emotional, spiritual, family and community health” (p. 58). Facilitated dialogue, between adults and youth, is a common approach to address issues associated with sexuality (sexual health and behavior) as the cognitive abilities of youth are not fully developed until middle to late adolescence (Shafii & Burstein, 2009). Webster’s (2001) defines sexuality as: 1. sexual character; possession of the structural and functional traits of sex. 2. Recognition of or emphasis upon sexual matters. 3. Involvement in sexuality activity. 4. An organism’s preparedness for engaging in sexual activity. Each of these separate yet related definitions describes a possible approach to sexuality education – a highly controversial issue with many debatable characteristics (Berman, 2009; Klein, 2006; Campos, 2002; Kirby, 2000; Coleman, 2002).

Composed of many different components and not to be confused with the traditional perception of sex education; sexuality education takes place across an individual’s lifespan and is infused in all aspects of one’s culture (Berman, 2009). While sex education is often grounded in physical development; *sexuality education* also encompasses social-emotional, psychological and even cognitive-intellectual development (Berman, 2009; Campos, 2002). The need for sexuality education is substantiated in a February 2002 issue of *The Journal of Sex Research* completely devoted to articles invoking further dialogue and research in the area of sexuality education.

Statement of the Problem

Sexuality education as defined by the Sexuality Information and Education Council of the United States (SIECUS) in their document *Guidelines for Comprehensive Sexuality Education* (2004) includes more than the traditional perception of sex education and is not an abstinence

only approach. Indicators for building a case for sex education most often include reported rates of teen pregnancy and rates of sexually transmitted diseases (Hensel & Fortenberry, 2013), (Stanger-Hall & Hall, 2011), (Guttmacher Institute, 2011), (Shafii & Burstein, 2009), (Lou & Chen, 2009), (Von Sadvoszky, Kovar, Brown & Armbruster, 2006), (Santelli, Ott, Lyon, Rogers, Summers & Schleifer, 2006), (Haffner, 1997), (Welshimer & Harris, 1994). Coleman (2002) substantiates the call to develop various strategies that promote sexual health. The National Campaign to Prevent Teen and Unplanned Pregnancy produced a document titled, *What Works 2009*, evaluating curriculum-based programs that prevent teen pregnancy. President Obama has a Teen Pregnancy Prevention Initiative (TPPI), in which the Centers for Disease Control and Prevention (CDC), the federal Office of the Assistant Secretary for Health (OASH) and the Office of Adolescent Health (OAH) are collaborating to address the issue and provide funding to support a variety of programs. Unfortunately, the more than \$168 million in federal funding in FY 2005 allocated for abstinence only education (AOE) is believed to limit information (Santelli et al., 2006). AOE has also been found to be ineffective by not contributing to delaying initiation of intercourse (Santelli et al., 2006) and positively correlating to teen pregnancy (Stanger-Hall & Hall, 2011).

In July 2008, SIECUS examined the state of youth in Kentucky as related to sex education finding that teens in the Commonwealth “experience some of the highest rates of teen pregnancy and sexually transmitted diseases in the country” (SIECUS, 2008). Also, a website advocating for the reproductive rights of women of color known as SisterSong.net had ranked Kentucky fifty-first of fifty-one (fifty states including the District of Columbia) for its reproductive rights (SisterSong, 2009). With higher than national average teen birth rates, a special report on abstinence-only-till-marriage programs in Kentucky by SIECUS (2008) stated finding some of the worst curricula being used. Kentucky currently participates in the Title V abstinence-only-till-marriage program which SIECUS (2008) suggests should be withdrawn to

make room for a more comprehensive and evidence based approach to sexuality education. What would it take to make this happen?

Purpose of the study

Considering the previous question, the primary purpose of this study to examine sexuality education in Kentucky. The research question driving this study is: “How do community leaders in one Kentucky community respond to the six key concepts of Comprehensive Sexuality Education (CSE) and its possible delivery?” In order to accomplish this the researcher had to identify gatekeepers in the community studied, as well as recruit participants for inclusion in the standardized open-ended interviews.

Objectives/research questions

In effort to further examine sexuality education in Kentucky, the study assessed responses to comprehensive sexuality education concepts by community leaders in one Kentucky community. The researcher accomplished this by:

1. discovering potential issues facing Kentucky communities in regards to sexuality education
2. gaining background information necessary to develop hypotheses surrounding the climate for sexuality education in Kentucky communities
3. identifying variables that exist in examining sexuality education for Kentucky communities

Inclusionary delimitations for participants in this study were defined by the SIECUS document *Developing Guidelines for Comprehensive Sexuality Education* and included community members, nongovernmental organizations (NGO's), schools/education sector, government/policymaking agencies, medical and health providers of Kentucky communities (SIECUS, 1999).

Definition of terms

Sex Education (SE) - Generally speaking, a transfer of knowledge about a variety of topics related to sex. As Webster defines education, “The act or process of imparting or acquiring general knowledge, developing the powers of reasoning and judgement, and generally preparing oneself or others intellectually for mature life.”

Comprehensive Sexuality Education (CSE) – all-inclusive sex education. The Sexuality Information and Education Council of the United States (SIECUS) defines CSE as “address[ing] the socio-cultural, biological, psychological, and spiritual dimensions of sexuality by providing information; exploring feelings, values, attitudes; and developing communication, decision-making, and critical-thinking skills” (SIECUS, 2004, p.13).

Limitations of the study

The nature of this qualitative study is limited by time and place. Extrapolated data reflects only the perceptions of participants at the particular time of the interview – experiences, thoughts and opinions shared may have changed subsequently. Responses captured represent only one Kentucky community and then only ten people. These responses may not necessarily represent the entire community and may contain a bias specific to community leaders. Initiated to examine CSE, this study highlights issues facing Kentucky communities in relation to sex education. Participation in the study was voluntary and may contain a related bias, in that opposition to the study may have resulted in non-response or a decline to participate.

Basic assumptions

This qualitative investigation dealt with community leaders identified in one Kentucky community. While participants may, or may not, be parents or guardians, each was recruited based on the occupational or reputational status of being a recognized leader in the geographic community studied and not on parental status. There were no residential requirements for participants, so it is possible a participant in this study may live outside of the geographic community studied.

Significance of the problem

State-level exploration of sex education specific to Kentucky has been less studied, and research shows an area of neglect. No studies were identified focusing on Kentucky, thus leaving research in Kentucky communities a compelling effort to pursue. This further validates the importance of this study to shed light on the responses of the community leaders to key concepts of comprehensive sexuality education.

Chapter Two: Literature Review

Case for Sex Education

Sex Education (SE) is not a new topic; it is certainly not newly controversial either (Campos, 2002, p. 47, 59). Despite historic lows and declines in teen pregnancy and birth rates across the nation (Campos, 2002, p.27; Hamilton, Mathews, & Ventura, 2013; Hamilton & Ventura, 2012; Santelli et al., 2006; Ventura, Curtin, Abma, & Henshaw, 2012), the United States still has the highest rates of teen pregnancy of Western countries in the world (Ogle, Glasier, & Riley, 2008; Santelli et al., 2006; Stanger-Hall & Hall, 2011). Even more significantly, in 2010, Kentucky was still above the national average (Hamilton et al., 2013; Hamilton & Ventura, 2012), ranking seventh in final teen birth rates among females aged fifteen to nineteen (United States Department of Health and Human Services [US DHHS], 2013). Preliminary data posted by the Kentucky Teen Pregnancy Coalition (2012) showed 100 of the 120 counties of the Commonwealth of Kentucky had rates of teen births above the national average 34.2 births per 1000 females; Kentucky's rate was 46.2 which translates to 6,689 births to females aged fifteen to nineteen. These data exist despite evidence there is a decline in teens reporting having had sex and for those teens having sex, there is increased use of contraceptives (Ventura et al., 2012). Of further concern is teenage mothers have increased health risks to them and their child including low birth weight, preterm birth, and dying in infancy (Hamilton et al., 2013).

While there is copious research in the areas of teen pregnancy and sexually transmitted diseases, data related to sexual activity and birth control are still lacking. As a result, there is overwhelming support for sexuality education (SE) (Campos, 2002; Santelli et al., 2006). What *is* SE then? Campos (2002, p. 4) discusses the difficulty in finding a common definition for SE but gives a broad statement, “finding out about sex from parents, family, friends, teachers, adults in general, or mass media” but then narrows that a bit more by referring specifically to “curriculum that is used to teach youth.” McKeon (2006) puts forward ten critical characteristics of highly effective SE based on previous studies of program effectiveness and impact:

1. Offer age- and culturally appropriate sexual health information in a safe environment for participants;
2. Are developed in cooperation with members of the target community, especially young people;
3. Assist youth to clarify their individual, family, and community values;
4. Assist youth to develop skills in communication, refusal, and negotiation;
5. Provide medically accurate information about both abstinence and also contraception, including condoms;
6. Have clear goals for preventing HIV, other STIs, and/or teen pregnancy;
7. Focus on specific health behaviors related to the goals, with clear messages about these behaviors;
8. Address psychosocial risk and protective factors with activities to change each targeted risk and to promote each protective factor;
9. Respect community values and respond to community needs;
10. Rely on participatory teaching methods, implemented by trained educators and using all the activities as designed (p. 2).

Curricula Approaches

In Sex, Youth, and Sex Education: A reference handbook, David Campos (2002) gives a history of SE and calls attention to three curricula approaches: Abstinence-only, abstinence-plus and comprehensive sex education (CSE).

Abstinence-only education (AOE). Federal support for AOE began in 1982 (Keefe, 2007) and AOE programs have been funded for over thirty years. Keefe (2007) added “Congress has spent over 1.5 billion in state and federal dollars on [these] programs.” Keefe (2007), Klein (2006), Santelli et al. (2006), and SIECUS (2008) all include the federal definition of AOE under Section 510(b) of Title V of the Social Security Act of 1996, P.L. 104-193 which is as follows:

- (A) has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity
- (B) teaches abstinence from sexual activity outside marriage as the expected standard for all school-age children
- (C) 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
- (D) teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity
- (E) teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects
- (F) teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child’s parents and society
- (G) teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances
- (H) teaches the importance of attaining self-sufficiency before engaging in sexual activity

Criticisms of AOE allude to censorship and withholding of information, and lack of proven impact or effectiveness (Kirby, 2000). AOE programs are seen as more restrictive on views of youth engaging in sexual activity adding discussion of contraceptives, if at all, is brief focusing on failure rates and are accused of using scare tactics and unscientific approaches (Campos, 2002, p. 5, 6, 11). Santelli et al. (2006) explains the evaluations of AOE are weak and lack rigor while evaluations of CSE demonstrate impact. Two points could be considered to be both a strength and a weakness, depending on the audience, including the Christian foundation from which most programs have been built, as well as the view of “program goals being founded on biblical principal sex outside of marriage is morally wrong” (Campos, 2002, p. 5).

Support for AOE asserts prevention from emotional damage incurred by youth engaging in sexual activity in addition to the belief that discussion or availability of contraceptives encourages youth to have sex (Campos, 2002, p. 6). Another assertion is AOE originated in response to failure of “Safe Sex” programs of 1980’s (Whitehead, 1994). One organization, Choosing the Best, emerges as having studies to show impact by the Institute for Research and Evaluation as well as Northwestern University School of Medicine described by Campos (2002, p.8) as “one of the leaders of abstinence-only curriculum...with over two thousand programs in school districts in forty states.” In reference to sexually transmitted diseases the Teen Survival Guide published by the United States Department of Health and Human Services, Office of Women’s Health (2008, p. 13) includes statements such as “The best way to protect your health is to wait until you are married to have sex” and “Abstinence – not having sex – is the only 100 percent sure way to not get an STD.”

Abstinence-plus education. These programs support the core idea of abstinence *plus* recognize youth should practice protected sex by using condoms, but do not include such broad topics as to qualify as Comprehensive Sexuality Education (Campos, 2002). Organizations such as the American School Health Association, American Public Health Association, and American

Alliance for Health, Physical Education and Recreation, and Dance support the idea of including abstinence-plus education in schools (Campos, 2002). Examples of proven effective programs include “Reducing the Risk,” “Safer Choices,” “Be Proud! Be Responsible,” and “Becoming a Responsible Teen” (Kirby, 2000).

Comprehensive Sexuality Education (CSE). Chances are most readers will not be familiar with the term, nor really know what CSE is without an explanation. The Sexuality Information and Education Council of the United States (SIECUS) defines CSE as “address[ing] the socio-cultural, biological, psychological, and spiritual dimensions of sexuality by providing information; exploring feelings, values, attitudes; and developing communication, decision-making, and critical-thinking skills” (SIECUS, 2004, p.13). Simply put, comprehensive sexuality education is not leaving anything out. An extensive publication exists “modeled after the landmark School Health Education Study published in the late 1960s;” SIECUS developed this set of guidelines to inform and provide a basis for meeting “the needs and beliefs of different communities” (SIECUS, 2004, p.19).

The *Guidelines for Comprehensive Sexuality Education, 3rd edition* build on the foundations of the original work, and first national model for CSE, released in 1991. The *Guidelines* recognize optimal adult sexual health is the main goal of a sexuality education program and four areas emerged for all goals of the *Guidelines* (SIECUS, 2004). Inherent in the *Guidelines* are 19 values, or assumptions, as well as five fundamental principles (SIECUS, 2004). One fundamental principle that contributes to an ideal sexuality education program is *Community Involvement* where parents, family members, teachers, administrators, community and religious leaders as well as students are included (SIECUS, 2004). The *Guidelines* include 37 life behaviors (or outcomes), structured key concepts with 39 topics, each with its own sub-concept, and multiple developmental messages for each of four levels (SIECUS, 2004):

Level 1: middle childhood, ages 5 through 8; early elementary school

Level 2: preadolescence, ages 9 through 12; later elementary school

Level 3: early adolescence, ages 12 through 15; middle school/junior high school

Level 4: adolescences, ages 15 through 18; high school

There are six key concepts, or broad categories of information regarding sexuality and family living, identified by the *Guidelines* (SIECUS, 2004).

Relationships. Human relationships are complex and yet every day a new human is born into a relationship with some stranger one has never known. Beginning in families, progressing into friendships as well as dating one might say relationships are inevitable; it would seem then learning about relationships would be vital to human existence. Boston University produced a text, *The Art of Loving Well* (1993) based on the premise “the best way to gain knowledge about [relationships] is by promoting conversation and reflection about our common human experience.” Promoted as a character education curriculum for teens, the preface highlights four central themes relevant to the consideration of relationships [and this study]:

- 1) we learn to love from our families and communities
- 2) human relationships are complex; it takes time to nurture true friendships and intimate partnerships
- 3) sexual relationships *are* a big deal and should never be taken lightly
- 4) growth and change are possible if we are willing to take the time and trouble to learn all that is involved in loving well

Personal Skills. Considering relationships are inevitable, humans face a difficult task of navigating relationships without proper tools. It may be helpful to think of personal skills as the tools necessary for navigating relationships productively or healthily. Developing the basic personal and interpersonal skills of values exploration, decision-making, communication,

assertiveness, negotiation as well as looking for help, humans are better equipped to interact at home and in the community and further contribute to a healthy sense of self-worth.

Communication is central to the aforementioned skills as an unpublished 1976 study by Verderber, Elder and Weiler found staggeringly over 61 percent of waking time of a sample of college students engaged in some form of communication (Adler, Rosenfeld, & Towne, 1992, p.5), and likely greatly increased in today's time considering the technological advances made in the last forty years. As *Interplay* (Adler et al., 1992) laid out a detailed outline of both inter- and intra-personal communication, of mention is some of the earliest research exhibiting the significance of communication.

Human Development. This key concept includes not only the basic biological processes of physical growth of the human body, but also the social, emotional, and intellectual growth of the human experience. The interrelationship of these four areas of growth contribute to a basic sense of health and well-being similar to the theory established by American Psychologist Abraham H. Maslow in the hierarchy of needs (Verderber, 1993, pp. 442-443). Since progress made in these four areas occurs within the realm of formal and informal education of the home and community, it is relevant to other child development and educational theorists such as Maria Montessori, Erik Erikson, Jean Piaget, Lev Vygotsky and John Dewey, to name a few (Mooney, 2000).

Sexual Health. Building on the pretenses of human development, optimum sexual health can be attained through a basic knowledge and understanding of the reproductive system including mechanisms for maintaining health and avoidance of unwanted consequences of sexual behavior. These mechanisms include health promoting behaviors such as regular check-ups, early prenatal care, breast and testicular self-exams, and detection of potential problems. In addition, utilizing contraception to prevent unwanted pregnancy and procurement of sexually transmitted diseases (STDs) or infections (STIs) is essential as the risk of STIs and pregnancy increases with the initiation of sexual intercourse during adolescence (Santelli et al., 2006).

Society and Culture. Understanding culture shapes one's thinking with a shared language, customs, values, ideas and beliefs, it is not surprising to see a text address the concept of critical thinking through a cultural context. *Rereading America* (Columbo, Cullen, & Lisle, 1998) compiled a range of readings centered on the myths directing U.S. culture including family, education and even gender roles. Given the pluralistic society we live in, critical thinking and questioning can contribute to greater awareness of often reflexive held beliefs which may or may not be entirely accurate. Socio-Ecological Theory, Family Systems Theory and even Life Course Theory acknowledge humans do not exist in a vacuum and social construction of meaning is inherent.

Sexual Behavior. Often times SE, of any kind, focus on the consequences of sexual behavior which can have lasting complications. Those repercussions most cited are that of pregnancy, birth and STD's including HIV and AIDS, but Campos (2002) highlights the research studies of others describing also the emotional implication and consequences of engaging in sex. Based on other research studies, Campos (2002) outlines several variables associated with youth choosing to be sexually active and among them are: family structure, academic performance and participation, religious affiliation, peers, socioeconomic status, ethnicity, gender, age, and other risky behaviors such as alcohol and drug use with the highest predictor.

Critical Perspectives of Comprehensive Sexuality Education

In reviewing literature, there emerged additional themes surrounding the controversies of SE. These themes centered on conflict, which as a literary device, can be described as two opposing forces. When considering the description provided in a study guide by Houghton Mifflin Harcourt (2016), "challenge the status quo, encourage social change (even when this means social revolution)," a sociological perspective of conflict theory corresponds with these themes.

Real vs. Ideal. With regards to sexual intercourse, Santelli et al. (2006) highlights the disconnected relationship between expectations and actions of youth of American society, as

“few Americans wait until marriage to initiate sexual intercourse” (p. 73). Stressing abstinence while also providing information about contraception appears to be a mixed message; though public opinion polls report most parents and most adolescents do not perceive it that way (Santelli et al., 2006). In a 2009 news release, the American Civil Liberties Union (ACLU) of Kentucky affirmed although teen pregnancy rates are declining “about half of teens are having sex while nearly two-thirds will have had sex by their senior year in high school” (para. 4). Santelli et al. (2006) affirms sexual intercourse is initiated for most Americans during adolescence despite the goal of abstinence for many abstinence policies and programs.

Law vs. Policy. Campos (2002) documents in chapter two, *Chronology of Sex Education*, the laws about SE that can be traced to as early as 1878 when “Congress passe[d] an Act for the Suppression of Trade in, and Circulation of Obscene Literature” later known as the Comstock Laws (p. 47). The introduction chapter alone provides explanation of SE encompassing not only goals and definitions of different approaches, but also a section on the sexual conduct of youth; consisting of statistics, repercussions, and variables associated with sexual behavior. Chapter three provides historical context and perspectives of eight decades in the twentieth century, while chapters four, five, six, seven and eight are more specialized concerning respectively: sexual orientation: gay, lesbian, bisexual and transgender youth; SE and youth with disabilities; organizations, associations, and governmental agencies; and resources and selected publications. The final chapter offers some discussion and recommendations for each of the specialized chapters. Campos (2002) asserts that without a “standard national curriculum on sexuality, sex education remains politically contentious” (p. 3).

Today, the Guttmacher Institute (2011) has concisely reviewed the policies regarding Sex and HIV Education of 45 states – including Kentucky. It is here we find more states have policies or mandates about HIV education than SE – 33 to 21 respectively (Guttmacher, 2011). The Guttmacher (2011) review not only highlights the general requirements of 45 states, i.e., mandates, but goes on to highlight the content requirements when such education is offered.

Kentucky has mandates for both Sex and HIV education but no requirements for: 1) being medically accurate, 2) being age appropriate, 3) being culturally appropriate and unbiased, 4) restricting the promotion of religion, 5) parental consent, notice, or opting out. When SE is offered in Kentucky, it must *cover* abstinence – not *stress*, as 26 other states require – as well as include life skills for healthy decision making and information on negative outcomes of teen sex.

In 2009, the ACLU of Kentucky reported Representative Mary Lou Marzian and then Senator Kathy Stein would be introducing bills “in their respective houses...requir[ing] that sexual education in Kentucky be age-appropriate and medically accurate, which includes information about contraception, be inclusive of LGBTQI students and their families, and seeks to have parents involved in their child’s education” (para. 16). Since that time, ten more bills have been introduced into either the Senate or House of Representatives – one related to the human papilloma virus (HPV) vaccination – and all have died in committee.

Moral vs. Ethical. Santelli et al. (2006) concede abstinence is a healthier behavioral choice for adolescents, but unfortunately the policies and programs are “scientifically and ethically flawed” (p.79). Santelli et al. (2006) assert a belief that abstinence-only “programs, as defined by federal funding requirements, are morally problematic [and unethical], by withholding and promoting questionable and inaccurate opinions (p. 72).” Klein’s (2006) book, *America’s War on Sex: The Attack on Law, Lust, and Liberty*, includes a multitude of “battleground” topics that emphasize the arguments for morality and calls out the “Religious Right” (p.19, 25) about “whose morality” (p.54)? In summarizing censorship on the internet, Klein (2006) poses a valiant question, “which is more dangerous – information, or the consequences of restricting it?” (p. 119).

Human Rights—access and discrimination. Access to complete and accurate HIV/AIDS and sexual health information has been recognized as a basic human right (Freedman, 1995; Santelli et al., 2006; Society for Adolescent Medicine, 2006). When referring to AOE, McKeon (2006) and Santelli et al. (2006) both reiterate the declaration by The Society for

Adolescent Medicine that AOE programs “threaten fundamental human rights to health, information and life” (para. 3; p. 72). Santelli et al. (2006) incorporate section 510(b) of Title V of the Social Security Act of 1996, P.L. 104-193; Special Project of National and Regional Significance (SPRANS) programs; and programs funded under the Adolescent Family Life Act (AFLA) disallow giving out information not only about contraception, but also “sexual orientation and gender identity, and other aspects of human sexuality” (p. 75) and these practices are discriminating to GLBTQ youth. Santelli et al. (2006) further argues this restriction of information and censorship does not meet the needs of GLBTQ youth, but also “systematically ignores” (p. 77) the needs of the sexually experienced heterosexual youth.

In terms of the GLBTQ youth, David Campos (2003) has authored another extensive book, *Diverse Sexuality and Schools; A Reference Book*. Again, Campos (2003) writes an introduction chapter including terms associated with and challenges encountered by GLTBQ youth such as: depression, low self-esteem, and anxiety; school failure; alcohol and chemical abuse; sexually transmitted diseases; running away; and suicide. A chronology covering four decades in chapter two begins with a 1967 publication reference that “homosexuals, more than ever before, are out to win their legal rights, to end injustices against them, to experience their share of happiness in their own way...” (p. 49) and concludes with a 2002 statistic that “nearly two thousand gay-straight alliances (GSA) function in the nation’s 26,000 high schools” (p. 78). Campos (2003) mirrors the four-decade outline in chapter three with historical context and perspectives adding the “academic discourse on gay and lesbian youth has come a long way” (p. 125). In chapter four, Campos (2003) shares the stories of five contemporary youth and then profiles three schools in chapter five. Campos (2003) brings his text to a close in chapters six and seven with a listing of advocacy organizations, associations, government agencies, and print and non-print resources. Campos (2003) finishes with “We have come a long way in this field, but we need to do more” (p. 261).

Therefore, it is the purpose of this study to further explore the potential for comprehensive sexuality education in Kentucky. Utilizing the key concepts of comprehensive sexuality education developed by SIECUS (2004), this study sought to:

1. assess responses of community leaders to discover potential issues facing Kentucky communities
2. gain background information necessary to develop hypotheses surrounding the climate for implementation
3. identify variables present in examining sexuality education for Kentucky communities.

Chapter Three: Methodology

Despite declining rates of teen pregnancy, a majority of Kentucky's 120 counties have teen pregnancy rates above the national average; this promotes the "barefoot and pregnant" and "shotgun wedding" stereotypes common to Kentucky. Regardless of one's political party or ideological affiliation one thing remains, "Youth definitely need the skills to cope with their emerging sexuality" (Campos, 2002, p.38). To examine sexuality education in Kentucky, one must consider individual and collective responses to concepts contained within a comprehensive curriculum. Investigating potential issues and acquiring foundational knowledge is necessary to thoroughly assess the likelihood of implementation of comprehensive sexuality education in Kentucky communities. How do community leaders in one Kentucky community respond to the six key concepts of comprehensive sexuality education and its possible delivery?

In order to properly address the posed research question, a qualitative inquiry was needed. "Qualitative research is a means for exploring and understanding the meaning individuals... ascribe to a social or human problem" (Creswell, 2009, p.4). Qualitative studies "achieve fuller development of information" in opposition to quantitative studies, which Weiss

(1995, p.2) comments, “pay a price for their standardized precision” obtaining information in fragmented “bits and pieces of attitudes and observations and appraisals.” This study was designed to take place in the natural (the participant’s) setting in an effort to contribute to an inductive style and holistic account of responses to key concepts of comprehensive sexuality education (CSE). Because this area necessitates further understanding and little research has been done, it merits a qualitative approach (Creswell, 2009).

In regards to qualitative inquiry, Creswell (2009) chooses the term “worldview” where paradigm, epistemology or ontology have been used by other researchers. Based upon a Social Constructivist worldview (Creswell, 2009), this study sought to explore and discover through standardized open-ended interviews (Turner, 2010) the subjective meanings associated with individuals’ responses to key concepts of CSE. When expressing constructivism Crotty (1998) specified more than a few assumptions, three of which include:

- 1.) Meanings are constructed by human beings as they engage with the world they are interpreting. Qualitative researchers tend to use open-ended questions so that the participants can share their views.
- 2.) Humans engage with their world and make sense of it based on their historical and social perspectives – we are all born into a world of meaning bestowed upon us by our culture. Thus, qualitative researchers seek to understand the context or setting of the participants through visiting this context and gathering information personally. They also interpret what they find, an interpretation shaped by the researcher’s own experiences and background.
- 3.) The basic generation of meaning is always social, arising in and out of interaction with a human community. The process of qualitative research is

largely inductive, with the inquirer generating meaning from the data collected in the field. (Creswell, 2009, p. 8)

Research Setting

The researcher began investigating potential Kentucky Counties in which to conduct the study. Two Kentucky Counties were selected based on teen pregnancy rates from the 2011 Kentucky KIDS COUNT County Data Book. Utilizing internet searches to gain more knowledge about each community, a few “gatekeepers” (Creswell, 2009) were identified. Purposeful selection (Creswell, 2009) was based on inclusionary delimitations found in SIECUS (1999) *Developing Guidelines for Comprehensive Sexuality Education*. The SIECUS *Developing Guidelines* (1999) described those individuals whom should be part of a coalition to support CSE, i.e., community members, parents, religious leaders, civic and club leaders, prominent community elders and leaders. Non response to attempts in scheduling interviews in one county, combined with time limiting factors, led the researcher to eliminate the second county thereby altering the study to one Kentucky County instead of two for which the study was originally designed. The Kentucky County selected was described by multiple respondents as faith-based and conservative in nature; this was evidenced by the huge billboard on a main road entering the county advertising a local church as “the place to be seen.” This county is geographically divided by a man-made structure into obvious northern and southern communities.

Participant Selection

A formal recruitment script had been developed and previewed for clarity by eight individuals to reduce or eliminate confusing jargon and information – the duration was approximately four minutes. The detailed procedures follow the formal recruitment script, follow-up correspondence and nomination form located in the appendix (Appendix A-Formal Recruitment Script, Appendix B-Follow-Up Correspondence and Appendix C-Nomination Form). The researcher began phone calling for participant recruitment and contact occurred a

total of 299 times over a period of seventy-one days. Participant contact included phone calls, voice messages, email, United States Postal Service (USPS) mail and face-to-face exchanges.

A total of thirty-four names were gathered employing the snowball recruitment technique (Babbie, 2010; Farquharson, 2005; Lofland, Snow, Anderson, & Lofland, 2006; Weiss, 1995) whereby one individual nominates or makes referrals to other individuals for participation. It was the goal of the researcher to obtain ten willing participants in each of the two participating counties for a total of twenty interviews. Thirty individuals were contacted; twenty accepted participation in the study (ten in each of two counties); three declined participation outright; six declined by non-response (where three attempts were made to initiate contact without response); four were deemed unnecessary when all twenty interview positions were filled.

Community Leader (CL) Participant Respondent Profiles.

Q-1. How would you describe yourself in terms of being a member of this community? For example, with what organizations/clubs/church are you affiliated? Parent?

Participants were asked to freely and openly describe their self in terms of being a member of the community and parent. Responses and observations generated common descriptors (see Table 3.1. for common descriptors) which are as follows: Sex, Race, Age, Marital status, # of years married, Parental status, # of children, Community role, # of years in the community, Spiritual status, Sexual orientation, Grandparent status, and Family of youth (which describes the makeup of the family in which each participant was raised). The last four descriptors were not variables considered in the research design, but responses were significant enough to include for observational purposes (see Table 3.2. for emergent descriptors).

Table 3.1.

Participant demographic, common descriptors

	Sex	Race [^]	Age	Parental status	# children	Marital status	# years married	
Participant code	CL01	F	C	mid-40's*	yes	3	married	28
	CL02	F	C	mid-40's*	yes	3	no indication	no indication
	CL03	F	C	mid-40's*	yes	3 girls	married	>30*
	CL04	M	C	52	yes, step-parent	2 biological, 3 step	divorced, remarried	divorced, 10-11
	CL05	F	C	mid-30's*	yes	2 boys	no indication	no indication
	CL06	M	C	48	yes, step-parent	2 step-children (1 boy, 1 girl)	married	10
	CL07	F	C	mid-60's*	no	N/A	single	N/A
	CL08	F	C	32	not currently; former step-parent	none currently; 2 step-children	single, widowed	no indication
	CL09	F	AA	mid-60's*	yes	3	married	>38*
	CL10	F	AA	mid-30's*	yes	2 girls (1 adopted, 1 assimilated, no biological children)	no indication	no indication

[^] C, Caucasian; AA, African-American
*inferred

Table 3.2.

Participant demographic, emergent descriptors

	# years in community	Spiritual status	Sexual orientation	Grandparent status	Family of youth	
Participant code	CL01	12*	no claim or church membership referenced	heterosexual*	no	no indication
	CL02	13	no claim or church membership referenced	no indication	yes	no indication
	CL03	23	raised catholic; member of Christian Church	heterosexual*	no, but apparent desire	1 of 4 children; mother widowed at 8
	CL04	18	raised catholic; not currently practicing	"while I am very heterosexual,"	yes	1 of 6 children; married parents

CL05	10	"wasn't raised in a spiritual home either"; now Christian	no indication	no	divorced home, mom & step-dad; no indication of siblings
CL06	13	"call myself a Christian...not a regular churchgoer"	self-proclaimed heterosexual: "not that I am gay...grew up liking girls... identified with being a man"	no	1 of 3 children (1 brother, 1 sister); divorced home, 4 parents
CL07	15	raised in Southern Baptist Church; no current indication	no indication	no	1 of 3 children (adopted brother, biological sister, referenced 4 other foster children in home at various times); married parents
CL08	no indication	no claim or church membership referenced	heterosexual*	no	1 brother; married parents
CL09	38	raised in church; no current practice referenced	heterosexual*	yes	1 of 6 children; married parents
CL10	no indication	no church membership referenced, "I believe personally [sex] is a gift from God that was given to a husband and a wife"	heterosexual*	no	had older siblings (limited information)
*inferred					

For the purposes of this descriptive section, participants will be referred to as Community Leaders (CL). This is based on the inclusionary delimitations describing those whom should be part of a coalition to support CSE (i.e., *community* members, parents, religious *leaders*, civic and club *leaders*, prominent *community* elders and *leaders*) found in SIECUS (1999) *Developing Guidelines for Comprehensive Sexuality Education*. The identifying codes of CL01 through CL10 will represent one of each of the ten community leaders participating.

CL01. The first community leader was a heterosexual Caucasian woman in her mid-40s and director of a public health institution. She had been working in the community for 12 years, three years in her current position and nine years in her previous position with the public school as director of health services. She is the parent of three children, had been married for 28 years, and offered no description of spiritual status nor family of youth.

The interview took place in her office which had multiple windows viewing the side parking lot and back dropped by a wall of deep green, large established trees which seemed to line the perimeter of the property. The office appeared organized and had a modern dark wood laminate finished “L-shaped” work station arrayed with various family photos. She had a cup of coffee and began the interview in an official position with arms supported by a second older metal desk in the center of the room that paired well with vinyl commercial tile flooring.

As the interview progressed, the respondent relaxed her shoulders and eventually dropped her arms from the desk. She spoke of her love of “working with families to problem solve through medical issues.” She expressed her belief in the importance of education and “keeping students in school when they are ill or ...have a crisis pregnancy or any other medical issue that may keep them out of school – the importance of maintaining that education.” Her responses were especially insightful when sharing about educating and being open with her own children about sexuality and healthy relationships.

CL02. This community leader was a Caucasian woman in her mid-40s and nurse practitioner at a public health institution. She had been working in the community for 13 years, although she identified as “not originally from this particular community.” Her previous position had been in a school based center in another county. There was no clear indication of sexual orientation other than the fact that she is a parent of three grown children and grandparent of young children. She made no reference to any spouse even though she made a statement of belief, “...to me, [marriage] is building a life and raising a family together...” No mention of family of youth, parental structure nor sibling existence, surfaced when disclosing how SE was

addressed in her family. The only spiritual reference emerged when talking about requirements “to discuss [abortion] as an alternative...I’m comfortable doing that...I know...some nurses...who are not particularly comfortable with that because of religious views.”

This interview took place in the respondent’s office which was much smaller than CL01’s. There again were two desks, small desks, in the small space creating an “S-shaped” traffic pattern or flow. The diminutive industrial metal desks corresponded with the vinyl commercial tile flooring, like of many public institutions. The windows in this office had horizontal blinds which were partially bent and not hanging uniformly obscuring the view of a side parking lot lined with trees.

This respondent shared greatly and was very knowledgeable having experience instructing in the context of school classrooms as well as her interactions with clients at the public health institution. She had worked previously in “a school-based center” in another Kentucky County with youth “going through multiple, multiple relationships.” Despite an early observation and verbalization by the researcher claiming the respondent’s appearance was not indicative she was a parent of three grown children or even a grandparent, CL02 simply replied, “It’s quite possible.”

CL03. This community leader was a heterosexual Caucasian woman in her mid-40s and director of both adult and community education programs. She had been in her current position for 14 years and indicated living in the community for 23 years, but identified as originally being from a neighboring county. Her previous position had been with a local middle school and describes her background as “actually in social work.” She had been married for over 30 years and is the parent of three grown children – expressing a desire to have grandchildren, indicating sadness currently having none. At one point the respondent stated, “I love being a mom. There’s hardly a day goes by that I don’t either hear from my [children] or they text me or something, so that’s pretty cool because I hear of other people that don’t have that. I want grandchildren.”

The interview took place in a meeting room at a public arts center where a large oval dark wood laminate conference table was surrounded with numerous padded rolling chairs. The room was carpeted and gave an ambiance of calming muted light blue (not a stark baby blue), possibly from the combined effects of the carpet, wall paint, chair upholstery and volume of natural light from the large cathedral window at the far end of the long and narrow room. She positioned herself on the elongated side of the large oval table sharing freely and seemingly with ease.

During the interview, she described her family of youth as one of four children raised by a widowed mother, sharing that she was eight years old when her father passed away. This respondent expressed, even with her marriage of 30-plus years, “that drove me crazy - people that felt like they always ...had to have a boyfriend.” She also articulated the need to “never have to rely on a man.” [*Is this appropriate here?* This suggests a degree of disappointment with men perhaps related to the passing of her father at such a young age, or conversely, a benchmark of independence set by her mother.] The first respondent to refer to religion, she described being raised in the Catholic faith, but disclosed converting to and being a current member of a local Christian Church adding it was “hard for my family to understand but they’re okay with it now.”

CL04. This community leader was a 52-year-old Caucasian man, self-proclaimed heterosexual and school administrator. His first 13 years in education were in a neighboring county as a teacher and principal at both middle and high school levels. He had been working in the community for 18 years –nine at the local high school and nine in his current administrative position – for a total of 31 years in education. His administrative role included “deal[ing] with all the serious disciplinary issues...spend[ing] more time in the courthouse than...in school buildings.” He indicated having been divorced for 10-11 years and remarried to a woman (this was her third marriage), who also works in education, with no reference to the duration of the current union. He has two biological children, one new grandchild and three step-children. CL04 shared he was one of six children to never divorced parents, although four of five of his siblings’

marriages had ended in divorce. His father was a “very successful” educator and “a converted Baptist” and “My mother was a devout Catholic raised by a Victorian grandmother.”

The interview with CL04 took place in his second floor office with only the light of one lamp and what little natural light was coming in through the windows on a very rainy day. In the distance, you could hear the whistle of a train passing nearby. There was a dark cherry laminate “U-shaped” work station in the corner of the office, which was also the corner of the building; he had two windows – one on each wall. There was a wire bookshelf in the center of the wall, to the left of the doorway. On the bookshelf were a few books, but also family photos – a recent addition, the new grandbaby born less than three months ago. A small round table, with the lamp, was on the wall to the right and that is where he placed himself ready and willing to share from the beginning.

Although no current spiritual claim or church membership was made known, he did reveal that he had grown up “very Catholic” and “would get on [my] bike every morning at five o’clock to ride to the church and be an altar boy.” He also disclosed he had been “a victim of sexual abuse from a priest, a trusted priest, at 12 years old” and “left the church over it at a young age and wouldn’t go [back].” He divulged at 40 years old, “I gathered up all my courage and I told a therapist about it [for the first time].” CL04 shared he “didn’t sue anybody...wasn’t part of the class action lawsuit...told the chancery office simply because I wanted them to know who had done it, and I was one of about 14 victims who came forth about [the priest].” He exhibited a non-typical perspective, for the county and possibly even the state, regarding the acceptance of diversity, in terms of sexuality, claiming “to fight to the death for a kid’s right to be openly gay in a school.” His responses were very thoughtful, drawing upon the 31 years of experience with youth and his more recent interactions in “underworld of education.” He expressed, “I love every minute of it...a lot of stuff people don’t necessarily like...I absolutely love it...[helping] people in crisis or people in a bad situation.”

CL05. This community leader was a Caucasian woman in her mid-30s and director of school health. She had been living in the community for 10 years and attends church there. There was no clear indication of sexual orientation other than the fact she is a parent of two children. She made no reference to any spouse even though she made a statement of belief, “being a Christian [sex] is meant for marriage and in my home that’s what we stress.” She shared she “wasn’t raised in a spiritual home either;” it was a divorced home with a mom and step-dad with no indication of siblings.

The interview with CL05 took place in a conference room visible from and adjacent to her sterile and gray cubicle-type work station in a common area. This room had both interior and exterior windows and a large gray oval conference table with pull out chairs. The interior windows made up the upper portion of the wall separating the conference room from common work area, but making the exchange visible to all passersby. The cold rainy day was mirrored in the conference room with very little color or decoration – very bleak.

CL05’s responses were brief and the information she was willing to offer seemed limited. Working as a school health director she claimed “I feel like I have big role in helping to maintain the health and well-being of the students here in the district.” Similar to a majority of participants, this respondent offered insight into the perspectives of the dual roles of both parent and community leader.

CL06. This community leader was a 48-year-old Caucasian man, self-proclaimed heterosexual and school administrator. He had moved to the community about 11 years ago, but had been working there for 13 years adding he has been an educator for 23 years. While he calls himself a Christian, he conceded that he is “not a regular churchgoer.” He has been married for 10 years, marrying for the first time at age 38. Even though he has no biological children, he has two step-children who “are my kids;” aside from informing they were, in fact, his step-children he never referred to them as such. He describes his family of youth as a “very large family;” he

was one of three children raised in a divorced family in another state, with four parents – his biological parents and step-parents.

The interview took place in his office at the school. It wasn't an easy office to find; you had to make your way through two different areas to get there – and it wasn't directly accessible from the main hallway. There were two desks in this office, in addition to the oval classroom table where he stationed himself. There were exterior windows, a large calendar with a full frontal face of John Wayne and what appeared to be handheld metal detector wand hanging there on the same wall as the calendar.

Having participated in an exchange program immediately after graduating from high school, CL06 has had international and wide life experiences that have shaped his world-view as evidenced by his statement “I think I have been exposed to a lot of stuff...I spent a year in Europe which will absolutely open your eyes to different approaches to sex and relationships.” While hesitant to identify as liberal stating, “I would not ever call myself a liberal,” he also expressed some seemingly liberal views explaining exposure to homosexual males through a family member contributed to a better understanding of homosexuality than that of his friends – “not that I'm gay, but had exposure to that scene.” His responses were thoughtful and honest exhibiting reflection and passion for his roles both as a school administrator and parent as evidence in his remarks, “when you know and you realize this is what you want to do, then you do it with gusto and you do it with passion, without any kind of looking back or remorse.”

CL07. This community leader was a Caucasian woman in her mid-60s and legal assistant for Family Court. She has been working in the community for 15 years developing the court-designated worker program; code enforcement for planning and zoning; victim's advocate for the Commonwealth Attorney's office; and former administrator of Family Court, now legal assistant due to cutbacks. She is single, having never been married and no children. There was no indication of sexual orientation, current spiritual status or church membership. She described being raised in the Southern Baptist Church, and her family of youth as being one of three

children – one biological and one adopted sibling, She referenced four other foster children in the home at various times with married parents.

Accessible only through security and a locked hallway entry, the interview took place in her small second-floor multi-color carpeted office where there were two desks and a type writer or word processor table forming a make shift “U-shaped” work station. Pictures of nieces and nephews adorned the wooden shelf to the right of the entry door. There was one window on the wall opposite of the entry way. The first non-parent respondent interviewed, she identified with personal work accomplishments as evidence through self-description. At the conclusion of the interview, the local Judge entered into the office inviting her to lunch and there was a brief exchange about the research study.

CL07 described knowing from the time she was really young that she “would always be the one to take care of mom” having “watched [her] mother take care of her mother” adding that “maybe that also formed my attitudes.” Despite being a non-parent, this respondent has experience with youth through her work in the Family Court system, as well as her sister’s children referencing, “I have a niece...and spent two weeks down there” with the niece and her two young children. Likely due to the non-parent classification, it was interesting to note this respondent’s self-description was centered on her professional role(s) with accomplishments.

CL08. This community leader was a single 32-year-old heterosexual Caucasian woman and supervisor at drug court. She gave no indication how long she had been in the community, but stated she was originally from another county. CL08’s family of youth is one of two children to married parents. When asked directly, “Are you a parent yourself?” she replied simply, “No.” Later in the interview, she disclosed her husband had passed away but there was no reference to how long they were married. However, he had two children to which she had been a step-parent, “they were 9 and 11 when I first started helping my boyfriend raise them.” There was no spiritual claim or church membership mentioned.

Because CL08 had to manage the front window for walk-in clients, the interview took place in a small area behind a sliding glass window separating the public reception area from the desk area. It was reachable only after passing through the reception area door. Twice the interview was interrupted, once by a phone call and once by a walk-in client. CL08 sat at a desk while the researcher was seated immediately to her right in a straight back chair adjacent to the desk. The walls were an eggshell white with an assortment of scuff marks from apparent usage of the space and a metal two-drawer filing cabinet in the corner.

Her responses paralleled the surroundings of the space. Comments were simple, brief and to the point; she wasn't guarded sharing stories and information, but her remarks were succinct. The time spent as a step-parent had provided her with relevant experiences from which to glean additional perspective and insight.

CL09. This community leader was a heterosexual African-American woman in her mid-60s and prominent member of the community, evidenced by her self-description and one remark in particular, "I know lots of people in the community, a lot of people know who I am." She had been in the first Chamber sponsored leadership class for the county, a member of the Planning and Zoning Commission, as well as held a public office. CL09 indicated having, "been in the community since 1974 – but we're not originally from Kentucky." She had been married for 38-plus years, is the parent of three grown children and has two grandchildren. She referenced her family of youth – from another state – as being one of six children to married parents. While she did not mention any current spiritual practice or church membership, she did share she was raised in church.

The interview took place in an extra-large meeting room on the second floor of the courthouse. She positioned herself at the head of the table and the researcher sat on the left side of the table. The large windows provided a great deal of natural light which offset the dark woodwork of the aged structure. The carpet gave a calming blue glow to the room while the interview continued with an open door into the main hall which contained the elevators; the hall

was also carpeted. The open door provided the means for an interruption of sorts; a passerby who was in the courthouse paying his taxes stopped in to share holiday wishes and wound up sharing a lot of personal information. CL09 was cordial and polite in dealing with the interruption.

Her responses to the interview questions were thoughtful and honest, and there was a connection to contemporary culture. She mentioned some of the questions reminded her of a book she had just finished reading, “oh gosh, what is it? Something Shades of Grey...Fifty Shades of Grey...just brought this all back up to me here.” Three times the respondent used the word, “flabbergasted” in describing the aforementioned contemporary text. In spite of being flabbergasted, this respondent was in full support of communication and access to information for youth substantiated by comments such as “the earlier you start with them...the better” and “yeah, let’s discuss this, let’s get all the material we can find to help you understand this.”

CL10. The final community leader was a heterosexual African-American woman in her mid-30s and director of the pregnancy center. There was no indication of how long she had been in the community, but she shared experiences from another state. There was no discussion of her marital status despite having disclosed she was a parent to two non-biological children; one child assimilated into her family and one child she adopted from birth. There was limited information about her family of youth, she shared she had older siblings who experienced teen pregnancy and remembered thinking, “well that wouldn’t be good if I did that too.” Although she cites a connection between the pregnancy center and a local Baptist church, she declares no church membership. There is an allusion to a Christian belief system as evidenced in, “I believe personally [sex] is a gift from God that was given to a husband and a wife and it is to be enjoyed thoroughly...throughout the lifetime of their covenant relationship.” She also has worked with abstinence-only education programs and identifies with that view, “personally my view for sex is to wait and so it falls into abstinence until marriage.”

The interview took place at the Pregnancy Center which was not yet open to the public still with gravel drive and not much signage. Inside, there were still structural studs showing,

drywall dust in certain areas and the sound of drills and hammers being used nearby. The space for the interview was untouched, smelling of new carpet and fresh paint. There was a small table between two comfortable chairs in what would become a reception or waiting area, if not a one-on-one consultation space in just a couple of months.

CL10’s responses were particularly relevant and based on experience. She had worked in another state as a trained facilitator in an abstinence based curriculum, “Choosing the Best” containing “exercises and real hands on opportunities to practice refusal skills.” This final interview had a lengthy post-discussion given the respondents understanding of the research topic and support through involvement leading an abstinence program in another state, “that’s one of the reasons why I loved ‘Choosing the Best’ curriculum.” She went on to conclude, “this has really confirmed some of the health [aspects]...I believe a lot of our social ills of today stem from not having been taught about sexuality.”

Data Collection

The interview process started in December 2012, where the researcher traveled to each participant’s location of choice to conduct the qualitative interview. Interviews were conducted on four separate occasions over a period of forty-five days in two participating counties. There was one interview per participant and the duration of interviews ranged from approximately twenty-six minutes to one hour eighteen minutes in length (see Table 3.3 for interview duration).

Table 3.3.

Participant Interview Duration

		Time (hh:mm:ss)	Transcription (# pages)
Participant code	CL01	01:05:32	21
	CL02	00:34:55	12
	CL03	00:47:37	15
	CL04	01:18:53	29
	CL05	00:33:08	13

CL06	00:56:35	17
CL07	00:39:03	15
CL08	00:26:15	11
CL09	00:47:37	13
CL10	01:02:05	19

Each participant was asked to sign two copies of the University of Kentucky Institutional Review Board (IRB) approved Consent Form, one for the researcher and one for the participant. The researcher reminded each participant the consent form included reference to the fact the interview would be audio recorded and then transcribed for analysis purposes; and no participant would be personally identified at any point. Participants were again given the opportunity to nominate other individuals for participant recruitment (Appendix C-Nomination Form), also known as the snowball recruitment technique (Babbie, 2010; Farquharson, 2005; Lofland, et al., 2006; Weiss, 1995).

Formal interview protocol (see Appendix E-Formal Interview Protocol) included fifteen open-ended questions developed based upon the conceptual framework provided in the SIECUS *Guidelines* (2004). The protocol was tested on four individuals for continuity and clarity prior to data collection (Turner, 2010). To build respondent profile information, the protocol started with a simple “tell me about yourself” type question to gather relevant self-disclosed demographic data (see Tables 3.2. and 3.3. for descriptors). The interview questions were designed to build rapport and gradually transition to more sensitive topics (Creswell, 2009). Subsequent questions, or probes, were intended to gather data about social perceptions, parental expectations, barriers, personal experience, delivery expectations, instructional alternatives, and personal perceptions of the broad term of CSE (Creswell, 2009). One significant probe emerged during the study and was presented to half of the participants. The question dealt with further perceptions and parental preparation, “Do you think parents are equipped to talk with their children about these topics?”

The final six questions focused on a single key concept (each with a set of sub-concepts) contained within the SIECUS (2004) *Guidelines*: relationships, personal skills, human

development, sexual health, society and culture, and sexual behavior. Participants were asked to provide their perspective on each key concept containing individual subjects or topics giving consideration for appropriateness, delivery venue (person or place), and strong feelings or passion for any aspects.

In addition to the economic advantage, the researcher served as the interviewer for other reasons. The researcher has held a position in community leadership for several years – similar to that of the people [being] interview-[ed] (Babbie, 2010). The researcher also has the most genuine interest and familiarity with the questionnaire being able to follow question wording exactly, observe the intent of the response and probe for an elaboration (Babbie, 2010). Assessment by the advisor attested to the ability of the researcher to impart empathic neutrality as an interviewer during test interviews.

To start the interview, the researcher provided each participant with a laminated copy of the six key concepts of CSE on one side and responding considerations on the other side (see Appendix D-Interview PowerPoint slides three and four). Additionally, during the interview, the researcher utilized a laptop computer with PowerPoint presentation to facilitate a visual portion of the questioning (see Appendix D-Interview PowerPoint). These efforts were formulated to enhance comprehension related to potentially unfamiliar terms as well as to reduce the capacity for possible discomfort related to responding to potentially sensitive topics with a complete stranger in a first time face-to-face encounter.

Data Analysis

Interviews were audio recorded and transcribed verbatim by paid service. Each participant was assigned a unique number used for data files and transcriptions to maintain confidentiality. Only the researcher, thesis chair, outside reviewer and transcriber had access to study records which were kept at the residence of the researcher in a locked drawer. Names of the participants, as well as references and places remained confidential. Information and details

with the potential to identify participants were not used or, when necessary for building the participant profile, were generalized to be non-specific.

Demographic coding. Once interviews were transcribed, the researcher began the process of first-cycle coding combined with writing analytic memos to document, reflect on, and write about various processes emerging throughout data analysis (Babbie, 2010; Creswell, 2009; Saldaña, 2013). Numerous coding profiles were reviewed (Saldaña, 2013) and there was great potential for application of several techniques, however attribute coding was selected as a first-cycle method. In order to capture varying characteristics, this method was used as a management technique for classification of basic descriptive information for multiple participants (Saldaña, 2013). This grammatical method chronicles essential information necessary in some form for nearly all qualitative studies (Saldaña, 2013).

Content coding. Additional coding employed the use of structural coding (Saldaña, 2013), also known as “utilitarian,” appropriate for multiple participants and suitable for interview transcripts. This elemental method applies a conceptual topic of inquiry establishing a foundation for further coding (Saldaña, 2013). Suitable for this cycle, data were examined for structure related to themes emerging from the review of literature: real vs. ideal, law vs. policy, moral vs. ethical, and human rights.

Coincidentally, there is a Versus Coding mechanism which may seem appropriate simply due to the multiple “versus” labels. This is not the technique applied here for the description includes mutually exclusive or dichotomous terms and applications from “qualitative data sets that suggest strong conflict or competing goals within, among, and between participants” (Saldaña, 2013, p.115). Versus coding may also be used for policy studies – none of these were the intent and design of the study.

Further coding applying In Vivo Coding (Saldaña, 2013) was utilized. This approach has been referred to in other methods literature as “literal,” “verbatim,” “inductive,” “indigenous,” and “emic” coding (Saldaña, 2013, p. 91). In Vivo coding is also an elemental method but

captures the exact words and short phrases described as one way to “prioritize and honor” the voice of each individual (Saldaña, 2013, p. 264).

Each coding application began with question 1, but the remaining formal interview questions were not reviewed in consecutive order (see Formal Interview protocol for exact questions). To ensure consistent interactions with the data, the researcher coded interview transcriptions one question at a time. For example, question 2 for all ten participants was examined and coded before moving on to another question.

Dealing both with perceptions of CSE, question 2 followed by question 8 were coded. These questions were intended to be a gauge between the projected social perceptions of others in the community and the personal perceptions of the participant. Coding continued with questions 6, 6a, 6b and 7 all of which explored expectations for delivery of CSE. The focus of these questions included the where, when, and how often information should be offered to youth, as well as perceptions about sources of information other than parents.

Questions 3, 3a, 3b and 4 were considered next because they dealt with expectations and barriers of parents or guardians. The significant probe related to perceptions of parental preparation introduced to half of the participants was also included in the coding. Question 5 was then examined concerning the personal experiences of the participant related to sexuality education. This question was designed to gather comparative information of possible influence to the perceptions of CSE. Finally, coding of questions 9 through 14 addressing the six key concepts occurred one at a time and in consecutive order. Due to the range of possible responses, question 15 was explored last.

Theming. Three coded transcripts were submitted to an outside reviewer (PhD) with qualitative research experience for inter-rater reliability. First-cycle codes were then entered into an Excel Spreadsheet for integration. Data were then printed and labeled for second cycle coding utilizing a more traditional approach to the analysis of interview transcripts (Weiss, 1995) where the researcher cut and organized (Lofland et al., 2006) all responses into a filing method by

question. Each question was then locally integrated into a logical flow applying filters or themes emerging from analysis such as positive, negative, and uncertain responses in line with the latitudes of Sherif and Hovland's popular perceptual theory of social judgement (Verderber, 1993). Other themes emerged such as schools, home/family, God/church/spiritual, and community (Weiss, 1995). As analysis progressed, further grouping of the filters of themes of schools, home/family, God/church/spiritual, and community evolved into simply home and community.

Saldaña (2013, p. 194) describes "enhancing the credibility and trustworthiness – not to mention organization – of your observations as analysis proceeds" with a number of existing qualitative display strategies. A visual display of codes was created utilizing code landscaping via www.wordle.net which provided a "visual look at the most salient themes...and potential categories" (Saldaña, 2013, p.199).

Further analysis began with Question 1 which laid the foundation for the respondent profiles and then jumped to the key concepts or Questions 9 through 14; remaining analysis took place in sequence similar to the coding.

Researcher Role

As a County Extension Agent for Family and Consumer Sciences with the Kentucky Cooperative Extension Service, in 2007, the Family Resource Youth Service Center (FRYSC) Coordinator requested my services to conduct a program for the local elementary school's fourth grade girls about puberty. Having been in the classroom as a public school teacher prior to Extension, teaching life skills, basic human reproduction and parenting, I felt qualified to share a brief presentation with fourth grade girls about what was getting ready to happen, or may already be happening, with their bodies. What was supposed to be a forty-five minute program ended an hour and half later - after many questions.

It was apparent to me many of these girls had been starving for knowledge and information about this journey that would lead them eventually into adulthood. From

adolescence into adulthood, sex education includes normal growth and development in addition to relationship and reproductive decisions where I feel a sense of respect for self should be developing; much takes place in being and becoming. After reflecting on the “Girl Talk” as well as personal hygiene programs I have conducted over the past nine years, I would like to contribute somehow to program development in this area. I believe strongly that youth deserve to be armed with a basic knowledge of their growth and development so they can make more informed decisions that will have lasting effects on their lifespan. In my opinion, Extension has great placement in Kentucky communities to offer this type of programming. We guide folks in making healthy choices when it comes to nutrition, eating, physical activity, child development, parenting, and some programs also offer breast feeding support and education. Therein lies a gap.

Personally, I feel that I too, starved for this basic information going through puberty and transitioning into adulthood. For example, my “sex talk” involved my father addressing me across the dinner table one summer night, “Hey...you know the dif’rence ‘tween n’door ‘n outdoor plumbin’?” I was young, before middle school and this was humorous to my family...the youngest of three female children...spaced fourteen years apart. I assume I was supposed to have absorbed female development knowledge through osmosis. My mother didn’t help much either, having left her home at fifteen to marry and have a child of her own with my dad - she didn’t exactly complete the development process before raising her daughters. She once apologized to me for not having communicated more with me growing up, but acknowledged and blamed her parents for not communicating with her. I hope to break the cycle and likely will go too far in the other direction as I am very passionate about communicating with my now three-year and seven-year old sons.

More specifically as a white, middle-class, female who has been in only one monogamous sexual relationship, my Christian values fall in line with the conservative attitudes supporting abstinence-only sex education. However, I find more and more I do not fit into my own stereotype of myself and do not necessarily support abstinence-only education. Externally,

my actions and life choices fall into the previously mentioned stereotype, but inwardly my passion includes a more comprehensive and quite possibly, yes, liberal approach to sexuality and sex education.

My employment as a County Extension Agent for Family and Consumer Sciences positions my role as the researcher similar to the Community Leader participants of this study. However, to increase validity, a different and unfamiliar Kentucky County with unique and unfamiliar community leaders was selected with which to conduct the study. Although connections to the Cooperative Extension Service in any given Kentucky County are possible, these relationships were not utilized.

The very topic of sex education can seem disruptive and may likely spark public debate in any community. Due to the nature of the topic, the Institutional Review Board was consulted to preserve and protect the rights of the participants. The sensitive nature of the topic required provisions for protecting and masking names of people and places; this included the development of a unique consent form explaining the purpose of the study, potential risk and notification of audio recording and transcription of the interviews, as well as the choice to end participation at any time with no repercussions.

Limitations

As previously mentioned, this study qualitative investigation is limited by time and place. The extrapolated data reflects only the perceptions of participants at the particular time of the interview – experiences, thoughts and opinions shared may have changed subsequently. Responses captured represent only one Kentucky community and then only ten people. These responses may not necessarily represent the entire community and may contain a bias specific to community leaders. Participation in the study was voluntary and may contain a related bias, in that opposition to the study may have resulted in non-response or a decline to participate.

Another limiting factor may be the interview itself. Creswell (2007) identifies one disadvantage to such data collection as related to coding the expansive responses. However,

Turner (2010, p. 756) describes the standardized open-ended interviews as “likely the most popular form of interviewing utilized in research studies ...allowing the participants to fully express their viewpoints and experiences” despite the fact questions are structured and scripted to be delivered identically to each participant. While Gall, Gall, and Borg (2003) express this conundrum can also reduce researcher biases within a study.

Initiated to examine CSE, this study utilized the standardized open-ended interviews to capture the responses of community leaders and in doing so, highlights issues facing Kentucky communities in relation to sex education.

Chapter Four: Results

Initial Participant Knowledge and Perceptivity of CSE (Interview Part A)

Giving consideration to the participants’ perspectives, initial interview questions were designed to gauge prior knowledge and perceptions of CSE. Perception in its simplest form includes, selection, organization, and interpretation of information. Individuals interpret by creating or constructing meaning for this information which includes influential factors of relational satisfaction, *past experience*, assumptions about human behavior, *expectations*, *knowledge of others*, and personal mood (Adler et al., 1992). Since social perception includes both the perception of self (personal) and others, two questions were devised to gain insight into both perspectives and ultimately assess congruence (Verderber, 1993) as well as past experience with the topic. Secondary initial interview questions were developed to measure expectations related to parental involvement with respect to content, knowledge, skills and barriers as well as delivery and instructional alternatives of CSE. Results from those questions are presented in the following sections.

Participant Perceptions of Community Understanding.

Q-2. What do you think other people in this community would say if I asked them, what comes to mind when they hear the words “comprehensive sexuality education?”

Overwhelmingly participants expressed negative or confused comments with regard to what others in the community would say when asked about CSE. Supporting comments from participants conveying confusion included “*don’t understand*” (CL01, CL09, CL10) or “*don’t know*” (CL03), “*unaware*” (CL09), “*disbelief*” (CL08), “*baffled*” (CL06) and “*doubt*” (CL01). Remarks suggesting negativity contained phrases such as “*negative connotation*” (CL01), and “*I don’t want that*” (CL05). Participant CL04 discussed it in length:

PI: What do you think other people in the community would say if I asked them, what comes to mind when I say "comprehensive sexuality education"?

CL04: Very conservative community for people who would talk to you. Everybody knows somebody whose daughter has had a baby. Probably my own response to it is somewhat indicative of the community. My grandchild was born September 8th, and, Luci, I don't, my assistant knows it. There may be eight people in the school district who knows I have a grandchild. I just don't, I'm not gonna throw all that open out there, but, secondly, out of respect to my daughter because she wants it that way, although she puts all of it on Facebook for the world to see. I'm not a Facebook person. Very conservative. They would think, oh, my God, you're walking all over a parent's duty to teach in the home. School is for math, science, reading, and writing. I think it would be an extremely scary, taboo topic still in 2012, unfortunately, for much of this community. And when kids often get pregnant, when girls are pregnant, they disappear and go live with grandmother for 10 months and then come back, all better again, without a baby.

PI: Interesting.

CL04: *And they pray like hell that their friends and neighbors and family won't find out. That would be their reaction. It is a very taboo topic. Rather than being a healthy function of human beings and the fact that kids are going through growth and development-wise, they're going to experiment, and if we don't talk about it, they won't learn...*

Replies by participants CL02 and CL07 signaled an assumption of simply the delivery taking place in schools. The issue of censorship emerged in two responses: CL08's, *"people have different opinions on whether they want to tell their kids about sex."* and CL05's *"something I'd want to do at home so I want to make sure they hear everything that I wanted them to hear."* Participants were then provided with the definition of CSE inferred from the background and introduction of SIECUS *Guidelines* (2004, p.13), *"addresses the socio-cultural, biological, psychological, spiritual dimensions of sexuality by providing information; exploring feelings, values, and attitudes; and developing communication, decision-making, and critical-thinking skills."*

Personal Perceptions.

Q-8. When I say "comprehensive sexuality education," what comes to mind?

Discussion of other topics took place prior to the second section of the interview. Then participants were asked to share as freely as comfortable their perspectives on various topics for CSE beginning with, *"When I say Comprehensive Sexuality Education, what comes to mind?"* Responses were overwhelmingly grouped again, but this time reflecting positive perceptions. Phrases conveying openness comprised, *"it's all right here. Let's go get it"* (CL09), *"everything they need to know about the subject"* (CL08), *"it covers everything...all those other types of things that maybe we don't always do so good on"* (CL07).

Two responses emerged here similar to those surveying others' perception of CSE in question 2. Both comments reflected an assumption of simple delivery possibly taking place in schools as illustrated through remarks of again CL02, "*the first thing that came to my mind is what they're doing in that relationship class in school.*" Another exchange with CL05 showed undeveloped basic thoughts:

PI: *Okay good. When I say comprehensive sexuality education what comes to your mind?*

CL05: *Sex ed.*

PI: *Okay.*

CL05: *And just the basics of what it is and what can happen to you.*

PI: *Okay.*

CL05: *And nothing else.*

PI: *The traditional?*

CL05: *The traditional sex education is what I think of.*

In fact, the only negative responses were raising issues of opposition, which is related to the notion of tolerance, such as CL07's remarks, "*it's important to figure out how we teach kids, no matter what their sexual preference is. I don't agree with it, but I think you still have to address it.*" Still CL04's thoughts highlighted dichotomous opinions and circumstances:

"I hear that from second-hand accounts from parents. 'You ought to have... bring back sex ed.' Gosh, 'I'll kill you if you ever bring back sex ed.' and everything in between... 'I'm yankin' my kid out of school [for providing sex ed.], 'or 'I'm yankin' my kid out of school because you don't provide...' It's just across the board. But just, for me, I think of all of it, I think the relationships. I think of the spirituality aspect of it. I think of

the potential damage when it's not there or potential damage when it is there inappropriately or in an unhealthy, unsafe way.”

Personal Experience.

Q-5. How was comprehensive sexuality education addressed in your family?

In gauging personal experience, participants were asked to describe how CSE was addressed in their family. Responses provided here were in reference to both their family of youth (the one in which they grew up) and their current family. Exceedingly, participants viewed CSE in their family of youth with negative perceptions with one-hundred percent of them making comments about not being handled well. Negative responses ranged from no communication to very clear consequence-based communication as illustrated by the following insight:

Hmmm...not very well. Not very well...really it was based on religious values...this is wrong, you just don't do this...but you would see it come out in other family members, oh, so and so is pregnant ...you know, and it...you would see how that scenario played out in the family and...but as far as prevention, or the health aspect of it or even the spiritual side of sex was really not...it just wasn't discussed...so you, as a teenager ...I had to go to other sources to find out those answers. (CL01)

Another participant shared the lack of effective communication through these sentiments:

It wasn't. You know, actually you know, I mean it wasn't. I was thinking about this the other day. At first I thought, I thought that, I was just told “don't do it” and I wasn't. I wasn't told “don't do it.” It was actually “don't get pregnant.” You know, so, or I had siblings, older siblings had teenage pregnancy and I just remember the, you know, the stress around that, and I remember thinking “well that wouldn't be good if I

did that too,” because, you know, it wasn’t, it wasn’t talked about, it wasn’t addressed, it was just “don’t you mess around,” and “don’t you get pregnant.” And so I wasn’t educated as far as I have the knowledge now of the risk involved and all of that in entering into sexual relationships. (CL10)

Further experiences recalling negativity in regards to communication in the family of youth were shared in the following comments:

Interesting. My mother was a devout Catholic raised by a Victorian grandmother. You didn't talk about it. You didn't think about it. Which was interesting because she was pregnant 10 times using the ever-present and popular Catholic method of birth control called rhythm. My dad was a converted Baptist. Sex is a powerful motivator, I guess...but it's interesting because it just wasn't anything we talked about. I grew up Catholic, very Catholic, and even though I was a victim of sexual abuse from a priest, a trusted priest, at 12 years old, I didn't tell anybody about it. And this is probably a good example. It wasn't horrific, terrible abuse from the standpoint of, you know, being raped by a priest, but it was, it was bad enough that I left the church over it at a young age and wouldn't go. I mean, I just wouldn't go near it, and this is a kid that got on his bike every morning at five o'clock to ride to the church and be an altar boy. I was 12 when that happened, and I didn't tell a soul, not one soul, till I was 40...(CL04)

Conversely, of the eight participants who had raised (or were raising) children, comments reflected open communication with those children reflecting a notion of “breaking the cycle” or doing things differently. The two participants not included in these responses had no children and were not actively raising step-children aforementioned. This openness does not reflect a lack of structure however, as one participant shared:

As far as with my own three daughters, I think it started pretty much when they were probably around 16, 17, when they started dating. We were very – my husband and I – were very, they would say strict, we just set boundaries and we didn't let them go a whole lot. I'm sure the other kids thought we were terrible but I have to this day, my older two that are 27 and 30 say thanks for being strict, you know, thanks for not letting us get into these situations. Not that I didn't let them but we just set up boundaries and they knew not to cross them... (CL03)

Building on the premise of communicating about all things comfortable and uncomfortable, one participant (CL06) described, *“trying to be a parent is...always evolving and changing...key to just being a good parent...having that good relationship. Once you establish that, got to have patience, having a lot of patience...”*

Another participant (CL06) declared in effect, for all sorts of reasons we are not our parents and our children are not us, it's a different time/world. This is especially insightful in clarifying the contrasting experiences of sexuality education in the family of youth versus the current family. The observable message radiating from these responses emphasized the importance of communication as evidence by the statements:

I truly believe a big piece of that goes back to that, that we only communicate, communicate about that which is comfortable, and so, you know, is it really communication if it's comfortable? The real test of communication skills between parents and kids comes, I think, when it's uncomfortable. Anybody can talk about the weather.
(CL04)

Parental Expectations.

Q-3. *What do you think parents or guardians should talk about with their children when providing information about comprehensive sexuality education?*

a. *What knowledge do you think parents need to educate their children about sexuality?*

b. *What skills do you think parents need to educate their children about sexuality?*

In considering parents or guardians as a source of information for youth, participants were asked what content should be shared, as well as what knowledge and skills are needed to do so. Participants also described how information should be shared evidence by such phrases as, “*show you care...helping kids feel safe...all topics approachable...start young, at an early age...repeat values and messages...build rapport to build on knowledge...state expectations*” (CL01), “*answer every question on the child’s level, give some kind of answer*” (CL09), and “*open connected relationships*” (CL04). The issue of child reluctance was highlighted by one participant (CL01) who described her child’s loud singing, “*now that there even older I’m still approaching them and they go, ‘la, la, la, la, la, la, la...mom, I don’t want to talk with you about this’...but they’re used to it, so they know I care.*”

Other content related expressions contained, “*learn proper names, medical style...explain difference exist between families...physical versus spiritual aspect of sex*” (CL01), “*relationships...not just the sexual act, setting limits or parameters...knowing they have the right to be happy...making choices...not being drawn in or allowing people to treat you unfairly*” (CL03), and “*personal risk...health risk...spirituality, being a Christian, meant for marriage...realistic, human nature and hormones...teen pregnancy and parenthood...things I wish my parents had talked to me about*” (CL05).

Another facet to consider raised by CL10 is the discomfort and fear of sharing personal experiences without attempting to cover up mistakes with the opinion “*parents are the best*

example.” Other considerations highlighted by CL08 is the age of interest and natural curiosity, “needs to be talked about...feelings...age...love...sex...casual sex...sex not meaning anything or meaningless sex...teen pregnancy...prevention...desire to have sex...what to do.”

Concerns about teachers and schools was mentioned (CL 07) in context of “*kids are more advanced now...babies [are] having babies, don’t know what to do with them...*” In responding to this common situation CL03 stated, “*things happen, you’re going to have a baby, but let’s help you prepare earlier to deal with yourself, to get yourself ready to be a parent, as well as your child and help you build a future.*”

When asked about the knowledge needed by parents, CL01 and CL02 raised the issue of parents’ non-involvement as a challenge. Content specific responses cited relationships, personal skills, and sexual development expounding, “*it’s very difficult to explain if you don’t have basic knowledge of what reproductive health is.*” (CL02) Gender differences were highlighted in relation to interaction with the opposite sex – men to boys and women to girls – “*stuff that little girls do not want to talk about with grown men.*” (CL06) Choosing friends was mentioned specifically by CL01. In elaborating beyond just the consequence driven message of avoiding STDs, CL05 called for “*make [sex] more personal...thinking beyond the immediate gratification...heat of the moment...because it is a life changing event.*”

Participants identified ‘educating one’s self’ as well as ‘seeking out other sources’ of information and resources in the community and on the internet to increase knowledge as needed by parents. CL10 described it as a responsibility:

...as good stewards of their children [parents] have to be open to gaining whatever knowledge is necessary to set their children on the course that they believe they need to follow, and I think as a parent, if I don’t have that information, then I need to align myself with, you know, an organization that maybe has the same beliefs that I do and gather the information and be the educator of my child.

Conversely, CL04 raised the topic of youth getting information through the same vehicle:

It really isn't a matter of the information, but kids still want to get it from their parents. They can get it from the Internet. That's not what they want. I think, I'm just one opinion, I think they're hungry. I think they're thirsty for getting such still difficult, sensitive information. They want that from people in their lives they know care about them, and they really want it from their parents.

These statements are contradicted by a 2008 study (Ogle et al.) suggesting “parents are not widely used by their adolescent children as sources of information or advice about sexual health.” Ogle, Glasier, and Riley (2008) cites other studies showing, “...children would prefer to use youth workers or medical student to get information about sex.”

Participants began to discuss skills needed by parents and guardians prior to being prompted through comments such as, “*able to talk to their kids*” (CL03), “*how to communicate...approach the subject with teens...helpful to be provided with ideas*” (CL08), and “*first and foremost...how to talk to their kids...how to talk about parental values, beliefs, expectation, bias...biggest barrier of all...fear.*” (CL06) reinforcing the importance of effective communication.

When prompted about the skills needed by parents and guardians for sharing CSE with youth, participants referenced a lack of knowledge and inexperience because “*I don't think we have a lot of skills because I think, none of us have done this before at the time and so just working off what you knew, what your parents did.*” (CL01). The same sentiments were shared by CL 02 in her remarks:

...parents who don't have these skills...you know who don't make good decisions and don't understand reproductive health or sexual development, don't even really know basic body parts, you know for a parent who doesn't understand those things it's very difficult to teach your child that and you know some of those things are going on in the schools but they may not be going on so much in the home...

In light of these deficits in knowledge and skills, participants remained committed to the notion parents or guardians should be willing to seek out information. CL08 added, *“know what to say...do research...just because we do it [have sex], don't mean we know everything about it.”* Parental openness to communication can combat insufficient knowledge as CL04 explains, *“I don't think they have to be equipped with a bank of knowledge where they could be judged to be inadequate. I think they just need to be willing to be asked the questions.”* Willingness as a theme is repeated in the feelings of CL03, *“I do look forward to the day [my child] is older and wiser [with] more experience...any information that we could feed to parent but then, again, on the other end, they have to be willing and seeking that out.”*

Communication is a constant in the responses of the participants evidenced through phrases such as, *“well they need communication skills, you know that's probably primary”* (CL02); *“never too early to start...practicing good communicating, openness...a missing component so it is the communication and understanding and how to be able to be successful at talking to your kids and guiding your kids”* (CL06); *really have to be able to communicate, so that's huge in how you say things... can have the knowledge, but if I don't know how to communicate it...”* (CL10); *“the willingness for the open communication to happen with kids. That's the, to me, the biggest variable, the most critical variable for kids...”* (CL04); as well as *“...being able to communicate without getting into a shouting match or just being able to have the skills, I guess, to sit down and just talk with some knowledge about what the kids are going to be facing.”* (CL03).

Participants also talked about modeling or “*leading by example*” (CL07) and one even shared the precept, “*if they don’t have a very good understanding of relationships and have not been very successful with relationships it’s very difficult to teach your child about that...it’s a little easier to role model that to your child [when you have those skills]*” (CL02). In addition to the skills of modeling or leading by example, the term awareness emerged as well as giving consideration to other perspectives. Given there were multiple themes present from specific content, to knowledge, and skills parents should have –woven throughout the discourse with participants, there is expression of a strong commitment to the variety of facets of communication.

Barriers.

Q-4. What do you think prevents parents from educating their children about sexuality?

Discovering the challenges of educating youth about sexuality, participants were prompted to share their thoughts on what prevents parents from doing so. Salient themes in the responses involved awareness, denial, discomfort, embarrassment, fear, reflection, acknowledgement, participation and a return to the opinions parents lack knowledge. Whether parenthood is chosen or stumbled into accidentally, CL06 offers insight concerning parental knowledge:

There are people who have children because ‘oops, I had a child’ and they are cast into parenthood. There are those who ...and that is not to say those are bad parents. They just ...it is one of those things where you have a choice and then you have parents who ...even parents who planned to have children do not necessarily have any more understanding about how to be a parent than those who are surprised by parenthood, but

that I think there is a level of intelligence that has to be applied and you know we are not all the same. We do not all play on the same playing field...

While there will remain varying degrees of circumstances surrounding parental knowledge, awareness surfaces as an impediment for parents addressing issues of sexuality education. There is a belief parents' "...*lack of awareness and lack of openness and willingness to learn and change*" (CL06) prevents them from educating their children about sexuality. Related to awareness, there is also the stumbling block of denial CL01 described as:

Sometimes we put blinders on that are, 'oh, not my child, my child would never do that' and so therefore... you just block it out where you don't think you're ever gonna have to deal with that issue or prepare your child for that because you know them, and you know the choices they're gonna make, and as 13 year olds they're always gonna make good choices (laughs) and rational decisions, and we all know that sometimes it doesn't happen that way, but I think, parents are too confident and underestimate again the environment that our kids are just hit with, from school, social, TV, media, ...and then you get in the home and you're trying to combat all those other negative factors. I think as parents we underestimate that effect on our kids.

Still linked to awareness is the hurdle of discomfort surrounding parents' embarrassment to approach topics of sexuality mentioned by several participants. Reinforcing this line of reasoning are remarks, "*Probably not knowing what to say*" (CL07); "*be more comfortable in talking with their children*" (CL03); "*I think some of them are embarrassed...they don't know how to approach it...*" (CL05); and simply, "*Embarrassment. It's embarrassment.*" (CL10). Not only embarrassment, but fear emerged as a hindrance for parents in approaching topics of sexuality through the following passages such as:

They think if they talk about it they're going to do it. Well, head's up. They're going to do it whether you talk about it or not. So why not just go ahead and talk about it and get it over with. (CL08)

I guess fear, or not knowing how to discuss it, 'how do I enter into this conversation with my child or with my children?' ...just not knowing how...and then thinking that it's just going to happen on its own or 'I'll wait for them to say something.' You know, 'if they say something then I'll say something,' and just the fear. (CL10)

Further elaboration and insight on the perception of fear is shared by CL04:

...probably fear. I think fear of the truth, fear of shattering convenient perceptions...Malcolm Smith, who used to be with Peace Education, often will say things like, well, he's got a lot of ideas, but one of the most profound to me is that, 'Fear looks a lot like anger,' ... when he says that in conjunction with parents, kids are afraid of this conversation with parents because parents are scared. But that fear looks a lot like anger, like getting mad and saying 'you're grounded' or 'you can't go out with that boy,' 'you can't go out with that girl,' 'She's bad news.' 'He's bad news.' And then you sneak out because you want to hang out with that girl anyway, and you sneak out at midnight, and push the car four houses down and then start it up, and go pick up this girl who has also sneaked out of her house and then you get busted. And the parent's crazy mad. Well, that's not really anger. That's the fear that Malcolm Smith talks about. It just looks a lot like anger that creates such a divide between parents and kids...such a difficult topic, I think, for parents and why you probably when you're out searching for people to talk with on your research, there's probably some fear, and certainly in this county there will be.

It's not something we ...County Schools, talks about a lot. If we had an open forum meeting about sexuality and how to work through this sexuality education, I think it would freak people out to the point of being ready to hang the superintendent on the courthouse lawn. Just a lot of fear. These are all conservative, or largely conservative people. No matter what the socioeconomic ranking of the people are, they're very conservative and it's just, it's just not something people talk about hanging around the [local] Baptist Church too often.

Themes of reflection and acknowledgement surface when participants talked about learning from others circumstances, for example, “*her best friend got pregnant right out of high school, they were getting ready to go off to college, so that was a real learning experience for her and to this day it still is.*” (CL03) Reflection on mistakes and acknowledging one’s own mistakes are a point of strength as CL04 shared:

And I've certainly done that. I've, you know, I've been, I say this with all the wisdom of somebody who's screwed up as a parent a lot, and I always tell my kids, ‘You get the gift of my mistakes’ because if I've made mistakes as a dad, I come back and try to make that right, and it's the gift of the mistakes I've made in the past. Don't make the same one later on. It's a real benefit to be working in this business on the side of this business that I do, Luci, because I get the benefit of everybody's mistakes and learn from all these people who are doing it, doing it badly. And I can pick up on that and really take a hard look at it from an impersonal viewpoint.

On the other hand acknowledgment is, but has not always been, the avenue of problem solving as CL09 point outs:

Even though they had early marriages, these kids did get caught up in situations where they wound up pregnant and in my day they used to send you away to have the baby; now they send you to the next abortion clinic...But they did send you away and you went to places up state or north or somewhere, had the baby up there and great aunt...had another baby until, you know... (CL09)

Circumstances such as these are not reserved for historical context only, but as CL04 shared earlier, “[it’s a] *taboo topic still in 2012, unfortunately, for much of this community...when girls are pregnant, they disappear and go live with grandmother for 10 months and then come back, all better again, without a baby.*”

Situations such as these are central to a theme of participation which CL06 argued, “[be a] *part of your child’s life intensely and for the right reasons...*” Another participant contended an issue with technology in impeding participation, “*she was constantly texting. Constantly texting. And it was more like that was her priority.*” (CL07) Awareness, acknowledgment, participation – all of these terms represent the recurring theme of willingness of parents to do many things. In light of these conditions CL06 poses the question,

...do you know you are in it? and when you know, and you realize this is what you want to do, then you do it with gusto, and you do it with passion, and you do it every day without any kind of looking back or remorse...

The thoughts of CL02 best summarize this section:

Well there are tons of barriers, you know I said some of it is just basic lack of knowledge some of it is social or cultural constraints, you know some of it is – I don’t think that as much as it was thirty years ago – you know parents seem to be much more

open about talking about those things with their kids than they used to be but there still are some of those barriers to that education in the home.

Delivery Expectations.

Q-6. When and how do you think youth should be offered information on comprehensive sexuality education?

a. Where do you think youth should be offered information about comprehensive sexuality education?

b. How often do you think information about comprehensive sexuality education should be offered to youth?

Probing for further exploration of the expectations surrounding the delivery of CSE, participants were asked when, how, where and how often information should be offered to youth. The responses include a connection to schools in terms of significant timed indicators for implementation. For example, two participants use benchmarks of school attainment to specify a designated offering opportunity. CL05 mentions middle school, differing levels of puberty, and pregnancy in the 8th grade, “*so, prior to that... it should not be first introduced in high school, that’s for sure.*” While CL07 shares, “*Probably before middle school. ...girls are having their menstrual cycles...younger now. Maybe 10, 11 years old...beginning those kinds of discussions before that occurs. You know, there’s probably a lot of itty-bitty girls that are not knowing what’s going on.*” CL02 also shares the sentiment of starting early as evidenced in the following passage,

Well I think you have to start very early...you don’t have to give them blunt details when they’re eight years old, but...some children may need that even prior to eight, not that they’re out having sex then but some of those...girls start their periods

nine and ten years old now they need to at least understand sexual development you know the basic physiological things that are going on...

Other responses also refer to developmental appropriateness, but middle school emerged as a pivotal time. CL03 provides some insight surrounding the difficulties of middle school because *“they’re so protected at elementary school and then they’re just kind of thrown in middle school...so, middle school’s a very tough, tough time in any kid’s life.”*

In terms of how this education should happen, CL08 responded *“I really think it needs to come from the parents...because they know their kids. They’re the ones responsible for ‘em. So I think they should be the ones to bring it up and lay it out there.”* CL10 also emphasized the dynamic role of parents in relation to gauging child readiness with the following thoughts:

You know every child is different, and if parents are really learning their children, or if they know their child’s temperament, personality and their maturity level, then each parent should really be able to determine when a child is ready to receive the information, so I believe it’s as early as they can possibly come to an understanding of ...or what they have knowledge of, and for me that begins with. you gotta ask them questions

CL01 posed the issue of responsibility in describing how education should take place:

I think it depends on whose responsibility we’re gonna put that education to be delivered to - I think it needs to start in the home, by a parent at a very young age... just teaching them about their body in a non-sexual way, and ... how they’re made and that they’re made appropriate, nothing in their body parts are bad... but I think maybe that’s the first skill we teach them is about their private parts but, sometimes I think parents go

too far that they shame them about their private parts and their not really teaching them what the function of those parts are, their function is for a good thing - it does have to be age appropriate, but I do think it needs to start in the home with that and then gradually build up and I do think it needs to be part of the school curriculum, at some levels, but I think parents expect the schools just to do it all and they're not taking on their responsibility to teach the spiritual side, the emotional side of those type of issues.

A similar perspective was shared by CL09's remarks:

First of all I feel like it should start out at home and then venture out into the school. Why are we as parents saying you'll learn it in school? Yes, it's accessible there...but I don't feel like that we should trust that the school system be the bearer of teaching the kids or anybody's sex education.

Conversely, the school system is involved by virtue of time spent as evidenced in the comments, "I guess the schools just because that's where [youth] are, that's where they're spending a lot of their time." (CL03) and "...where they spend a lot of their time, six and a half to seven hours a day" (CL05). CL04 explains school involvement through issues of 'exposure versus innocence,' and 'predatory stimulus versus curiosity' through observations such as:

I think kids are naturally curious, and they're going to ask the questions. That's when they should be answered in an age-appropriate way. ...I think if that door is in a calculated, intentional manner, left open, then in the same calculated, intentional manner, the answers should be thoughtful based on that child's individual growth and development, ... And if a kid's asking a question about oral sex, then answer the question. The kid's curious. And it may be very different if a kid's asking it at eight because the

neighbor's a creeper. You better answer it, or you better talk to the kid about it because it's not normal for an eight-year-old to ask about oral sex. Maybe there's somebody showing this kid some pornographic movie or there's a creeper neighbor or maybe the kid just accidentally saw it on the computer that was left on by a 16-year-old brother. I mean, who knows? But for whatever that reason, then the parent better be taking the temperature there and finding out what's going on. But I don't think there is a "when." I mean I think we've got our general outline of, you know, the onset of adolescence or whatever, but I think that, then those, because of the nature of information now, I think we have to be prepared to answer those questions. We've had five-year-olds in school who are drawing pictures of sexual acts, and a relatively large man on the paper with a relatively small little boy engaged in anal sex is something you better be asking about. And we jump on that with Child Protective Services, and we're all over that now. We've had to train our people to really look for that. That child dictates some conversation about it versus the 13-year-old who's still playing with dolls and has no clue about sexuality yet. So it just, I don't think there is a, a set age. I think that is as individually determined as anything.

In respect to location, or where this education should take place, responses ranged between home and community with school, church and public health agencies mentioned. Comments were shared with regards to a spectrum of paternal involvement evidenced in thoughts from CL04, *"It's got to start at home with parents taking that role on. I know that's unrealistic and it doesn't happen in every house..."* as well as CL05's statements, *"I know I talk about it at home, but not all kids have that benefit excuse me of their parents being open minded"* and *"but I know some parents you know they want to take care of all that at home, but the problem is the majority of them don't."*

There were other concerns from three participants highlighting the issue of misinformation. One participant (CL04) brought up the differences even among “reliable” sources of information adding, *“I think people differ in their skill level...simply because there are great teachers and there are bad teachers. There are great principals and there are bad principals. And there are people who might do more damage than good.”* Still another participant (CL01) described, *“If a child is seeking out information, you want them to go to the people who have the correct information, versus what their girlfriend says [she] saw or ...read something in a magazine, you know?”* Participant CL08 shared another perspective regarding misinformation, and brought to surface the values contained in the information commenting,

when you hear it from your friends, you may have this group of friends who have never had sex before, and you may have this group of friends who may go out and may have a boyfriend that they are now having sex with, ... you may hear from this group that are having sex, ‘Hey, it’s a wonderful thing. You need to do it. Don’t worry about it. Don’t worry about getting pregnant because there’s solutions.’ But then you’ve got these other folks over here who are like, ‘Don’t do it. You’ll get in trouble, and think about what’ll happen when you do.’ And so it all, I think it needs to come from the parents.

PI: *In that example, just there, you mentioned the group having sex. ‘Don’t worry. There may be solutions.’ Can you give me an example of what you might be referring to?*

CL08: *The abortion*

The mention of abortion leads right into the issue of access to health information which is described by CL01:

... from all different safe providers in our life. Definitely physician... even in a school physical at 6th grade there are some components on the 6th grade physical that we do introduce and ask about sexual activity at that point to assess...whether they tell you the truth or not, but I think, early on especially it should be talked about with the parent and the child in that context early on with the physician...that's something I don't think we're doing as the state of Kentucky ... so that it's not seen as seen as, oh that's mom's job or that's a school job, it really comes down to a health issue as well depending...what your views about it ...and...as a public health agency we are always, we're here for prevention, so, we like to let the students know that we are here for them as well, so we try to reach out to them and let them know that you can come here as early as 16 or 15 if you need to talk to someone about birth control issues or that type of thing...

Access to complete and accurate sexual health information has been described as a fundamental human right (Freedman, 1995; Santelli et al., 2006; Society for Adolescent Medicine, 2006). So how often should this access be taking place? Responses by participants ranged from daily to annually. *“Frequently because I think they think about it a lot. There's a curiosity there, especially once they hit puberty into middle school and they start changing...”* (CL01) Other comments provide for the unique circumstances of each individual and are based on the premise of regular communication.

depends on the child too... it almost has to be part of normal growing up processes, you talk to your kids about what they did at school today and what's going on in their lives and what their friends are doing and ...based on those conversations ...then there may be areas of those things that you need to touch on. I don't know that you can

say specifically 'you need to have this conversation once a week of once a month' ... it varies. (CL02)

Participants mentioned developmental and age appropriateness, as well as changes in stages and different maturity rates. The issue of a single offering versus multiple offerings also emerged in light of environmental factors youth face as CL08 said, *"you never know...it needs to be...one of those quarterly school sessions. Okay, we talked about this three or four months ago. We're going to talk about it again."* Support for multiple offerings is further shared by CL10's comment, *"... I know with children it's about repetition, and so, I don't believe one time is enough..."*

Another notion discussed dealt with safety and harm reduction as it relates to unsupervised time after school and even when *"somebody is just feeling that void in their life and if they could gear that toward something more positive rather than an unhealthy relationship maybe or sexually acting out, that would be a good thing..."* (CL03). CL04's statement further highlighted the issue of safety, *"if there's a curiosity that hasn't yet been quenched one way, it's going to be quenched another way. And then kids are going to find themselves in either emotionally or physically unsafe situations."* Support for offering information more than once is built on a premise of regular communication to reduce harm by increasing knowledge and empowering individuals to make informed decisions.

Instructional Alternatives.

Q-7. Besides parents, what do you believe are appropriate sources of information about comprehensive sexuality education for youth?

In order to probe beyond the commonly held assumption sexuality education should come from the home by parents, participants were asked specifically: Besides parents, what do you believe are appropriate sources of information about CSE for youth? Interestingly, five out

of ten participants still mentioned parents as the preferred source. Still, other sources viewed as appropriate included schools, churches, non-profits, health department with a major theme of *partnerships*.

CL01 mentioned it specifically in the context, “*community leaders and part of the community thing ...engag[ing] people at all different age levels, that’s part of our partnership...*” While the notion of partnerships, networking and connections were described by a few participants, another active strategy suggested is modeling and mentoring by “*sometimes just being with other families, and seeing the lifestyles of other families, is also a teachable moment to your children, that this is how you live a healthy life...*” (CL01)

More tangible suggestions came in the form of public programs and educational opportunities, as well as events and conferences. CL10 described “*...ministries that can give that message I think are great sources... but I doubt if they’re limited to churches.*” In addition, a recommendation to seek out other content of books, literature and videos came from CL07’s comments, “*There’s plenty of books out there. There’s probably plenty of videos for parents too, if they’re not comfortable to sit down with [their] child and read books and, look at the videos that people are putting out.*”

Summary. Much of the information presented in this Initial Participant Knowledge and Perceptivity of CSE section reflects the commonly held belief sexuality education should take *ideally* in the home by the parents. However as reflected by several participants, the *reality* is – this may not be the case in the majority of homes. Often terms such as modeling, willingness and openness emerged from participants when describing *ideal* parenting situations. Participants also revisited the concept of communication frequently, as well as the notion of seeking out information. While these individuals may not have previously known about CSE as outlined by SIECUS (2004), a majority were initially willing and open to its premise. The subsequent section is dedicated to further explore how community leaders in one Kentucky community respond to the specific key concepts and sub-concepts of CSE.

Responses to Key Concepts of CSE (Interview Part B)

Interview Part B prompt: The following six broad categories are presented as key concepts of comprehensive sexuality education: relationships, personal skills, human development, sexual health, society and culture, and sexual behavior. Within each key concept are specific topics or individual subjects. I would like your perspective on each. When responding consider...

- *No right or wrong answers.*
- *Are there any that stand out to you? Or about which you are particularly passionate?*
- *Consider appropriateness of each.*
- *What venue should or should not be used to offer each?*
- *Who should or should not be offering each?*
- *Are there any particular aspects that should or should not be offered?*
- *Do you have any strong feelings on how each should be offered?*

For the purposes of this section, participant responses to each of the six key concepts (and sub-concepts) will be presented independently beginning with *relationships*, then *personal skills*, followed by *human development*, next *sexual health*, afterward *society and culture*, and finally *sexual behavior*. Each key concept will begin with a visual display or depiction, also known as code mapping or code landscaping, created using an online website called “wordle.” By copying and pasting all of the codes into one text box, an image is generated reflecting the most repeated or salient themes.

Here size matters, as the largest words are those words repeated most often and contrarily the smallest words may have only been mentioned once. Figure 4.1 is an example of the code landscaping for the prompts, the key concepts and sub-concepts, in questions nine through 14

presented in the PowerPoint utilized during the interview. This representation of all prompts from Part B of the interview show the largest word “sexual” because it was repeated most often.



Figure 4.1. Code landscaping example: Part B interview prompts

Appropriateness will be discussed in terms of a positive or negative reaction (Verderber, 1993) to each stimulus or key concept being deliberated. Any responses displaying uncertainty will also be indicated. Venue will be represented in table format (see Table 4.1.) and discussed through the themes of home and community. Passion will be discussed through instances of positive or negative responses, as participants were asked to indicate strong feelings in responding to each of the key concepts and sub-concepts presented therein.

Table 4.1.
Instances of participant responses of venue by key concept

Home	Community
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Relationships.

Q-9. In the category of relationships:

- 1. families*
- 2. friendship*
- 3. love*
- 4. romantic relationships and dating*
- 5. marriage and lifetime commitments*
- 6. raising children*

Participants responded most favorably when presented with the concept of relationships and sub-concepts of the following: families, friendship, love, romantic relationships and dating, marriage and lifetime commitments, and raising children as evidenced by the comments,

So you've got families, friendships, love, romantic relationships and dating, marriage and lifetime commitments, raising children, that's all under relationships. I agree with all of that. This is where all of the discussions should start, is within; and I think it encompasses the whole realm of sexuality there. (CL09)

The majority of responses, with 8 out of 10 participants commenting, centered on the sub-concept of 'romantic relationships and dating.' This is best summarized by one participant, *"I think that [romantic relationships and dating] has to come from everywhere...I think that all part of developing good relationships; healthy relationships are so important."* (CL07)

In comments by 6 out of 10 participants emerged an unprompted common theme of 'expectations'. Participants shared concern regarding the development of expectations as well as both unrealistic and conflicted expectations facing youth today. Discussions of participants

included the idea expectation development, one participant's comments were explained through a cautioned approach to 'romantic relationships and dating' citing careful deliberation about dating and entering into those relationships. Another participant's comments of expectation development were illustrated through sharing ideas with friends which "*set[s] the foundation for what you want in life and what you are going to go after.*" (CL08) Still another participant (CL04) elucidated expectation development through learning habits starting at birth in the home; right or wrong, good or bad, the core of expectations will be built at home through example.

The second sub-concept to which participants most responded was 'marriage and lifetime commitments' with 6 out of 10 participant's comments mentioning directly. There was overlap in the discussions of the theme of expectations, as previously revealed. Other examples of these expectation concerns include the 'sequence progression' or 'order of operations' for relationships defined as first having a friendship, secondly falling in love, thirdly getting married, and then having children; not following the aforementioned timeline leads to the notion depicted by one participant meaning 'marriage is not required to have children'. Another concern mentioned is 'when people marry, they stay married'. One participant commented, "*We create situations sometimes where we've got people in terribly unhappy marriages...married for 40 years and haven't seen each other in 20 years, but we're still married.*" (CL04) A third concern termed 'marriage out of sequence' where a participant referred to a middle child marrying before the eldest. The expectations are ideal and what is real does not always mirror the ideal, or commonly referred to as 'exceptions to the rule' – these may perhaps be portrayed as myths.

The remaining sub-concepts (families, love, and raising children) received fifty percent or less response by participants with 'friendships' having only one significant participant commentary noting, "*friends take a back seat when raising a family.*" (CL03)

In considering venues for sex education for the concept of relationships specifically, participants cited ten examples categorized ultimately as "home" while citing 17 examples

categorized as “community”. This progression from the home into the community is illustrated in the comment,

I think all of those areas are appropriate parts of that, of the discussion of comprehensive sexuality. Who should be talking about it or should be teaching it or explaining it? I think it transcends all areas. I think obviously...families are where it starts...or a good starting point, but I think it laces itself through relationships and friends. (CL06)

Building on the idea ‘families are where it starts,’ another participant shared the tenet by commenting,

Okay, as far as families, I think that’s the core of everything that we stand on. I personally have a huge family so I have a lot of support. I can call any one of my siblings or my nieces or nephews or anybody and talk to them about probably anything. (CL03)

It’s interesting to point out an outlier in this concept. Only one participant mentioned any exclusions and they were the sub-concepts of ‘marriage and lifetime commitments’ as well as ‘families.’ To provide context, the exchange takes place as follows:

PI: ...I’m going to give you each one of these concepts and there are individual topics within them. So the first one is relationships and I just want you to think about the appropriateness of the topics. Where should this information come from? Who should be giving this information? Who should not be giving this information? Where should this information not be? Anything that stands out even

particularly? ...So there are the topics in the concept of relationships. So... talk through what you think about each one of them...

CL05: So I guess I'm confused. What do you mean to do with these again?

PI: Okay looking at them; decide whether or not you think they're appropriate to be included, where information should come from?

CL05: So the little subtitles?

PI: Yes.

CL05: Should they be included in relationships in a comprehensive sex ed. thing?

PI: Yes.

CL05: Um...probably not marriage and lifetime commitments.

PI: Okay.

CL05: And probably not families I don't think. A lot of kids don't have big families or are from single parent homes or whatever. The rest I think you need to know the difference between love and friendship. You know you think you love someone so you're ready to make that commitment. Do you really know what love is? Is that just a little flippant term that's used on the dating scene? But I think those two; the marriage and lifetime commitment and the families can be taken off.

PI: And can you share for me a little bit about the exclusion of those? Is there...what you're thinking?

CL05: Because I don't know that kids...I mean if you're talking about relationships and sex ed, not everybody gets married anymore before they have sex. That's not a requirement and even to have children they don't have to be married anymore or lifetime commitments. So I don't think that kids are going to pay much attention to that. The families is like I said I don't know that you...just talking about friendship and love and I don't know, the families if they don't really have a

family...they think the more you have in there the more chances of things, tuning things out if things don't apply to them because we have a lot of single parents homes or divorced homes. So that's kind of why I think they should be excluded.

All in all, participants responded positively to the concept of relationships and its inclusion in a Comprehensive Sexuality Education program. The only opposition surfacing involved uncertainty, perhaps confusion regarding the application to the audience and can be addressed in the planning of implementation. A visual summary of responses has been included (Figure 4.2. Participant responses to Key Concept: Relationships) to reflect the collective voice of the participants and does not adequately reflect the emergence of the unprompted theme of expectations; this is most interesting and a point for further exploration.



Figure 4.3. Participant responses to Key Concept: Personal Skills

Personal Skills.

Q-10. In the category of personal skills

1. values
2. decision-making

3. *communication*

4. *assertiveness*

5. *negotiation*

6. *looking for help*

Participant responses were predominantly positive when presented with the second key concept, personal skills, which included sub-concepts of: values, decision-making, communication, assertiveness, negotiation, and looking for help. There were no negative comments made and only one exclusion in regards to the sub-concept of ‘values’ suggested in the comments,

yeah I think sometimes in, our public school education, I don't feel like they should be teaching the values or, whether or not to make that decision because they should be teaching, I guess, the physiology and the anatomy part of it as a core curriculum, because I think the values and the decision making is a family issue or a personal family issue, made within each family unit, so I really don't, not that they don't promote positive values, and in some way they may support the extension of the family's values and decision making in that area in a positive way, but it's not - it's in an indirect way, it's not directly taught to them. (CL01)

It is important to point out the notion of schools supporting “the extension of the family’s values” is based upon an assumption the values of any given ‘family’ are good, ideal or even socially acceptable.

When taking into account venues for sex education for the concept of personal skills, participants cited 16 settings categorized as “home” while offering more than double, 42, settings categorized as “community.” These numbers are mirrored by the comments of one participant,

Oh absolutely. I think those things are things we need probably to do a much better job with teaching our kids, in all levels...by parents...in a church environment...at school, too...I think in all environments, those are things that need to be taught. (CL07)

Even though the numbers indicate a higher incidence of community for the preferred venue, it may be attributed to the variety of possible examples of community venues compared to the possible examples in the home; another perspective repeated from the previous concept of relationships and here again in this concept is the expectation of beginning in the home,

...the same venues that I mentioned earlier are the venues that I believe are best for offering it – home, youth groups, ministries – those in my opinion, personal opinion, are the things that, you know I feel would be ideal for offering these topics and talking through them. (CL10)

Another participant expresses the importance of home via communication by saying,

But if you don't have that glue of the communication at home, and that feeling connected, where they can go, come back and say, 'You know what, I said this, but I didn't feel really comfortable with it. What do you think, Dad?' Or, 'What do you think, Mom?' Or step-mom or whomever...I think we being to branch out a bit with the personal skills part of it because if we refuse, if a parent refuses or an educator refuses, the kids are going to learn somewhere. We can either be part of that learning process or not. (CL04)

Interesting to note is that 7 out of 10 participants made comments about both the sub-concepts of ‘communication’ and ‘looking for help,’ while 5 out of 10 made comments about ‘negotiation.’ Communication is referenced in comments about both the sub-concepts ‘looking for help’ as well as ‘negotiation’ and it could be reasoned these sub-concepts are largely dependent upon the ability to communicate well. Participants shared the belief in the importance of communication in a variety of ways, including its contributions to a healthy relationship by being able to communicate feelings and expectations through having conversations. Even the broader application of communication is mentioned, from having discussions with peers to communication within the workplace.

A common concept presented by participants is the idea of being “equipped” or “prepared” to communicate,

Let’s come to a place where you feel equipped and prepared to have those conversations - up front, I think is where they need to happen - and be okay if the fallout is not what you so hoped for. (CL10)

It stands to reason then that communication is in fact a skill which can be developed. When a skill is not developed, one could rationalize and classify the lack of development as a barrier or impediment. This is important in considering the identification of barriers to communication, which participants alluded to in terms of: fear, motivation, embarrassment, lack of support, knowledge of how to start or approach, nature versus nurture, and the “haves” versus the “have-nots” The latter stands out in the comments,

That’s extremely important. And I think kids sometimes don’t have those things, some kids it comes much more naturally to than others, who have strong self-esteem and assertiveness and are very comfortable with negotiation, knowing who they are and what

they want out of life and you have others who just are not very good with those skills; those kids probable need a little extra. (CL02)

All of these barriers generate a thought provoking question, “How do you know what you don’t know?” or “How does one know to consider something one has not previously considered?” Exploration of this notion is highlighted as one participant mentions,

...you’re introducing them, to the, probably the areas of sex education that they’ve not considered because they’re thinking about the act and they don’t understand all these peripheral things going around it so, I think that would be extremely important in a sex ed curriculum absolutely, ‘cause they’re just thinking about themselves and they’re not thinking about that other person and how it’s gonna affect that other person, so I think communicating that yes, there’s another person here involved, this is not just gonna affect you that would be probably an areas they’re not thought of it in that perspective. (CL01)

The idea of reinforcement surfaced in the comments of participants through role modeling, leading by example, mentorship of learned behaviors. These reinforcements were mentioned in the context of learning from parents as well as the surrounding environment, also through other trusted adults or coaches, teachers, counselors and even bosses. If they can just be shown, both youth and adults can learn and develop the skill of communication and negotiation which can enable them to look for help as evidence in the following thoughts,

Negotiation. I think that comes in once you have been sexually active; that along with communication is going to have to be a part of the relationship, and understand[ing] what is required for a healthy sexual relationship. We don’t really show

them what a healthy sexual relationship is - what two people agree on is right for them.

(CL01)

Comments shared by multiple participants were all fashioned in the context of what is ideal, or learning positive communication skills – but again, it is important to acknowledge negative communication skills are also learned behavior.

The remaining sub-concepts (values, decision-making and assertiveness) received a forty percent or less response by participants.

On the whole, participants responded positively to the concept of personal skills and its inclusion in a Comprehensive Sexuality Education program. Negligible opposition to schools teaching values is an interesting facet to consider since the specific values themselves seem to be the subject matter of dispute. Another issue emerging in one participant's comments and mirroring existing research (Welshimer & Harris, 1994) is concern with who is teaching, "*You just don't want anybody teaching their kid. Somebody who just, because you do have the bad guys out there but, you know.*" (CL09) These concerns can be addressed in the planning of implementation of any proposed program. The visual summary of responses provided (Figure 4.3. Participant responses the Key Concept: Personal Skills) seems to tolerably represent the collective voice of the participants with the exception of the idea of reinforcement through role modeling or leading by example as those terms appear but quite insignificantly in size.

Participants shared the belief in the importance of communication in a variety of ways, including its contributions to a healthy relationship by being able to communicate feelings and expectations through having conversations. Even the broader application of communication is mentioned, from having discussions with peers to communication within the workplace. A common concept presented by participants is the idea of being "equipped" or "prepared" to communicate. It stands to reason then, communication is a skill which can be developed. When a skill is not developed, it can be a barrier. This is important in considering the identification of

I think [these topics of discussion] should take place because, I mean, it's the world that we live in. I believe it would be wrong not to address them because it is the society that we live in, so you have to address and allow opportunity for questions - there's no stone unturned because it's the melting pot of what we live in today. (CL10)

Even with favorable remarks, there were within this particular concept more instances of negative or excluding comments when compared with both the concepts of 'relationships' and 'personal skills'. In considering possible venues including who should be offering information on human development, one participant commented, "*maybe not the creepy neighbor next door.*" (CL02)

Three excluding comments centered on sexual orientation and gender identity. One such comment included, "*the only one that I do not think I can lump in this whole group together is well, I say sexual orientation/gender identity.*" (CL06) Another excluding comment expressed concern with the goal of including sexual orientation as,

...just maybe a description of what that means and not going any further than that as far as giving ideas of 'If you feel like this then it might mean this,' if that makes sense?...Because I think you're getting into some things that, you know, if that's on the agenda then parents are not going to go for that, if that makes sense? (CL05)

Still another participant had extensive comments when responding,

...with the exception of sexual orientation, we get into a lot of the scientific aspect of it... I think that's so different with kids having to deal with sexual orientation safely. Um, and maybe that's not the meaning, in the human development arena, but the social connotation of sexual orientation is so powerful with, with kids... It's not as big a

deal anymore. I mean, I think we've had situations that, problems where we've had two boys or two girls going as each other's dates. It hasn't hit the national news like it does in some school districts, but people know I'm going to go crazy if somebody tried to hold a kid back because he wanted to go with his boyfriend. And that's why I pull sexual orientation out on the human development aspect. It has to be treated differently because of the, I think, the social response to sexual orientation. And I think there are lots and lots of issues and ways for kids to protect themselves and know the difference whether you're in unfamiliar territory...so we have lots of, lots of things to talk to kids about. A lot of times parents will call me. We have a mental health consultant on each campus, and I'll call [a consultant] and we'll meet here with parents and a kid's just come out, and we walk through some of the, some of the issues and some of the problems and potential pitfalls of coming out and of sexual orientation as it is viewed in this community. I think everything else deals with science. I think sexual orientation does, too, but it goes so far beyond that... We don't get kids being made fun of because their voices are changing. We get kids being made fun of because they're wearing pink pants and a belt that says, 'I like boys' - if the kid's a boy. (CL04)

The sub-concept of 'gender identity' received 7 out of 10 responses, with two of those being exclusions. The five non-negative comments reflect the notion, "[it] *has to be covered because it does affect a certain percentage in any group of people and maybe having extra, maybe people that are questioning or need more information, having that information available.*" (CL03)) Another participant shared insight on the combined sub-concepts of both 'sexual orientation' and 'gender identity' also reflected in a published commentary (Hockersmith, 2013)

...that's a little more difficult, you know, and I think that's probably a little more difficult for parents too, especially if, you know if everything follows what we think of as

societal norm, you now parents do okay with that one, but I think if you have a gay or lesbian child, I think that's got to create some societal issues, I think that's better than it used to be, but I think there still are issues within the family and probably within the schools although I think you do see more acceptance in the schools now than you used to.
(CL02)

The sub-concept of body image received 5 out of 10 responses, with no negative or excluding comments. Participants share the opinion that body image is an important concept to address on many levels and at many ages due to social media and society; overlapping concerns of gender identity is even mentioned in this context. One participant described a situation where parents were not accepting the gender identity of a child and went on to deliberate,

Kids are so developed anymore. Um, you know, we have a case...I don't remember exactly but...the mother [had] this little girl believes she should have been a boy. What is that called? I don't remember what it's called. But, anyway, the mother did a talk at [an event] and talked about, you know, how difficult it was for her, and her husband has never accepted this little girl's [gender identity]...certainly dresses like a boy, you know, all those kind of things. And I'm sure that child knew that well before the parents ever recognized it or wanted to recognize it...I don't know that, I mean, churches are going to say it's all a sin if you get beyond being heterosexual. Um, I don't know how churches would deal with that very, very easily. You know. I don't want kids, I don't think you can teach kids that it's a sin. I think you end up with more suicides, coming from ... I don't know how churches would address that. I think they would need to, but I don't know how they would do it. (CL07)

The ideas of expectations and of reinforcement surface again in response to the sub-concept of 'body image' even within parameters of food and physical activity anticipated to be covered in school health and physical education classes. Developing a healthy body image is yet another aspect of growth having a negative reversal, in that, without a healthy body image youth seem more likely to engage in risky behaviors as one participant phrased, "*doing things to get confirmed.*" (CL01) Still another participant elaborated,

...these kids are still left with no oversight and no guidance and no time for a parent to even discuss these things and they're looking for these things, they're looking for love, they're looking for acceptance and they're lookin' in a lot of the wrong places. (CL02)

An unprompted theme emerging is misinformation and capitalizing on the teachable moment best summarized by the following remarks:

...when I was working in [another] county I had a girl come in, fourteen year old freshman come in for a pregnancy test...well two different girls, one of them ask me if I could tell her which one was the father cause she'd slept with three guys that weekend; [the other], in the midst of the visit I said something like 'did you use a condom?' and 'yeah.', 'every time?' and 'Well yeah, we did turn it inside out and reuse it though.' Somewhere, somebody had told her that was okay. (CL02)

Without addressing these instances of ignorance, youth are defenseless and deprived of the knowledge and tools to make healthy choices. Withholding knowledge, or censorship, can be, "*very scary for a girl to not know what's happening to her body, so the more she knows, the more comfortable she's going to feel.*" (CL08) As mentioned elsewhere, Klein (2006, p. 119) poses a

valiant question, “which is more dangerous – information, or the consequences of restricting it?” Campos (2002, p.38) clearly articulates “Youth definitely need the skills to cope with their emerging sexuality.” Von Sadvoszky, Kovar, Brown & Armbruster (2006, p. 378) find young adults reporting “they are not getting all the information they need to make informed choices regarding their own sexual health.”

For both youth and their parents it is suggested, I would argue necessary, to have a basic understanding of how one’s body works as one participant describes,

I think probably the basic information is one of the building block that I see missing...just the basic anatomy and physiology...in that, I think you have to have an understanding of that [reproductive and sexual anatomy and physiology] before you can understand any of those others [puberty, reproduction, body image, sexual orientation, gender identity]. (CL02)

Repeated for the third time, again in this concept a participant raises the issue of communication and its significance in the home,

...they’re going to talk about it in biology...in freshman health class...at school...these are things that, hopefully, with the whole umbrella of effective communication at home, it’s going to give kids the safety to really work through the human development concept. (CL04)

Von Sadvoszky et al. (2006, p. 378) found parents to be “missing from being a source of sexual health information” in clinical implications for their study.

Although instances of exclusions and negative comments were present in the responses to the concept of human development, participants still acknowledged the importance of its presence

in a Comprehensive Sexuality Education program. Through comments recognizing youth or children are dealing with many issues related to the concept of human development as well as concerns with coping, the need for inclusion is clear. While the biggest unprompted theme emerged surrounding misinformation, all participants demonstrated a theme of tolerance – not stated explicitly but observed implicitly. Participant responses also allude to issues of acceptance surrounding churches and Christianity; these are based on an assumption that Christianity is wrong and the two-fold assumption could also be presented as an issue of acceptance. The visual representation (Figure 4.4. Participant responses to Key Concept: Human Development) captures the collective voice of the participants and without expressly stating the unprompted themes categorized as misinformation and communication; both themes should be a focus for the planning and implementation of any program.



Figure 4.5. Participant responses to Key Concept: Sexual Health

Sexual Health.

Q-12. In the category of sexual health:

1. reproductive health
2. contraception

3. *pregnancy and prenatal care*
4. *abortion*
5. *sexually transmitted diseases*
6. *HIV and AIDS*
7. *sexual abuse, assault, violence and harassment*

Responses to the concept of sexual health were again favorable containing such sub-concepts as reproductive health, contraception, pregnancy and prenatal care, abortion, sexually transmitted diseases, HIV and AIDS, and sexual abuse, assault, violence and harassment as evidenced by the remarks,

All of these topics are appropriate, in my opinion, for educating on - all of these topics are appropriate for discussing. And I love that 'reproductive health.' I love the topic, 'sexual health' because it's so important to have a healthy outlook on something as life-changing as sex. It is life changing. On all spheres, if I'm saying that right. Emotionally, psychologically, physiologically; we would be remiss not to address all of these topics in a comprehensive sexual education program. (CL10)

When thinking of particular venues for offering information on sexual health, participants gave 13 examples categorized as 'home' while offering as many as 41 examples categorized as 'community;' moreover, this variance in number is likely attributed again to the number of possible community settings compared to possible home settings.

The sub-concept of 'abortion' received 7 out of 10 responses with instances of four exclusionary remarks; these comments centered on the shared opinion acknowledging abortion exists but not believing, encouraging nor supporting it. Even though personal beliefs were

opposed to abortion three out of those four participants upheld it should be presented as an option. As one participant reflects,

you know I think (sighs) some ways I think abortion gets a bad rap because it's a medical procedure and I think it should be deemed, allowable if the physician and a client determine its needed, I know there's different rules on that, but I think it's wrong to abort a baby, but I still think a woman should have the choice, I think you know I might think it's wrong to go out here and drink a six pack of beer, but I still have that choice to do that, so I think it should remain legalized so it's safe and healthy for a woman and that that choice is made between that woman and her physician or that couple and their physician; I don't think it's any of my decision, any of my business is someone else is getting an abortion, that's a medical procedure and should be treated confidential, just like any other medical procedure. (CL01)

Further non-negative comments regarding the sub-concept of 'abortion' involve the placement of choice for the woman involved;

I grew up Catholic, but I'm not an opponent of abortion. I think that's got to be a woman's decision, and when you have a young girl who's pregnant, like my daughter was...that was my immediate response...when she told me about it. It was, 'You've got to terminate this pregnancy. You'll not have any chance in this whole world.' And I'm so close to that situation, and now I'm sittin' in this meeting this morning looking at pictures of my grandson. And there's a lot of guilt tied to that, so there's so much in the area of spirituality with some of these issues. The abortion, the contraception piece of it. I obviously would love for kids to be smart about the contraception aspect of it - for all kinds of reasons. (CL04)

The sub-concept of pregnancy and prenatal care received five out of ten responses with no exclusionary nor negative comments. The common belief held the importance of prenatal care for the benefit of the child noting the services of pregnancy centers and the HANDS program of local health departments.

Pregnancy and prenatal care definitely needs to be taught [as] a consequence of sex and then your life will never be the same...depending on your choice...well, I think it'll never be the same - if you did have a pregnancy and gave birth whether you determined to care for that child or gave it up for adoption - that will always be a part of your life and your history. (CL01)

The sub-concepts of 'contraception,' 'HIV/AIDS,' and 'sexual abuse, assault, violence and harassment' all received responses from four out of ten participants followed by 'STD's' with 3 of 10 comments and finally 'reproductive health' with 2 of 10 remarks. All things considered, healthy versus unhealthy emerged as a descriptor common to most remarks. Unprompted insights included the concern with censorship, or withholding information as evidenced in the remarks,

That's the one thing that blows my mind as I look at the core curriculum of Kentucky students. Contraception is not taught; they just teach abstinence, so it's like when you start driving, they're gonna say, 'we're gonna teach you how to drive a car but we're not going to give you the keys,' so you might know how to drive the car theoretically, but you can't really drive the car because you don't have any keys; I think that's what we're doing when we don't provide information on contraception. We're telling them, 'you're gonna learn to drive a car, but you're not going to have the tools do it safely 'cause you don't know what tools you need.' We find a lot of young people have

never discussed contraception with their physician, with their parent – if you're going to have sex, you need to know your tools – we're not preparing our kids for that. (CL01)

Building on the precept of providing information and tools to youth emerged another very important and related insight, one classified as 'breaking the cycle.' One participant shared the situation,

We've got an eleventh grade girl with four kids now. She had her first baby at 13, barely 13. She's got a long family history – there's no open communication, there's no conversation. We have teachers trying to work with this family. We will begin working with this child's children because of the generational aspect of this. Her kids are, her oldest is in preschool...her oldest is four and she's pumpin' out babies as fast as she can. We won't break any cycle if we don't teach sexual health in school. (CL04)

The concept of 'sexual health' prompted encouraging responses as issues and situational examples were shared. Concern with the preparation and skill of the instructor were mentioned again, which bears noting the existence of Certified Sexuality Educators, should a community wish to seek out a "skilled and trained" educator. Statements on communication, expectations and withholding information were again, as in responses to previous concepts, repeated in this section. The clear example and need to address breaking cycles highlights obvious demands on the school and community to deliver a Comprehensive Sexuality Education program. The visual (Figure 4.5. Participant responses to Key Concept: Sexual Health) effectively captures the voice of the collective responses without accurately depicting those unprompted insights.

ponder as participant responses to venues offering information on society and culture provided a ratio of 1:3 in examples of home versus community venues.

There were six exclusionary or negative comments, one regarding ‘gender roles,’ one referring to ‘religion’ and four referencing ‘sexuality and the media’ including internet, social media and Facebook, specifically. Comments regarding media varied widely from remarks about advertisements for prescription male enhancement products, to news coverage creating all “*these little shooters we have running around.*” (CL07)

More than one response examined the intent of the media and as one participant says, “*I dismiss the media as a realistic gauge of reality and social reality. I think it is skewed far left socially.*” (CL06) Uncertainty regarding the media and the constant exposure was shared by more than one, “*we’re bombarded. It’s everywhere. Every time you turn on the TV, radio, go to a movie, now whether that’s a good thing or not...relationships have been torn down.*” (CL02) Still another participant expressed, “*most people my age don’t understand the powerful nature of social media*” (CL04) or the amount of information coming at them every day. Nevertheless, ‘sexuality and the media’ received the most responses 8 out of 10, followed by ‘sexuality and society,’ ‘gender roles,’ and ‘sexuality and religion’ all with 4 out of 10 responses. ‘Sexuality and the law,’ and ‘sexuality and the arts’ received 3 out of 10 responses and finally ‘diversity’ received only 2 out of 10 responses.

Another response highlighting repeating themes of these research results includes,

Well, you know, I mean that’s real. I mean, I guess more so than, maybe a little bit more so than how you talk about it as opposed to be prepared to talk about it because it’s... you can’t turn a deaf ear or you can’t pretend that – at some point in time there’s going to be exposure to all of this so, you know, we do need to know what’s happening in our government with sexuality and the law, we do need to know what our religious leaders are, you know, saying about sexuality, and all of that. It’s, so all of these topics –

again we do have to be prepared to, you know, to have these real, live, raw, you know, discussions about all of these topics. You know, of course, what side of that you fall on will come from what your personal belief system is; and you will educate from that stance, but we do have to be prepared to address it, I think. (CL10)

Key constructs from the previous quote include: be prepared, exposure, need to know, having discussions, and personal belief system.

The need for Comprehensive Sexuality Education programs continues to build because of the repeated expressions about communication and concerns with the instructor through comments such as,

...these are things that the parents can discuss. These are things that would be, a lot of it is discussed in school, and I think that's appropriate. If it is, indeed, discussed appropriately. There's a difference in getting up there and saying – Well, you know, there's a difference in exploitation and teaching. (CL08)

Yet another reflection about the whole concept of 'society and culture' is,

Hmm. Wow. I don't think that's up to anybody. I think kids will pick up on that...And if we think we're going to teach kids a whole lot about specific things that they didn't already know - the chore becomes sharpening those ideas, discussing, conversation. Not, gee, there's this concept out there...Those are the kinds of things I think that kids are going to pick up. They're going to know and what they do with that as they get older it's different, but I think these are the kind of things that - these are the concepts that are just out there, and kids need to have other safe people and safe adults to whom they can go... with the communication in these, in these areas. This arena is just

fascinating to me because it's everything. It's what shapes a kid. We just have to have those communication lines open with responsible adults who may or may not be parents.

(CL04)

These remarks reiterate the plea for communication as a benefit for youth. Participants responded thoughtfully to the inclusion of the concept of ‘society and culture’ in a Comprehensive Sexuality Education program with many comments expressing it “must” be addressed although it could be controversial. The negative responses and responses of uncertainty are worthy of consideration in planning a program for this community, but should be examined on a case by case, or community by community, basis. The visual (Figure 4.6. Participant responses to Key Concept: Society and Culture) included adequately reflects the collective voice of the participants with ‘media’ receiving the most responses; the unprompted but repeated constructs are included in the visual but not at a size as significant because of the combined effect across concepts.



Figure 4.7. Participant responses to Key Concept: Sexual Behavior

Sexual Behavior.

Q-14. *In the category of sexual behavior:*

1. *sexuality throughout life*

2. *masturbation*

3. *shared sexual behavior*

4. *sexual abstinence*

5. *human sexual response*

6. *sexual fantasy*

7. *sexual dysfunction*

Participants again responded with favor, or with little opposition, to the final concept of sexual behavior including the sub-concepts: sexuality throughout life, masturbation, shared sexual behavior, sexual abstinence, human sexual response, sexual fantasy, and sexual dysfunction.

Only six exclusionary or negative remarks were shared, one each for ‘shared sexual behavior’ and ‘sexual dysfunction’ and two remarks each for ‘sexuality throughout life’ and ‘sexual fantasy.’

These remarks held concern for opinions such as “*a little too much for high schoolers*” (CL05) and “*wouldn’t want a stranger teaching my child*” (CL08) as well as judgements regarding perceptions, or misperceptions, of ‘shared sexual behavior’ – “*3 and 4 people, that’s stupid to me*” (CL09) and ‘sexual dysfunction’ - “*stupid rapists.*” (CL09)

The other general exclusionary remarks addressed public school as a venue for these concepts; the notion was expressed these topics wouldn’t go over well in the public school realm because “*everyone would be opting out*” (CL04) and there would be “*pissed-off parent calls.*” (CL04) Even though this participant asserts comfort in talking about these topics, concerns again surrounding the instructor surface, “*really trusted adults doing the teaching.*” (CL04) Continuing with this line of thought, it was shared that topics of ‘sexual behavior’ are not practical to be taught in public schools adding “*not saying that it shouldn’t happen...but don’t have the adults who can handle it...politically it doesn’t flow very well.*” (CL04) While slight opposition to the

venue of public school is suggested, the opportunity for information in the community is still more as participants cited 17 examples categorized as ‘home’ while offering 35 examples categorized as ‘community.’ This is a slightly reduced ratio of home to community examples at approximately 1:2 while a majority (four concepts) had examples at ratios of 1:3.

There were very positive remarks about the inclusion of these topics in a Comprehensive Sexuality Education program ranging from the “*needs to be taught*” (CL01) perspective to the “*has to be dealt with, so to speak*” (CL01) opinion. There is even a proactive, “*let’s talk about this*” (CL10) and “*let’s get all the material we can to help you understand this*” (CL09) as well as “*creating an awareness*” (CL08) tactic. More than one response indicated a need to know *how to approach* these topics with youth; two participants phrased it almost exactly the same way by saying it is “*not going to be easy, but it’s going to have to be done,*” (CL08) especially in reference to the inevitability of sex. Other support for these topics is expressed,

...all these are normal things, you know, that people do and I think just giving people, giving kids, young adults as much information as we can. Unfortunately, or fortunately, there’s so much out on the internet that they could learn from which could be a good thing so maybe that’s going on some. (CL03)

The realization youth are getting information from many sources is evident, but the internet is a relatively “new” source and as other concerns have been described – there is a positive and negative side to these circumstances. One cannot make the assumption all information on the internet is accurate, appropriate, productive or even healthy.

Another line of discussion surrounded how early to begin these discussions with youth. Berman (2009, p. 14) explains as early as two years of age one can begin the conversation about the body “using accurate language and being relaxed about the body’s functions.” These same views are reflected in the comments,

But the earlier you start with them, with children, I think the better... 'cause they will add on to what they already know as they grow up so I think all of these are things that should be discussed whether in reality everybody does it, remains to be seen. (CL09)

The sub-concept receiving the most responses was 'sexual fantasy' with 7 out of 10 responding, 2 of which were exclusionary or negative remarks and previously described. The five non-negative comments shared the common sense of normalcy of having sexual fantasies, adding the acceptable nature of communicating those between partners within a relationship. The consensus is that detailed information may not be appropriate in school and to certainly not get getting into specific sexual fantasies. While deep exploration of this topic may not be suited to youth, it seems appropriate for adults as suggested for an offered elective course at the college level; this application seems understandable and agreeable. One participant recognized struggle and even denial by church people as a sort of Christian inner conflict calling for

...you know if, knowledge is power, so if I can be educated on why I'm dealing with sexual fantasy and, because you know if I'm striving to live a Christian life then that's going to be an inner conflict, but if you can educate me on it, then that can help me understand per se that there's not anything wrong with me, it's just whatever. But it gives me, again it gives me, you know, power to have an understanding of what's going on. So it's necessary to talk about these things, it's necessary to educate, you know on all of these things, but again, for me, because I'm looking at the whole person, I'm looking at their mind, their will, their soul, their emotions, their spirituality, because all of that makes up, for me in my opinion, the whole person. I want to ensure that there is complete understanding in all of these things. (CL10)

Receiving 6 out of 10 responses, the second sub-concept addressed is ‘abstinence’ with no exclusionary or negative remarks. The combined responses here emphasize abstinence as a lifestyle that should be accepted, but expressed concerns about being neglected as a contraceptive method. Another few optimistic participants claim, “*it could happen*” (CL09) or “*wish it could happen, but people don’t take it as serious.*” (CL09) What is ideal versus what is actual or real is a recurring issue with several sub concepts – here it surfaced with another reference to expectations. Youth, and adults for that matter, shouldn’t have to make a decision just because their friends or peers are choosing to be sexually active, as “*it’s almost on the opposite end of the spectrum that you have to be active, when really many people are happy being abstinent and that is okay and that’s a choice they are making for whatever reason.*” (CL01) Still another participant describes ‘abstinence’ as a decision - a tool - used in accomplishing “*life goals*” (CL02) and a means by which one can get to a desired place.

The remaining sub-concepts ‘sexuality throughout life,’ ‘masturbation,’ ‘shared sexual behavior,’ and ‘sexual dysfunction’ received 4 out of 10 responses, while ‘human sexual response’ received 3 out of 10. Interesting to note, is the gender bias and notion by one participant that masturbation is a behavior specific to boys as evidenced by the comments, “*I don’t have any sons so I’ve never really gone through the masturbation and teaching about that. I think I would probably have a hard time with that one.*” (CL03)

Overall, participants were in support of the concept of ‘sexual behavior’ being included in a Comprehensive Sexuality Education program, again implicitly demonstrating and reflecting a theme of tolerance, while the preference for venue was not as clear; preference for home and family was articulated while instances of community settings outnumbered those of home. Opposition or uncertainty about a few sub-concepts would be best addressed in the planning of any program specific to the expressed needs of a given community. The visual representation (Figure 4.7. Participant responses to Key Concept: Sexual Behavior) included somewhat

represents the collective voice of the participants with the seeming outlier of ‘masturbation’ and prominence of ‘abstinence,’ but not of ‘fantasy.’

Chapter Five: Discussion, Conclusion and Recommendations

Discussion

In 2015, the United Nations Educational, Scientific and Cultural Organization (UNESCO) published a first in a series of periodic reports designed to examine the implementation of CSE globally. In fact, information from 48 different countries (not including the United States of America) was studied. Key points included in the executive summary are:

- *Comprehensive sexuality education is recognized as an ‘age-appropriate, culturally relevant approach to teaching about sexuality and relationships by providing scientifically accurate, realistic, non-judgmental information’ (UNESCO, 2009).*
- *There is clear evidence that CSE has a positive impact on sexual and reproductive health (SRH), notably contributing towards reducing sexually transmitted infections (STIs), the Human Immunodeficiency Virus (HIV) and unintended pregnancy.*
- *Young people are increasingly demanding their right to sexuality education...*
- *CSE content must respond appropriately to the specific context and needs of young people in order to be effective.*
- *...gender and rights should be consistently strengthened across curricula, and address the needs of young people living with HIV and other key populations.*
- *Delivering high-quality CSE requires adequate training and capacity.*
- *Engaging parents and communities in the implementation and scale-up of CSE is critical...*

- *This report demonstrates that a majority of countries are now embracing the concept of CSE, informed by evidence and international guidance, and are engaged in strengthening its implementation at a national level. (UNESCO, 2015, pp. 7-8)*

Interestingly, in UNESCO's Global Review, 2015 are highlighted findings parallel to the findings of this study. While gaps in policy and implementation were identified globally, this was not a salient theme in the examination of one Kentucky County. However, the position of CSE within curriculum (Stanger-Hall & Hall, 2011) and specific content (Welshimer & Harris, 1994) were subjects of discussion among participants within this study as well as in the international review (UNESCO, 2015).

When sexuality education is integrated or infused, it is mainstreamed across a number of subject areas, such as biology, social studies, home economics or religious studies. While this model may reduce pressure on an overcrowded curriculum, it is difficult to monitor or evaluate, and may limit teaching methodologies to traditional approaches. (UNESCO, 2015, p.24)

Additionally, it is not necessary for CSE to be a self-contained class but possibly interwoven throughout science, social studies, health and even math - just as studies on this topic take place in a variety of disciplines such as family science, social work, and even community and leadership development. A recent study from the University of Louisville by Dr. Anita Barbee (2016) in the college of social work conducted a first-ever randomized control trial of the Dibble Institute's curriculum, Love Notes. Announced in October 2016, the results of the study placed the curriculum on the evidence-based programs list maintained by the Department of Health and Human Services (DHHS, 2016). Evidenced based programs such as those on this list ease the burden for development placed on educators.

Teacher training (McKeon, 2006; Stanger-Hall & Hall, 2011; Welshimer & Harris, 1994) also emerged as a point for consideration both by community leaders in one Kentucky County together with the situational analysis of 48 other countries (UNESCO, 2015). While not discussed in the review of literature, the issue of teacher preparation, whether classroom or community-based, demands reference to the certification of sexuality educators (as well as counselors and therapist) by the American Association of Sexuality Educators, Counselors and Therapists (AASECT). Founded in 1967, AASECT describes itself as a “non-for-profit interdisciplinary professional organization” for individuals sharing interest in the promotion of the “understanding of human sexuality and healthy sexual behavior.” (AASECT, 2016) It is worth noting this certification is a rigorous process and one to be maintained with continuing education units.

AASECT Certified Sexuality Educators teach and train about a range of topics, including but not limited to sexual health; sexual and reproductive anatomy and physiology; family planning, contraception, and pregnancy/childbirth; sexually transmitted infections; gender identity and roles; gay, lesbian, bisexual, and transgender issues; sexual function and dysfunction; sexual pleasure; sexual variation; sexuality and disability; sexuality and chronic illness; sexual development across the lifespan; sexual abuse, assault, and coercion; and sexuality across cultures. Sexuality educators may teach in the classroom at the elementary, secondary, and higher education levels. They may also provide education for groups of children, adolescents, or adults, training for professionals, and outreach and education in community-based, healthcare, corporate, and faith-based settings. Sexuality educators also may design and conduct workshops, courses, and seminars; contribute to the sexuality education

literature; develop curriculum; plan and administer programs; deliver lectures; and provide one-on-one client education sessions. (ASSECT, 2016)

While the existence of this certification addresses the concern regarding teacher preparation identified by participants in this study as well as other studies (UNESCO, 2015; Welshimer & Harris, 1994), it is important to mention, based on an AASECT website search result, there are only two (2) certified sexuality educators located in Kentucky.

Another consideration is for Extension Educators such as myself. While I am comfortable and even passionate about the content within CSE, not every Extension Agent nor teacher nor individual *should* be instructing families, individuals, youth and parents in these topics. Reversely, training in the form of professional development for Extension Educators, especially those in 4-H Youth Development and Family and Consumer Sciences, would be suggested to increase awareness of sensitive topics related to CSE – and even connections to gender roles and bullying issues.

Insights. While community leaders as participants in this study may not have previously known about CSE as outlined by SIECUS (2004), a majority were at this given point in time willing and open to its premise. There remained a commonly held belief sexuality education should take place *ideally* in the home by the parents (Welshimer & Harris, 1994). However as reflected by several participants, the *reality* is – sexuality education may not take place in the majority of homes building toward a dichotomous phenomenon of ‘what is real versus ideal.’

The expectations described by participants are ideal and what is real does not always mirror the ideal, or commonly referred to as ‘exceptions to the rule’ – these may perhaps be portrayed as myths. When reality is ideal, one might argue the myth is reinforced – but if it is, in fact, reality, can it then also be a myth? Are these terms mutually exclusive? Does an individual experience a mythical reality? This is cause for further exploration.

Often terms such as modeling, willingness and openness emerged from participants when describing ideal parenting situations. Participants also revisited the concept of communication frequently, as well as the notion of seeking out information. Assistance in this area can best be offered in the form of facilitated dialogue, similar to the premise of some parenting curriculums which increase awareness of best parenting practices gradually.

Potential Issues. When considering the concerns of implementing sexuality education in the community studied, awareness surfaced as an overarching theme for many of these specific issues. Statements reflecting, “people don’t understand what comprehensive sexuality is...” contribute to negative connotations described as confusion, disbelief and doubt which may lead parents to declare, “I don’t want that.” Unawareness also contributes to varying degrees of censorship and recurring concerns with who is teaching. Uninformed censorship in the form of providing misinformation or withholding information is unethical and infringes on the basic rights to access complete and accurate information (Santelli et al., 2006). Stanger-Hall and Hall (2011) proclaim “by keeping teens uneducated with regard to reproductive knowledge and sound decision-making instead of giving them the tools to make educated decisions regarding reproductive health” some program could really be fostering negligent, high-risk behaviors.

Other awareness issues appeared in allusions to unfortunate situations of sexual abuse where consideration must be given for circumstances of exposure versus innocence and predatory stimulus versus curiosity. This is especially important when bearing in mind the safety and harm reduction potential of sexuality education described by Kalmuss, Davidson, Cohall, Laraque, and Cassell (2003). Kalmuss et al. (2003) mention, “*Ideally*, social workers should be added...” for intervention related to non-consensual sexual encounters of youth. If providing knowledge leads to empowerment for an individual to stand up for one’s self or to report instances of abuse, sexuality education is well worth the investment in the controversy.

Additional awareness matters are raised in terms of teaching values. Since the specific values themselves seem to be the subject matter of dispute certain assertions are based upon an

assumption the values of any given family are good, ideal or even socially acceptable. Guzmán et al. (2003) present strong support for the major role parents' play in adolescent sexual socialization through communication about values, but this has not been as explored through community venues such as school. Contradicting opinions are shared by one participant on this matter as CL01 declared schools should not be teaching values, while continuing to state another view of schools supporting the extension of the family's values. Santelli et al. (2006) describes parallel issues with federal funding language promoting a specific viewpoint as a moral approach and not associated with public health.

Further awareness concerns surround opposition to sexuality education as related to sexual preference. This controversy overlaps with the previously discussed moral versus ethical approach and concerns of teaching values. Santelli et al. (2006) reports "as many as 1 in 10 adolescents struggle with issues regarding sexual identity." Hockersmith (2013) raises the issue in a commentary addressed to Cooperative Extension professionals, "How do families cope when the growth and development of their child into an adult isn't 'normal'?" Santelli et al. (2006) also cite negative attitudes and feelings towards homosexuality "contributes to health problems such as suicide..." – a topic mentioned only one time by one participant in this study and in the following context when responding to the key concept of human development:

...churches are going to say it's all a sin if you get beyond being heterosexual.

Um, I don't know how churches would deal with that very, very easily. ...I don't think you can teach kids that it's a sin. I think you end up with more suicides, coming from - I don't know how churches would address that. I think they would need to, but I don't know how they would do it. (CL07)

Welshimer and Harris (1994) point out church attendance does not have to be a limiting factor in support for sexuality education. In fact, researchers state, "By emphasizing that the

issue of values is a widely shared concern, whatever parents' religious orientation or demographics, educators can neutralize it as a divisive factor and use it instead to begin building a dialogue." (Welshimer & Harris, 1994).

Variables. While the potential for issues can be exhausting, a few subjects mentioned by participants materialized as variables existing for the implementation of sexuality education in this particular community. Motivation was discussed and can be related to the expectations set for youth. Development of expectations was stressed while highlighting unrealistic and conflicted expectations, similar to the recurring real versus ideal dichotomy. Even implementing a universal curriculum such as CSE becomes variable when considering administrators, teachers and schools also vary across the state.

Parental non-involvement has been documented by Von Sadvoszky et al. (2006), as well as Ogle et al. (2008). These studies reference impressions of child reluctance, embarrassment as well as discomfort (Guzmán et al., 2003) especially in the "peculiarity of the father-daughter relationship" (Ogle et al., 2008) supported by description by CL06

...my son and I can speak frankly about sex and his sexuality and girls and interactions and females and he and his mother, also. I mean he ...he has got relationship issues that he brings to us that surround a lot of that. So he is a very close kid, but he will talk about that. But my daughter ...it is just ...it is almost ...it is not taboo, but it is just stuff that little girls do not want to talk about with me, with grown men.

Other variables related to previously discussed *awareness* include the knowledge base of parents or the lack thereof. Inexperience, denial and fear by parents were described by participants in this study. Adding in lack of preparation, educating self, seeking out information, and being equipped with knowledge on how to approach topics of sexuality education topics (Brice, 2011), parents have their work cut out for them.

Parental preparation as it relates to knowledge of developmental and age appropriateness also require skill development of awareness, reflection, acknowledgement, participation, responsibility and this can best happen through coaching (Von Sadovszky et al., 2006). Other skills for enhancement by parents mentioned by participants in this study include the repeated *ideals* of communication, openness, and willingness as well as modeling, leading by example, and even mentorship. These responses are comparable to the tentative recommendations of Wight and Fullerton (2013) suggesting a focus for:

- a) Developing greater parent-child attachment or connectedness...best done from an early age
- b) Improving parent's monitoring and regulation of behavior
- c) Helping parents communicate their values around sexual relationships, and
- d) Encouraging parent to model the behaviors they want their children to follow

The experience of each parent is also variable considering the family of youth and the existing family of which each is a member. These experiences are the unique reality of each individual as Fay and Funk (1995) describe perception as the basis of truth. Also known as universe of experience, field of awareness, and sphere of influence, all of these premises focus on building on prior knowledge. There is a gap between what an individual can accomplish alone and what an individual can do with help – this is the Zone of Proximal Development as theorized by Lev Vygotsky (Mooney, 2000).

Although Vygotsky is recognized as a child development theorist, I argue his beliefs “personal and social experiences cannot be separated” are applicable in helping parents move beyond Jean Piaget’s knowledge “constructed from personal experiences” (Mooney, 2000). Because the conundrum facing parents in regards to sexual education can be posed in the following question: “How do you know what you don’t know?” or “How does one know to

consider something one has not previously considered?” It’s virtually impossible without the assistance of another through what Vygotsky termed as scaffolding (Mooney, 2000). This is an important obstacle for parents to tackle because as CL06 put it, “*right or wrong, good or bad, the core of expectations will be built at home through example.*” We can assist people in increasing awareness through knowledge base and skill development. The Kentucky Cooperative Extension Service is positioned impeccably to do this.

Reflections. Endeavoring to complete a qualitative study, while appropriate to the research question, appealed to the emotional and interpersonal aspect of my existence and personality. I very much enjoyed the process of meeting each and every person involved in this study. It was a pleasure to greet each individual and then engage in conversation about a topic which I am also very passionate. I am optimistic I strove to honor each voice with respect and integrity. While there were unexpected facts, thoughts, opinions or attitudes shared by the participants, I felt there were very few, if any, awkward moments.

I was impressed with myself, while reading through the transcriptions, at my ability to probe for further detail (Esterberg, 2002). When participants’ responses were limited, probing for additional details of a seemingly unrelated digression ultimately contributed to a deeper and more complete understanding of their perspective – a perspective not initially apparent. For example in the case of the single, non-parent participant having grown up in a home with multiple adoptive children, in and out of the family, it was acknowledged those experiences contributed to her ultimate situation (conscious or unconscious) to not be a parent.

It occurred to me during the coding of some obvious attributes: Gender, Race, Parent, Non-Parent, Married, Single, # of Children, some form of checklist of self-declaration would have been helpful. I was not able to determine the exact age of every participant, and especially in considering the proclamation of church membership or religious affiliation (either childhood or adult). I had not originally considered the attribute of church attendance, but it is mentioned specifically in Welshimer and Harris (1994). Then the assumption surfaced all participants were

heterosexual after one participant blazingly self-proclaimed he was “very heterosexual.” This seemed to an affirmation, since the participant also disclosed he was a victim of sexual abuse at the age of 12 by a Catholic priest, and the proclamation was in the context of standing up for the rights of a youth to be openly gay at school.

It was surprising to find very little resistance to the key concepts as initial thoughts theorized there would be resistance. This leads to yet another question, “To what can the perceptions of resistance lead?” Even though I anticipated resistance the data states otherwise. Have we neglected to pursue these programs simply because we thought we might be met with resistance? And while SIECUS’s (2004) CSE curriculum is designed to be utilized by community picking and choosing what topics are appropriate, is there conflict in doing so? By picking and choosing, even omitting information...is it still *comprehensive*?

I have grown both personally and professionally through the enterprise – as a parent, a partner, a public servant, a scholar. And in following the data, I hope to pursue further studies surrounding developing skills of parents related to CSE. The journey may lead into some other discipline and even to an advanced degree – it is a story yet to be written.

Conclusion

Partnerships. A community considering sexuality education of any kind, compulsory or non-compulsory, should engage in dialogue with parents, youth and community organizations. Those community organizations should include a wide variety of institutions with representation from health care professionals and non-profit workers to leaders from religious and youth development organizations and schools, as reflected in statements from participants in this study.

A task force, council or coalition should be formed to address the interconnected nature of optimal sexual health. These partnerships can be the core for planning and implementation of public programs, educational opportunities, other large events and conferences focused on sexual health information. A supporting declaration by Welshimer and Harris (1994) says, “Community input and participation are critical to planning effective sexuality education programs.”

These aforementioned activities suggested by participants of this study should contribute to increased awareness and understanding of sexual health content, in addition to developing knowledge and skills of both parents and youth as it relates to the emergent issues of this study to support the concept of a progression of education from the home into the community. This progression or combination of simultaneous learning activities has been “shown more effective...because multiple sources of complimentary information reinforce student learning.” (Welshimer & Harris, 1994) Those issues include a chief focus on communication, while supporting the desires of youth to have information (i.e. communication) from their parents especially during the pivotal time of adolescence around middle school – as identified by several participants.

Programming targeting parents may be an option for specifically increasing the knowledge base and skills of parents (Welshimer & Harris, 1994) in relation to communication about sexual health information in the home. Alternatively, programming inclusive of both parents and their children may well elevate its effectiveness (Wight & Fullerton, 2013)

Recommendations and Implications.

Having identified an area of neglect in research and studies as it related to state-level exploration of sexuality education in Kentucky, this study has established a reference point from which to continue further studies. This qualitative study addressed limitations of questionnaire-based method discussed by Ogle et al. (2008) by allowing for clarification of questions by participants, establishment of deeper understanding of attitudes and responses, and unlimited data collections as compared with anonymous survey instruments. However, future studies would benefit from the supplementary nature of the quantitative questionnaire-based method which allows for the “compilation of a large database of information on which to base sound statistical analyses” (Ogle et al., 2008) possibly across multiple Kentucky Counties. Added qualitative endeavors such as focus groups and case studies would establish a strong foundation of research

for the Commonwealth of Kentucky as it relates to sexuality education – all of this is for the advancement of overall sexual health of our youth and their future.

APPENDIX A

Recruitment Script (approximate time: 4 minutes)

Response to Key Concepts in Comprehensive Sexuality Education

Hi. My name is Luci Hockersmith, and I'm a graduate student from the Department of Community and Leadership Development at the University of Kentucky. I would like to invite you to participate in my research study next month.

Do you have time to talk? (if not, can I schedule a time that is more convenient?)

Great, you've been invited to participate because of your role as a community leader in X** County. This particular research study is to clarify beliefs about key concepts of comprehensive sexuality education (CSE*). By doing this study, I hope to learn more about the barriers, values, morals, and ethics, perceptions and social acceptance norms related to key concepts of comprehensive sexuality education.

Would you consider participating? (if not, thank you for your time)

Good, this research study utilizes what is referred to as the "snowball" technique for gathering people to interview – this is where one participant nominates other possible participants. I intend to gather a "snapshot" view of X County's responses to key concepts of comprehensive sexuality education by asking leaders, such as yourself, in X County to agree to be interviewed next month and to nominate other community members to participate as well – you are one of the first few to be contacted.

Do you think you will participate? (if not, thank you for your time)

You may participate if you are over the age of eighteen. And as a participant, you will be asked to agree to:

- nominate ten to fifteen other X County community leaders to participate
- meet next month in X County at a mutually convenient time and location
- be interviewed and audio recorded, and
- be asked series of 15 questions which should take 45 to 60 minutes to complete

*CSE... addresses the socio-cultural, biological, psychological, and spiritual dimensions of sexuality by providing information; exploring feelings, values, and attitudes; and developing communication, decision-making, and critical-thinking skills) SEICUS, p13.

**Oldham or Rowan

To the best of my knowledge, the things you will be doing have no more harm than you would experience in everyday life. There are no benefits, compensation or costs to participate in the study. I will make every effort to keep confidential all research records that identify you to the extent allowed by law. However, there are some circumstances which I may have to show your information to other people.

Your information will be combined with that of other people taking part in the study (there will be approximately 20), so when I write about the study to share it with other researchers, I will write about the combined information I have gathered. You will not be personally identified in these written materials and the results of this study may be published; however, I will keep your name and other identifying information private.

If you agree to participate in this research study, I'd like to send you a follow up letter with a nomination form for nominating other X County community leaders.

Would that be okay? Would you prefer email or paper correspondence?

What is that address? Do you have any other questions right now?

If you have questions later, please don't hesitate to contact me by email at luci.hockersmith@uky.edu or you may contact my advisor, Dr. Bryan Hains also by email at bryan.hains@uky.edu. Thanks so much for your time today. I'll be in contact and I look forward to meeting you next month.

APPENDIX B

Date, 2012

Luci Hockersmith
P O Box 152
Salvisa, KY 40372-0152

Dear _____,

Thank you so much for agreeing to participate in my research study, *Response to Key Concepts in Comprehensive Sexuality Education*. As explained to you in our phone conversation, I would like to interview you next month regarding your responses to key concepts in comprehensive sexuality education. Once I have determined the interviewees from your community I would like to schedule a mutually convenient time and location so that I can come to X County and conduct the interview.

In the meantime, I would like to ask that you complete the nomination form included in this mailing. I have provided a self-addressed stamped envelope for your convenience. When considering whom to nominate, think of what is representative of X County. Are there active community organizations, churches, or specific populations of people that should be represented? I will then contact them as I have contacted you.

Also included in this mailing is a copy of *Consent to Participate in a Research Study* for you to review. At the time of the interview, you will be provided with an identical copy to sign and return as a part of the research data collection and records process. You will be provided a signed copy to take with you.

Thanks again,

Luci Hockersmith

APPENDIX C

Nomination Form

Response to Key Concepts in Comprehensive Sexuality Education

Please nominate those individuals you feel are representative of X County. You may find it convenient to nominate ten to fifteen names, but you can nominate more or fewer if you wish. Please provide first and last name as well as contact information, i.e. phone, e-mail, address

Thanks again for your time and consideration in this research study.

**Response to Key Concepts of
Comprehensive Sexuality
Education**

Luci Hockersmith

Graduate Student
Community & Leadership Development
University of Kentucky

thanks
consent form
nomination form

comprehensive sexuality education

addresses the...

- dimensions of sexuality
 - socio-cultural
 - biological
 - psychological
 - spiritual

by providing information

- exploring
 - feelings
 - values
 - attitudes
- developing skills of
 - communication
 - decision-making
 - critical-thinking

key concepts

- relationships
- personal skills
- human development
- sexual development
- society & culture
- sexual behavior

responding...

- o No right or wrong answers.
- o Are there any that stand out to you? Or about which you are particularly passionate?
- o Consider appropriateness of each.
- o What venue should or should not be used to offer each?
- o Who should or should not be offering each?
- o Are there any particular aspects that should or should not be offered?
- o Do you have any strong feelings on how each should be offered?

relationships

- o families
- o friendship
- o love
- o romantic relationships & dating
- o marriage & lifetime commitments
- o raising children

personal skills

- o values
- o decision-making
- o communication
- o assertiveness (the ability to say no)
- o negotiation (sexual behavior)
- o looking for help

human development

- reproductive & sexual anatomy & physiology
- puberty
- reproduction
- body image
- sexual orientation
- gender identity (internal)

sexual health


- reproductive health
- contraception
- pregnancy & prenatal care
- abortion
- sexually transmitted diseases
- HIV & AIDS
- sexual abuse, assault, violence & harassment

society & culture

- sexuality & society
- gender roles (external)
- sexuality & law
- sexuality & religion
- diversity
- sexuality & media
- sexuality & arts

sexual behavior

- sexuality throughout life
- masturbation
- shared sexual behavior
- sexual abstinence
- human sexual response
- sexual fantasy
- sexual dysfunction



Are there any additional comments
you would like to make?

Thank you for your time.

Luci Hockersmith
859.325.5636
luci.hockersmith@uky.edu

APPENDIX E

Formal Interview Questions

I will be asking you a series of 15 questions and at any point if you would like me to rephrase or repeat the questions, just let me know. As a reminder this is an exploratory study; there are no right or wrong answers. Please share as freely as you feel comfortable.

Begin recording...

This is (day, month, date, year). I am Luci Hockersmith interviewing (participant) and we are (in the location).

Do you have any questions or concerns before we begin?

- Q-1. How would you describe yourself in terms of being a member of this community? For example, with what organizations/clubs/church are you affiliated? Parent?
- Q-2. What do you think other people in this community would say if I asked them, what comes to mind when they hear the words "comprehensive sexuality education?"

Share definition of CSE...and six key concepts...

- Q-3. What do you think parents or guardians should talk about with their children when providing information about comprehensive sexuality education?
- a. What knowledge do you think parents need to educate their children about sexuality?
 - b. What skills do you think parents need to educate their children about sexuality?
- Q-4. What do you think prevents parents from educating their children about sexuality?
- Q-5. How was comprehensive sexuality education addressed in your family?
- Q-6. When and how do you think youth should be offered information on comprehensive sexuality education?
- a. Where do you think youth should be offered information about comprehensive sexuality education?
 - b. How often do you think information about comprehensive sexuality education should be offered to youth?
- Q-7. Besides parents, what do you believe are appropriate sources of information about comprehensive sexuality education for youth?

The next set of questions will ask your perspectives on various topics for comprehensive sexuality education. (back up slide to CSE) As a reminder this is an exploratory study; there are no right or wrong answers. Please share as freely as you feel comfortable.

- Q-8. When I say "comprehensive sexuality education," what comes to mind?

The following six broad categories are presented as key concepts of comprehensive sexuality education: (advance slide) Within each key concept are specific topics or individual subjects. I would like your perspective on each. When responding consider...(refer to slide)

- Q-9. In the category of relationships:
1. families
 2. friendship
 3. love
 4. romantic relationships and dating
 5. marriage and lifetime commitments
 6. raising children
- Q-10. In the category of personal skills
1. values
 2. decision-making
 3. communication
 4. assertiveness
 5. negotiation
 6. looking for help
- Q-11. In the category of human development:
1. reproductive and sexual anatomy and physiology
 2. puberty
 3. reproduction
 4. body image
 5. sexual orientation
 6. gender identity
- Q-12. In the category of sexual health:
1. reproductive health
 2. contraception
 3. pregnancy and prenatal care
 4. abortion
 5. sexually transmitted diseases
 6. HIV and AIDS
 7. sexual abuse, assault, violence and harassment
- Q-13. In the category of society and culture:
1. sexuality and society
 2. gender roles
 3. sexuality and the law
 4. sexuality and religion
 5. diversity
 6. sexuality and the media
 7. sexuality and the arts
- Q-14. In the category of sexual behavior:
1. sexuality throughout life
 2. masturbation
 3. shared sexual behavior
 4. sexual abstinence
 5. human sexual response
 6. sexual fantasy
 7. sexual dysfunction
- Q-15. Are there additional comments you would like to make regarding this interview?

REFERENCES:

- Adler, R. B., Rosenfeld, L. B. & Towne, N. (1992). Perception. In *Interplay: the process of interpersonal communication* (5th ed., pp.64-89). Orlando, FL: Harcourt Brace Jovanovich.
- American Association of Sexuality Educators, Counselors and Therapists (AASECT). (2016). *About and AASECT Certified Sexuality Educator* [Webpages]. Retrieved from <https://www.aasect.org/aasect-certified-sexuality-educator-0> and <https://www.aasect.org/about/about>
- American Civil Liberties Union. (2009, February 9). Comprehensive sex education: stop the abstinence-only charade! Retrieved from ACLU website: <http://www.aclu-ky.org>
- Babbie, E. (2010). *The practice of social research*. (International-12th ed.). Belmont, CA: Wadsworth Cengage Learning.
- Barbee, A. P., Cunningham, M. R., van Zyl, M. A., Antle, B. F., & Langley, C. N. (2016). Impact of two adolescent pregnancy prevention interventions on risky sexual behavior: A three-arm cluster randomized control trial. *American Journal of Public Health, 106*, S85-S90. doi: 10.2105/AJPH.2016.303429.
- Berman, L. (2009). *Talking to your kids about sex: turning "the talk" into a conversation for life*. New York, NY: DK.
- Brice, L. M. (2011). *Sex and the City: developing a comprehensive sex education program for a very conservative, "abstinence-only" community*. Poster session presented at the proceedings of the 2011 Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) Convention in Denver, CO. *Journal of Obstetric, Gynecologic, & Neonatal Nursing, 40*(supplement 1), S45.
- Campos, D. (2002). *Sex, youth, and sex education: a reference handbook*. Santa Barbara, CA: ABC-CLIO.

- Campos, D. (2003). *Diverse sexuality and schools: a reference handbook*. Santa Barbara, CA: ABC-CLIO.
- Coleman, E. (2002). Promoting sexual health and responsible sexual behavior: An introduction. *The Journal of Sex Research* 39(1), 1-6. doi: 10.1080/00224490209552111
- Columbo, G., Cullen, R. & Lisle, B. (Eds.). (1998). *Rereading America: cultural contexts for critical thinking and writing* (4th ed). Boston, MA: Bedford Books.
- Creswell, J. W. (2007). *Qualitative inquiry & research design: choosing among five approaches* (2nd ed.). Thousand Oaks, CA: Sage.
- Creswell, J.W. (2009). *Research design*. (3rd ed.) Thousand Oaks, CA: Sage.
- Crotty, M. (1998). *The foundations of social research: meaning and perspective in the research process*. London: Sage.
- Department of Health and Human Services. (2016, October). Teen pregnancy prevention evidence review: Love Notes.
<http://tppevidencereview.aspe.hhs.gov/document.aspx?rid=3&sid=281&mid=1>
- Education. (2001). In *Random House Webster's Unabridged Dictionary* (2nd ed., p. 621). New York, NY: Random House.
- Esterberg, K. G. (2002). Interviews. In *Qualitative methods in social research* (pp. 83-114). Boston: McGraw-Hill.
- Farquharson, K. (2005). A different kind of snowball: Identifying key policymakers. *International Journal of Social Research Methodology*, 8(4), 345-353. doi: 10.1080/1364557042000203116
- Fay, J. & Funk, D. (1995). *Teaching with love and logic: taking control of the classroom*. Golden, CO: Love and Logic Press.
- Freedman, L. P. (1995). Censorship and manipulation of reproductive health information. In S. Coliver (Ed.), *The right to know: human rights and access to reproductive health information* (pp. 1–37). Philadelphia: University of Pennsylvania Press.

- Gall, M. D., Gall, J. P., & Borg, W. R. (2003). *Educational research: an introduction* (7th ed.). Boston, MA: A & B.
- Gutmacher Institute. (2011, December). *State policies in brief: sex and HIV education*. Washington, DC.
- Guzmán, B. L., Schlehofer-Sutton, M. M., Villanueva, C. M., Stritto, M. E. D., Casad, B. J., & Feria, A. (2003). Let's talk about sex: How comfortable discussions about sex impact teen sexual behavior. *Journal of Health Communication*, 8(6), 583-598.
- Haffner, D. W. (1997). What's wrong with abstinence-only sexuality education programs?. *SIECUS report*, 25(4), 9-13.
- Hamilton, B. E., Mathews, T. J., & Ventura, S. J. (2013). *Declines in state teen birth rates by race and Hispanic origin* (NCHS Data Brief No. 123). Hyattsville, MD: National Center for Health Statistics.
- Hamilton, B. E., & Ventura, S. J. (2012). *Birth rates for U.S. teenagers reach historic lows for all age and ethnic groups* (NCHS Data Brief No. 89). Hyattsville, MD: National Center for Health Statistics.
- Hensel, D. J. & Fortenberry, J. D. (2013) A multidimensional model of sexual health and sexual and prevention behavior among adolescent women, *Journal of Adolescent Health*, 52(2), 219-227. doi: 10.1016/j.jadohealth.2012.05.017.
- Hockersmith, L.D. (2013). Sextension? [On-line], *Journal of Extension*, 51(1) Article 1COM1. Available at: <http://www.joe.org/joe/2013february/comm1.php>
- Houghton Mifflin Harcourt. (2016). *Three major perspectives in sociology* [Sociology Study Guide]. Retrieved from <https://www.cliffsnotes.com/study-guides/sociology/the-sociological-perspective/three-major-perspectives-in-sociology>
- Kalmuss, D., Davidson, A., Cohall, A., Laraque, D., & Cassell, C. (2003). Preventing sexual risk behaviors and pregnancy among teenagers: Linking research and programs. *Perspective on Sexual and Reproductive Health*, 35(2), 87-93. doi:10.1363/3508703

- Keefe, M. (2007, July). *The history of federal abstinence-only funding*. Retrieved from Advocates for Youth website: <http://www.advocatesforyouth.org>
- Kentucky Teen Pregnancy Coalition. (2012). *2010 county teen birth number and rates* [data table]. Retrieved from <http://www.kytpc.org/downloads/func-startdown/2/>
- Kentucky Youth Advocates. (2011). *2011 Kentucky KIDS COUNT county data book*. Retrieved from http://kyyouth.org/wp-content/uploads/2012/11/2011_kids_count_county_data_book.pdf
- Kirby, D. (2000). What does the research say about sexuality education? *Educational Leadership*, 58(2), 72-76.
- Klein, M. (2006). *America's war on sex: the attack on law, lust, and liberty*. Westport, CT: Praeger.
- Lofland, J., Snow, D. A., Anderson, L., & Lofland, L. H. (2006). *Analyzing social settings* (4th ed.). Belmont, CA: Wadsworth Publishing Company.
- Lou, J. H., & Chen, S. H. (2009). Relationships among sexual knowledge, sexual attitudes, and safe sex behaviour among adolescents: A structural equation model. *International journal of nursing studies*, 46(12), 1595-1603.
- Loving Well Project, School of Education, Boston University. (1993). *The art of loving well: a character education curriculum for today's teenagers*. Boston, MA: Boston University.
- McKeon, B. (2006). *Effective sex education*. Retrieved from Advocates for Youth website: <http://www.advocatesforyouth.org>
- Mooney, C. G. (2000). *Theories of childhood: an introduction to Dewey, Montessori, Erickson, Piaget & Vygotsky*. St. Paul, MN: Redleaf Press.
- Ogle, S., Glasier, A. & Riley, S.C. (2008). Communication between parents and their children about sexual health. *Contraception*, 77, 283-288.
doi:10.1016/j.contraception.2007.12.003

- Von Sadowszky, V., Kovar, C. K., Brown, C., & Armbruster, M. (2006). The need for sexual health information: perceptions and desires of young adults. *MCN: The American Journal of Maternal/Child Nursing*, 31(6), 373-380.
- Robinson, B. E., Bockting, W. O., Rosser, B. S., Miner, M., & Coleman, E. (2002). The sexual health model: Application of a sexological approach to HIV prevention. *Health Education Research*, 17(1), 43-57.
- Saldaña, J. (2013). *The coding manual for qualitative researchers* (2nd ed.). Los Angeles, CA: Sage.
- Santelli, J., Ott, M. A., Lyon, M., Rogers, J., Summers, D., & Schleifer, R. (2006). Abstinence and abstinence-only education: a review of U. S. policies and programs. *Journal of Adolescent Health*, 38, 72-81. doi:10.1016/j.jadohealth.2005.10.006
- Schalet, A. T. (2011). Beyond abstinence and risk: a new paradigm for adolescent sexual health, *Women's Health Issues*, 21(3), S5-S7. doi: 10.1016/j.whi.2011.01.007.
(<http://www.sciencedirect.com/science/article/pii/S1049386711000089>)
- Sexuality. (2001). In *Random House Webster's Unabridged Dictionary* (2nd ed., p. 1755). New York, NY: Random House.
- Sexuality Information and Educational Council of the United States (SIECUS). (1999). *Developing guidelines for comprehensive sexuality education*. Retrieved from: http://www.siecus.org/_data/global/images/guideintl.pdf
- Sexuality Information and Educational Council of the United States (SIECUS). (2004). *Guidelines for comprehensive sexuality education, 3rd ed.* National Guidelines Task Force. Retrieved from: http://www.siecus.org/_data/global/images/guidelines.pdf
- Sexuality Information and Educational Council of the United States (SIECUS). (2008, July). *Abstinence-only-until-marriage programs in Kentucky* (Special Report). Retrieved from SIECUS website: http://www.siecus.org/_data/global/images/SIECUS%20KYReport%20July08.pdf

- Shafii, T. & Burstein, G. R. (2009). The adolescent sexual health visit. *Obstetrics and Gynecology Clinics of North America* 36(1), 99-117. doi: 10.1016/j.ogc.2009.01.001
- SisterSong: Women of color reproductive justice collective (2009). Mapping our rights. Retrieved from http://www.sistersong.net/index.php?option=com_wrapper&view=wrapper&Itemid=54
- Stanger-Hall, K. F., & Hall, D. W. (2011). Abstinence-only education and teen pregnancy rates: Why we need comprehensive sex education in the U.S. *PLoS ONE* 6(10): e24658. doi: 10.1371/journal.pone.0024658
- Society for Adolescent Medicine. (2006). Abstinence-only education policies and programs: a position paper of the Society for Adolescent Medicine. *Journal of Adolescent Health* 38(1), 83-87. doi:10.1016/j.jadohealth.2005.06.002
- Turner, D. W. (2010). Qualitative Interview Design: A Practical Guide for Novice Investigators. *The Qualitative Report*, 15(3), 754-760. Retrieved from <http://nsuworks.nova.edu/tqr/vol15/iss3/19>
- United Nations Educational, Scientific and Cultural Organization (UNESCO). (2009). *International Technical Guidance on Sexuality Education: An Evidence-informed approach for schools, teachers and health educators*. Paris, UNESCO. <http://unesdoc.unesco.org/images/0018/001832/183281e.pdf>
- UNESCO. (2015). *Emerging evidence, lessons and practice in comprehensive sexuality education: A global review, 2015*. Paris, France: UNESCO. <http://unesdoc.unesco.org/images/0024/002431/243106e.pdf>
- United States Department of Health and Human Services. (2013). *Kentucky adolescent reproductive health facts*. Retrieved from <http://www.hhs.gov/ash/oah/adolescent-health-topics/reproductive-health/states/ky.html>

- United States Department of Health and Human Services, Office on Women's Health. (2008). *Teen survival guide: health tips for on-the-go-girls*. Washington, DC: Government Printing Office.
- Ventura, S. J., Curtin, S. C., Abma, J. C., & Henshaw, S. K. (2012). *Estimated pregnancy rates and rates of pregnancy outcomes for the United States, 1990-2008* (National Vital Statistics Reports Vol. 60 No. 7). Hyattsville, MD: National Center for Health Statistics
- Verderber, R. F. (1993). *Communicate!* (7th ed.). Belmont, CA: Wadsworth.
- Whitehead, B. D. (1994). The failure of sex education. *The Atlantic Monthly*, 274(4), 55-80.
- Wight, D., & Fullerton, D. (2013). A review of interventions with parents to promote the sexual health of their children. *Journal of Adolescent Health*, 52(1), 4-27.
- Weiss, R. S. (1995). *Learning from strangers: the art and method of qualitative interview studies*. New York, NY: Free Press.
- Welshimer, K. J., & Harris, S. E. (1994). A survey of rural parents' attitudes toward sexuality education. *Journal of School Health*, 64(9), 347-352.

VITA

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