THE IMPORTANCE OF ELEMENTARY SEXUALITY EDUCATION

By

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A Research Paper

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

Guidance and Counseling, K-12

Approved: 2 Semester Credits

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The Graduate College
University of Wisconsin-Stout
May 2002

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ABSTRACT

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THE IMPORTANCE OF ELEMENTARY SEXUALITY EDUCATION
(Title)

M.S. Guidance and Counseling Denise Zirkle May/2002 50 Pages
(Graduate Major) (Research Advisor) (Month/year) (No.of Pages)

American Psychological Association (APA) Publication Manual
(Name of Style Manual Used in this Study)

The purpose of this paper is to look at the importance of elementary sexuality education in schools as well as look at its effect on children. Early signs of puberty and mixed messages from outside sources such as the media and peers have contributed to the need for elementary sexuality education. The negative consequences of early sexual involvement and a lack of elementary sexuality education are presented. In addition, a look at how comprehensive sexuality education compares to abstinence-only education provides a sound rationale as to why comprehensive sexuality programs would be more beneficial. Comprehensive programs cover a broad range of topics ranging from abstinence to contraceptives. They start in kindergarten and continue through twelfth grade. Additionally, outside sources such as parents, teachers, friends, and the Internet influence how a child may perceive sexuality. Parents and teachers are the key people in providing sexuality education to children. They need to work in a partnership to provide the child with the most optimal learning experience regarding sexuality. The concerns of

parents and teachers are presented as well as ways they can better inform children through open and honest communication.

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Chapter One

Introduction

"Sexuality education is the lifelong process of acquiring information and of forming attitudes, beliefs, and values about identity, relationships, and intimacy" (Haffner, 1992, p.53). Haffner (1992) argued that school-based sexuality education is more than anatomy and physiology. It includes an understanding of sexuality in the broadest context, which is sexual development, reproductive health, interpersonal relationships, affection and intimacy, body image, and gender roles. The questions of whether it belongs in American schools and what subjects should be covered, and at what grade levels have been and continues to be of concern to many parents, teachers and communities throughout the United States.

While legislators, educators and parents recognize the need for sexuality education during children's formative years and before adolescence, there is little information on the timing and content of such instruction in public schools, especially at the elementary level (Landry, Singh, and Darroch, 2000). More research is needed to determine the full breadth and depth of sexuality education that students are receiving at the elementary level.

This paper will argue the importance and unquestionable need for sex education at the elementary level. Sexuality education can be difficult to teach at any grade level and often is controversial, given the sensitivity of the subject and the conflicting attitudes and values that exist in the broader society. But it is this broader society that has forced the need for sex education at earlier grades. External pressures such as the mass media and peers have heavily influenced young students to become sexually active or adopt

behaviors that may threaten their health (Landry, Singh, and Darroch, 2000). In addition, the onset of puberty for many girls as early as third and fourth grades has risen, causing the need for sexuality education to occur earlier. According to Landry, Singh, and Darroch (2000), a large portion of schools are doing little to prepare students in grades five and six for puberty, much less for dealing with pressures and decisions regarding sexual activity. If students in grades five and six are not getting sufficient instruction on puberty, what instruction are those seven and eight year olds getting when they notice physical changes due to puberty? There is widespread concern about American children's sexual behavior in their early teenage years and about the importance of preparing preteens for the transitions and changes they will encounter as they go through puberty (Landry, Singh, and Darroch, 2000).

Whether adults agree with young people's actions or not, they cannot ignore that millions of U.S. teenagers are engaging in a range of sexual behavior. That is why all young people, especially in elementary school need the information, skills, and access to services necessary to make and carry out informed, responsible decisions about their sexuality ("Abstinence Only," 2001). As stated in the *Education Digest* (2001), one of the four primary goals of sexuality education is to "help young people exercise responsibility regarding sexual relationships, including abstinence and how to resist pressures to become prematurely involved in sexual intercourse (p. 46)." This is a topic that many parents and educators find unimportant or irrelevant in children until at least the onset of puberty, but it is crucial to instruct them on how to make responsible decisions early on so that they can develop and grow to be sexually healthy individuals (Baldwin & Bauer, 1994).

There are many topics discussed in sex education at all grades, however, puberty and HIV and AIDS transmission is the most frequently taught in elementary schools. According to a study by The Alan Guttmacher Institute (cited in "Abstinence-Only," 2001) while some topics such as HIV, and other sexually transmitted diseases, abstinence, correct condom use, and how to resist peer pressure to have intercourse are being taught earlier than they were a decade ago, most are still taught less often and in later grades than teachers think they should be. Moreover, instruction in all grades is much less likely to cover birth control, abortion, how to obtain contraceptives and STD services, and sexual orientation than it was a decade ago.

Most professional educators believe it is important for schools to implement comprehensive K-12 programs in sexuality education, with subject matter and content appropriate to each age and grade/developmental level (Haffner, 1992). In earlier grades such as kindergarten and first grades, topics may be integrated into comprehensive health education programs that may help children learn about family relationships, growth and development, self-esteem, and good health habits. As children get older they can be introduced to topics that help them begin to identify peer pressure and develop decision-making skills. Comprehensive programs will become more specific about human sexuality as children reach puberty, which is happening earlier than was a decade ago.

However, gaps between what teachers say they are teaching and teachers' recommendations for what should be taught and by what grade level are large especially for topics such as sexual abuse, sexual orientation, abortion, birth control and condom use for STD prevention (Landry, Singh, and Darroch, 2000). Landry, Singh, and Darroch found that a substantial portion of teachers feel that these topics should be introduced at

earlier grade levels than is currently occurring, so why are they not following what they feel is important? One reason is that elementary teachers reported encountering more ambivalence and less support from the community, parents and administrators than do teachers at the secondary level.

Firestone (1994) supports this lack of public support at the elementary level. He found that teachers reported pressure to avoid teaching a full range of topics related to sexuality education to younger students. When asked how they felt about their ability to cover a full range of topics without restriction, 53 percent of high school teachers said they were very satisfied, compared with 34 percent of middle school teachers and only 23 percent of elementary school teachers. In the elementary schools, very few topics were taught by more than one-third of the teachers. These were consistently the topics teachers believed should be introduced before the middle school years. This lack of support is a primary reason that "abstinence-only" curriculums are utilized instead of comprehensive curriculums.

Moreover, the debate over the content of sex education and the large number of local controversies has heightened teachers' long-standing concern that parents and school officials do not support their efforts to provide sexuality education (Donovan, 1998). The perception among teachers is that this pressure not only exists but has also intensified in recent years. As a result, they fear that discussion of controversial topics could jeopardize their careers (Donovan, 1998). Landry, Singh, and Darroch (2000) note that out of all the teachers in their study, 38 percent said that they are cautious about what they teach because of possible adverse community reaction, 25 percent believe their administration is nervous about possible community reaction to sex education and 21

percent felt that restrictions imposed on their teaching prevented them from meeting their students' sex education needs. In addition, not only were parents, administrators, and communities problems that teachers faced, but also the students. Other common categories of problems for elementary teachers were, not having enough time and lacking up-to-date, appropriate and readily available teaching materials. For these reasons, this paper will address the most recent concerns of teachers as well as some positive curriculums and Internet resources that are helpful in providing positive sexuality education to students.

What if teachers had assistance in providing elementary sex education? Parents as well as teachers are an important factor in the development of sexuality for children. They are consistently preferred by children as the primary source of sexuality education (Baldwin & Bauer, 1994). Research, however, indicates that peers more commonly fulfill this role, frequently providing basic misinformation and perpetuating myths about sexuality. This is a crucial reason parents need to be supported, valued, and educated to contribute to the healthy sexual development of their children by educators such as school counselors and administrators. As cited in Goldman (2000), a SIECUS (Sex Information and Education Council of the United States) report found that "90% of American parents not only want their children to receive sexuality education in school, but more than 80 % also indicated that they would like assistance and support so that they too can provide that kind of education for their children" (p. 49).

Most parents realize the importance of educating children about sexuality, but many of them find themselves unable to address the subject comfortably (Snegroff, 2000). They want to be helpful but are unsure what, when or how to discuss sexual

issues. Some believe they do not know enough; feel embarrassed or are not clear about their own sexual values and attitudes. In addition, many are concerned about how their children will feel about discussing sex with them. This is where school counselors provide support. When parents do not address their children's sexual development and confusion, school counselors are frequently required to react to the uninformed sexual choices made by children when they move into adolescence. Rather than reacting to sexual dilemmas after the fact, counselors could be proactive by developing and implementing programs to support parents as primary sex educators (Baldwin & Bauer, 1994).

To conclude, all of the findings above suggest that sexuality education is particularly challenging at the elementary level: a time when most students have not yet become sexually active and could benefit from information, advice and skill development. AGI senior research associate David Landry (cited in "Abstinence-Only," 2001) maintains that, "In today's environment, where children are exposed to so many influences, beneficial and otherwise, school-based sexuality education is an essential source of factual information. It is also an important place for building decision-making skills and learning concepts that are important for healthy sexuality. Students need early and balanced information to best prepare them to make the responsible choices necessary to prevent STDs and unplanned pregnancies" (p. 7). One of the primary goals of sex education is to give young people the opportunity to receive information, examine their values and learn relationship skills that will enable them to resist becoming sexually active before they are ready, to prevent unprotected intercourse and to help young people become responsible, sexually healthy adults (Donovan, 1998).

Purpose Statement

The purpose of this paper is to look at the importance of elementary sexuality education and its effect on children. The importance of comprehensive programs versus abstinence-only programs will be discussed to provide the benefits of comprehensive programs. In addition, the role of parents and teachers in a child's sexuality education will be presented as well as how school counselors can help parents become a child's primary sexuality educator.

Definition of Terms

For clarity of understanding, the following terms will be defined.

Abstinence- Abstaining or waiting to have sexual intercourse

Contraception- Something that can be used during sexual activity to prevent pregnancies and unwanted STDs. Condoms are a contraceptive that helps prevent both pregnancy and STDs.

AIDS- Acquired Immunodeficiency Syndrome is a disease that is caused by a virus that disables the immune system and leaves an individual vulnerable to various infections and diseases. AIDS itself cannot kill but the infections and diseases that an individual obtains from AIDS do. AIDS can be transmitted sexually.

HIV- The Human Immunodeficiency Virus is the virus that causes AIDS. Having HIV does not necessarily mean you have AIDS. It is transmitted sexually as well.

STD- Sexually Transmitted Diseases can be transmitted through bodily secretions such as blood, saliva, and semen as well as transmitted from external contact. AIDS and HIV are sexually transmitted diseases. Some are treatable and others are not. Some are visible and others are not. It is important to learn about how to protect oneself from STDs.

Chapter Two

Literature Review

Americans have long put their faith in education as a remedy for many of society's problems, and the question of how young people should manage their sexuality is no exception to this generalization (Mauldon & Luker, 1996). However, elementary sexuality education has brought much controversy and concern to parents, teachers, communities, and school administrators due to the young age of the students. However, this topic has been found to have considerable importance in today's society. The history of sex education brings us to the certainty that children in early grades need comprehensive instruction on topics such as, but not limited to puberty, HIV, STDs, AIDS, self-esteem, and decision-making skills about sexuality.

Although research has proven that early sex education is needed, many schools do not instruct until later when children are in middle school or high school. This chapter will provide arguments as to why elementary sex education is so important. Results will be discussed from previous studies indicating positive and negative results of elementary sex education.

The content of sex education is also under much scrutiny today with parents, teachers, communities, and school administrators. This paper will argue for the importance of comprehensive sexuality education rather than abstinence-only education and the effects of each. In addition, the concerns of teachers and parents and the role they play in sex education will be focused on as well as the role of elementary school counselors in helping parents to become a child's primary sex educator. Other sources of sexuality education will be discussed in addition to parents and teachers.

History of Sex Education

Starting before the Second World War, what sex education took place was seen as a way of reducing illegitimacy and decreasing the extent of sexually transmitted diseases (Reiss, 1995). In a modified form these aims remain today. Most educators would hold that sex education should reduce teenage pregnancy and help prevent transmission of HIV and other causes of sexually transmitted diseases. Efforts, though, to undermine sexuality education are not new, of course. Sex education has been a target of right-wing groups since the 1960s, when the John Birch Society and other ultraconservative organizations charged that such programs were "smut," "immoral," and "a filthy communist plot (Donovan, 1998)."

The goal of these right-wing groups was to eliminate all sex education in schools, and they clearly had an impact. According to Donovan (1998), legislature in 20 states voted to restrict or abolish sexuality education. By the end of the decade, only three states (Kentucky, Maryland and New Jersey) and the District of Colombia required schools to provide sex education.

As the plight of AIDS grew in the 1980s, recognition that the deadly disease could be transmitted through sexual intercourse made it politically defenseless to argue that sexuality education should not be taught in the schools, especially after Surgeon General C. Everett Koop called for sex education in schools beginning as early as third grade. Koop wrote in his 1986 report, "There is no doubt that we need sex education in schools and that it should include information on heterosexual and homosexual relationships. The lives of our young people depend on our fulfilling our responsibility (cited in Donovan, 1998, n.p.)."

After this, states responded quickly. By the late 1980s, many states required schools to provide instruction about AIDS and other STDs. Some of these states required instruction in sexuality education (Donovan, 1998). Donovan also found that as of December 1997, 19 states and the District of Colombia had laws or policies that required schools to provide sexuality education, and 34 states and the District of Colombia mandated instruction about HIV, AIDS and other STDs. Mauldon and Luker (1996) agree that the AIDS epidemic has been an important influence on state and local educational policies. They stated different findings than Donovan that virtually *all* schools included AIDS education in their curricula, sometimes together with other sex education topics and sometimes separately; AIDS education curricula are now strongly recommended or mandated in all 50 states.

This provided strong support that sexuality education has indeed become a necessary fact of life. Haffner (1998) stated "Ninety-eight percent of 18 and 19 year olds in 1995 reported that they had received some formal instruction in sexuality issues compared to only 51 percent of people who graduated from high school in the early 1970s. Eighty-seven percent of today's teens learn about contraception and 93 percent learn about sexually transmitted diseases in schools; only a third did thirty years ago" (p. 76). The good news is that support has been given to school-based sexuality education programs in high schools throughout the U.S., but the bad news is that only a few communities offer comprehensive sexuality programs at all grade levels. Haffner (1998) noted, "Only five percent of young people receive sexuality education from kindergarten through the twelfth grade. In fact, fewer states require sexuality education now than they did in previous decades" (p. 76). It should be understood that elementary sex education

is more important now than ever before and should begin in kindergarten with general health issues and progress to more complex sex education as children approach puberty.

Importance of Elementary Sexuality Education

As mentioned above, the need for sexuality education in the elementary schools is on the rise. Many schools offer sex education primarily in the fifth and sixth grades, which is very beneficial, but topics such as puberty and HIV/STDs should be taught earlier to provide guidance to early bloomers. Almost half of African American girls and 15 percent of Caucasian girls, ages seven to eight have signs of puberty according to a recent study by the American Academy of Pediatrics (cited in McCarthy, 2000). As mentioned above, most schools do not teach sex education until fifth grade, when most girls are 10 or 11 years old and some already have had a menstrual period. Personal experience has brought me to the realization that early onset of puberty is occurring. Working as a camp counselor at the YMCA, eight year old girls already had there menstrual period and were beginning to act more mature than their peers. Sexuality does not necessarily need to be discussed at the third grade level, but girls need to be prepared about puberty at this level so that they are not frightened or scared when physical changes occur (cited in McCarthy, 2000). Milton (2000) quotes, "while most girls learn about menstruation long before they commence menstruating, I know young women who did not learn about menstruation until after they had begun their periods" (p. 4). This phenomenon is occurring more and more and needs to be recognized and discussed before fifth and sixth grades.

Although puberty should be taught before issues dealing with sexual behavior in third or fourth grade, issues surrounding sexual behavior and activity should be discussed

at least in fifth grade if not a grade earlier. As they develop physically and emotionally, children in grades five and six will face important decisions. They often encounter considerable external pressure through the mass media and from their peers to become sexually active and to adopt behaviors that threaten their health (Landry, Singh, and Darroch, 2000). According to Goldman (2000), "today's youth have experienced the highest level of sexualisation" (p. 13). They have been presented with sexual images from a variety of sources such as movies, billboards, soap operas, music videos and a variety of magazines. Although these are powerful sources of sexuality exploration, friends are the most common source of information about sexuality for young people. Peers are not always the preferred source of information, but they can be powerful educators (Goldman, 2000). Peers can exaggerate and misinterpret facts about sexuality, which can result in negative consequences for young adolescents.

According to Denny, Young, and Spear (1999), a number of negative consequences are often associated with teenage sexual intercourse. The younger the teen when he or she becomes sexually active, the greater the likelihood that the teen will experience negative consequences. The degree of these negative consequences is also potentially greater for younger teens. Therefore, a legitimate goal of sexuality education would be to postpone early sexual involvement. It is suggested that to accomplish this goal, preadolescence is the proper time to initiate sex education programs.

To support the need for sex education taught to fifth and sixth graders, Donovan (1998) states, "Many students do not receive any sex education until ninth or tenth grades, by which time many have already become sexually active. It is much more difficult to persuade young people to refrain from sexual intercourse once they have

already begun intercourse" (p. 189). The 1999 Youth Risk Behavior Survey found that among American high school students in grade nine, 6 % of girls and 18 % of boys have had intercourse before age 13 (Landry, Singh, and Darroch, 2000), and more than 900,000 teens become pregnant every year. Furthermore, three million will contract a sexually transmitted disease (Mindus, 2000). Some teens become sexually active beginning in middle school thus making it crucial for them to obtain proper sexuality instruction during preadolescence so that they can be educated to prevent HIV and STDs in addition to contraception.

Although the need is on the rise for elementary sex education, many schools in the U.S. are giving it little room within their curricula, if any at all. A study done on New Jersey schools found that there was a strong consensus among teachers that prevention-oriented topics needed to be introduced early, but suggested it be included as early as the middle school years (Firestone, 1994). The study found that 54 percent of high school teachers said their students got more that 40 days of family life education, compared to only 12 percent of elementary school teachers. The average number of hours per year devoted to family life education ranged from 39 hours in high school to 22 hours in middle school, to only 16 hours in the elementary school (Landry, Singh, and Darroch, 2000).

Another study done in 1999 (Landry, Singh, and Darroch, 2000) found that 56 percent of teachers taught sex education in grade five and 64 percent in grade six. More than 75 percent of them who taught sex education in these grades addressed puberty, HIV, and AIDS transmission and issues such as how alcohol and drugs affect behavior and how to stick with a decision. However, when schools that do not provide sexuality

education are taken into account, most of these topics are taught in only a little more than half of fifth and sixth grade classrooms. The study concluded that a large portion of schools are doing little to prepare students in grades five and six for puberty, much less for dealing with pressures and decisions regarding sexual activity.

On a more positive note, curriculums such as Sex Can Wait can be and are designed as a preventative, positive approach for elementary students. The Sex Can Wait curriculum series has been promoted as a "life skills, theory-based, sexual abstinence" curriculum series (Spear, Young, and Denny, 1997). It focuses on factors related to early sexual involvement such as self-esteem, communication, decision-making, goal setting, and life planning. Students are involved in role-plays, cooperative learning groups, and other learning activities as well as parent-child homework assignments. Spear, Young, and Denny (1997) evaluated the effectiveness of this elementary Sex Can Wait curriculum, and examined the effect of the curriculum on the knowledge, attitudes, and beliefs of upper elementary students relative to sexuality. Their results indicated that students in the curriculum group increased in knowledge, evidenced higher scores on life skills, and reported a more positive attitude toward adolescent sexual abstinence. However, when the curriculum was evaluated at the high school and middle school level as well, the finding that the curriculum did not produce more positive attitudes at the high school level may be an indication that programs must start at an early age to produce beneficial effects (Denny, Young, and Spear, 1999).

Spear, Young, and Denny (1997) found that the Sex Can Wait curriculum enhanced students' life skills and may have provided some indication of the curriculum's potential for helping young people avoid risky sexual behavior. In addition to the Sex

Can Wait curriculum, other programs that push for abstinence-only instruction such as the Reducing the Risk curriculum, the SIECUS (Sexuality Information and Education Council of the United States) curriculum, Project Reality; Me, My World, My Future; and Choosing the Best have been used throughout the United States as well (Donovan, 1998).

Effects of Sexuality Education

Although curriculums such as the ones mentioned previously can be beneficial and promote positive life skills training for students, they focus only on abstinence-only instruction. On the other hand, providing more comprehensive programming allows children to have a more holistic education dealing with broader issues of sexuality, such as self-acceptance, body image, peer relationships, parent-child communication, sexual orientation, and the many social and emotional issues that children face (Goldman, 2000).

Bay-Cheng (2001) recognized three current types of sexuality education: abstinence-only, abstinence-plus, and comprehensive education. She notes that abstinence-only programs teach just that—abstinence only. Contraceptive and safer-sex methods are discussed only in the context of the rates of failure, and abstinence-until-marriage has been viewed as the only acceptable sexual choice. Abstinence-plus programs present abstinence as a good option but not as the only choice. Information about safe sex and contraceptives are included with these abstinence-plus programs. Comprehensive education is the third type and includes information about all topics dealing with sexuality.

As cited in Goldman (2000), SIECUS states that a comprehensive sexuality education program should have four main goals: 1) to provide accurate information

about human sexuality, including growth and development, human reproduction, anatomy, physiology, masturbation, family life, pregnancy, childbirth, parenthood, sexual response, sexual orientation, contraception, abortion, sexual abuse, AIDS, and other sexually transmitted diseases (Haffner, 1992); 2) to provide an opportunity for young people to develop and understand their values, attitudes, and beliefs about sexuality; 3) to help young people develop relationships and interpersonal skills, including communication, decision making, assertiveness, peer-refusal skills, and the ability to create satisfying relationships; and 4) to help young people exercise responsibility regarding sexual relationships, including addressing issues such as abstinence, the pressure to become prematurely involved in sexual intercourse, and the use of contraception and other sexual health measures. Sexuality education should be a central component of programs designed to reduce the prevalence of sexually related health problems, including teen pregnancy, sexually transmitted diseases, and sexual abuse (Haffner, 1992). Overall, it is important that comprehensive sexuality programs be appropriate to the person's developmental level and should include analysis of issues such as communication, dating, decision-making skills, friendships, family relationships, and self-esteem.

Unfortunately, few school systems have ever truly implemented comprehensive sexuality education programs for all grade levels. Haffner (1998) states that only five percent of young people receive sexuality education from kindergarten through the twelfth grade. What has been labeled sexuality education has too often leaned toward the safe topics of anatomy and physiology of the reproductive system, pregnancy and childbirth, and sexually transmitted diseases (Goldman, 2000). Although these are

important topics, comprehensive sexuality education provides accurate and realistic information about all aspects of human sexuality. A study done on Minnesota high school students regarding school-based sexuality education supports the notion of a comprehensive approach to sexuality education.

Students from Minneapolis and St. Paul, Minnesota participated in a study that gathered information on the perceptions of high school students with regard to human sexuality education. They described the content of effective sexuality education as covering a variety of human sexuality topics as well as emotional/social aspects of sexuality and relationships (Eisenberg & Wagenaar, 1997). They advocated starting such education in early elementary school and covering all topics by eighth grade. Students noted that by the time each topic was covered in their own education, kids already "knew it all" from friends, media, and personal experience. Because of their early awareness, many felt that more serious topics such as contraception should be given earlier. Although their experience was minimal at the elementary level, they began having questions about sexuality at that age. A tenth grade girl quoted, "My friend got pregnant when we were in the eighth grade. It's not required for you to take a health class until your sophomore year. So I'm sixteen taking a health class, and she got pregnant when she was 13" (Eisenberg & Wagenaar, 1997, p. 324).

Many students identified another benefit to beginning comprehensive sexuality education at an early age: "The early introduction allows young students to giggle and get the embarrassment out of their systems so they can benefit from more detailed information in later years" (Eisenberg & Wagenaar, 1997, p. 324). Students felt sexuality

education should start in the elementary grades, and sexuality topics should be thoroughly covered by eighth or ninth grade.

Overall, students felt that more material should be covered in school-based sexuality education to address all their questions and concerns about human sexuality. They almost all agreed that sexuality education should be a required part of the curriculum, and they felt that many students were more prepared to receive the information than schools were to teach it (Eisenberg & Wagenaar, 1997). A tenth grade girl quoted, "Stop trying to hide it from us, stop trying to act like we're too young or not mature enough to understand it. Just give us the information and keep giving it to us and keep reinforcing it" (p. 323). Relic (2001) states, "We want students to make responsible choices, but we are reluctant to help them understand all the alternatives. We want them to be healthy physically and emotionally, yet we try to protect them from information about the risks and dangers in society" (p. 7).

The opinions of the students in Eisenberg and Wagenaar's (1997) study support the notion that comprehensive sexuality education is most effective when given before a young person becomes sexually active and should continue throughout adolescence. Several studies demonstrate that exposure to human sexuality education does not increase the likelihood that students will begin sexual activity earlier (Eisenberg & Wagenaar, 1997). Milton (2000) found that in countries that have comprehensive sexuality education beginning in elementary school, the rate of teenage pregnancy, teenage abortions, and sexually transmitted diseases was lower than countries that do not offer comprehensive sexual health education. In addition, he found that teenagers were more likely to delay becoming sexually active and when they did, were more likely to practice

safe sex. Unfortunately, many schools are currently teaching abstinence as their only form of sexuality education. As Goldman (2000, p. 13) states, "This is inappropriate for the 40% of 15-year-olds who report they have already had sex."

Abstinence-only programs have not demonstrated successful outcomes with regard to delaying sexual activity or use of safer sex practices ("Sexuality Education", 2001). These programs that teach students that condoms or contraception do not work will not necessarily prevent students from having sexual intercourse but will likely prevent them from using protection. These students will, therefore, put themselves at risk for STDs and unintended pregnancy. As stated in the *Education Digest* (2001), SIECUS and Advocates for Youth believe that abstinence is a healthy choice for adolescents and that premature involvement in sexual behavior poses risks. However, data has consistently shown that 50% of high school students have engaged in sexual intercourse (p. 46).

Teens are engaging in a variety of sexual behaviors every day that put them at risk for unintended pregnancy and STDs. There is no research to support the notion that they will stop sexual behavior simply because adults ask them ("Abstinence-Only", 2001). Yet, the federal definition of abstinence-only-until-marriage education prohibits discussing pregnancy and disease-prevention methods other than abstinence, denying adolescents the information they need to make informed, responsible sexual decisions.

Many teachers, parents, and communities believe that abstinence is the most effective method of preventing pregnancies and STDs and actually discourage the use of contraception, especially condoms. These abstinence-only programs give adolescents exaggerated and outdated information about effectiveness and tell them that correct

condom use is difficult ("Abstinence-Only", 2001). These programs often teach adolescents about abstinence by using fear and negative messages to motivate behavior. After learning that abstinence is the only certain way to avoid pregnancy and disease and that condoms and contraceptive methods are not reliable, adolescents who do become sexually active are less likely going to practice prevention techniques.

To conclude, comprehensive sexuality education is an important part of the education program in every grade of every school. It is important that curriculums and resources be appropriate to the age and developmental level of the students, but broad in context. Comprehensive sexuality education reaches students in kindergarten to twelfth grade and promotes healthy, responsible sexuality. Comprehensive education will not only encompass teens and preteens but also all of adulthood (Goldman, 2000). There are many resources that help promote and support comprehensive sexuality education. They will be discussed in turn.

Sources of Sexuality Education

Today's society is "secretless" with children finding out about things from many sources, which are not all reliable (Milton, 2000). Consequently they need help in learning how to process the many messages about sexuality they may receive each day from many sources. They also need to know that they can ask questions of and discuss their concerns with trusted adults. By talking to children about sexuality we give them the information we want them to have, which implies that the key sources for elementary school children should be and are parents and teachers. Having a comprehensive sexuality education program at school should send the message that it is okay for children to discuss sexuality with their parents and teachers. According to Goldman (2000), a

study conducted in 1996 asked teens to identify the sources from which they had learned a lot about pregnancy and birth control. Forty percent named teachers, school nurses or classes at school, 36% named parents, and 27% named friends. Another study conducted in 1999 found that 59% of adolescents aged 10-12 and 45% of adolescents aged 13-15 said they personally learned the "most" about sexuality from their parents.

Although parents are a child's first sex educators and ideally give their children the necessary sexuality education, some fail to talk to their children about sexuality issues because they do not feel comfortable doing so. Parents want to be helpful but are unsure what, when, or how to discuss sexual issues (Snegroff, 2000). Some believe they do not know enough; feel embarrassed or are not clear about their own sexual values and attitudes. In addition to their own discomfort, many are concerned about how their children will feel about discussing sex with them.

Whether or not parents have discussions with their children about sexuality, their attitudes and values are often passed on to their children. Parents who are unwilling or unable to discuss this important and sensitive part of life with their children present sexuality as negative and taboo rather than as a natural part of being human (Snegroff, 2000). If children receive a negative message about sexuality from their parents, they are less likely to go to their parents with questions and concerns they may have about their sexuality as they get older, so establishing positive and open communication with children at a young age is important for the continuance of ongoing discussions and concerns.

Although there are many parents who feel that their child is too young to learn about sexuality, the reality is that the child already has a great deal of knowledge from

many sources that are not always reliable (Milton, 2000). It is important to understand that children's curiosity about sexuality is a normal part of growing up, and that today's media—computers, books, radio, television, magazines, movies, music, videos, and ads—stimulate their curiosity further (Snegroff, 2000). Every child needs to be given the opportunity to discuss their concerns and have their questions answered. Refusing to discuss sexuality can result in fear and embarrassment, and these feelings, in turn, could lead to ignorance and misconceptions if they lack accurate information or get information from unreliable sources. These are all reasons that parents need to understand the need to open communication with their children about sexuality. This is a difficult thing for parents to do so they need to be supported, valued, and educated to contribute to the healthy sexual development of their children. School counselors can work to help and educate parents to become primary sex educators (Baldwin & Bauer, 1994).

When parents do not address their child's sexual development and confusion regarding varied messages, school counselors are frequently required to react to the ignorant sexual choices made by adolescents (Baldwin & Bauer, 1994). Rather than being reactive to these sexual decisions, counselors can be proactive in preventing them from happening if they educate these children's parents on how to be their child's primary sex educator. One way counselors can do this is to assist in facilitating open family discussions about sexuality as well as enhance communication skills between parents and their children. Encouraging parents to address their own sexual values related to sexuality and providing them with general information about a child's sexuality from infancy through adolescence is another way of helping them.

Baldwin and Bauer (1994, p. 166) listed a set of goals that counselors should consider when training parents as primary sex educators. Some of the goals include: 1) Gear sexually related information to the child's level of development, 2) avoid overwhelming the child with too much information, 3) remember that childhood sexual exploration is often innocent, 4) try to be proactive rather than reactive when responding to children, and 5) eliminate the curiosity from sexuality by providing opportunities to learn through observation or individual discovery. Parents should positively communicate to children that sexuality is a positive and natural part of life, the human body is beautiful, everyone has the right to say no, and sex is a topic that can be discussed with trusted adults and friends. In addition, parents need to be askable, accepting, open, honest, and simple when answering their child's questions about sexuality (Snegroff, 2000).

On the whole, if parents begin to talk to their children from an early age and continue through adolescence, the more likely that responsible behaviors will be promoted. Incorrect messages from the media and friends will be dismissed and children will identify positively with their parents values, which may delay sexual activity and risk-taking behaviors.

In addition to parents, teachers are important educators in promoting healthy values and responsible behaviors in children as well. Ideally, parents should work in a partnership with teachers to provide the most balanced approach to educating sexuality. Having a partnership that provides open and accurate communication for children at a young age allows children the opportunity to learn about sexual health and discuss their

concerns with informed and approachable adults before they enter high school (Milton, 2000).

Unfortunately, this ideal partnership rarely happens. Parents tend to be a major concern for teachers who are trying to provide sexuality education. While there are some parents who are grateful for the school's involvement, other parents may be reluctant to allow their child to participate in such school programs. Reasons may range from their belief that sexuality education encourages sexual experimentation or the belief that their child is too young to hear about these things (Milton, 2000). Whatever the parental concerns, the teacher should be able to alleviate their fears by involving them in the process.

Parents are not the only concerns of teachers. Administrative and community restraints have hindered teaching practices regarding sexuality education. Wilson (2000) found that sexuality education is much less common in grades 5-6 than in grades 7-12. Where programs exist, they mainly cover the basics, and discussion of contraceptive methods is relatively rare. Yet half of teachers believe that birth control methods should be taught during or before grade seven. This discrepancy between beliefs and practice may result from administrative and community restraints. Wilson (2000) states, "One in four teachers say their school administration is nervous about community reaction to sexuality education at these grade levels. One in five cite restrictions that prevent them from meeting their students' needs and nearly two out of five say they have to be careful about what they teach because they fear adverse community reaction" (p. 253). More than half of the teachers believed that information about birth control methods and abortion should be taught at or before seventh grade, and more than two in five believe

that sexual orientation, where to go for birth control, and how to use a condom should also be taught. The ambivalence that many teachers possess implies the need for community support; so that teachers can provide students the most optimal experience and education they can receive to maintain safety. With parental and community support and involvement, teachers will be able to facilitate an enjoyable and informative program.

For teachers who do receive support and are able to provide proper sexuality education in the elementary schools, there are many qualities and attributes of teachers that are needed and valued. One is that they need to be knowledgeable about sexuality education. Having a good relationship with their class and being approachable were valued as were being honest, open-minded, comfortable, and having a sense of humor (Milton, 2001). Setting ground rules such as respecting confidentiality, privacy, and each other is another way for teachers to provide open communication in the classroom.

The viewpoints of the Minnesota students (Eisenberg and Wagenaar, 1997) agreed with these teacher qualities and attributes. They felt most comfortable in a nonjudgmental, non-negative environment where everyone's opinions were respected. A teacher talking with students instead of lecturing to them was another important quality. Discussions and non-lecture teaching methods kept students engaged and allowed them to have their questions and issues addressed informally. They enjoyed guest speakers who had real-life stories and experiential learning activities. It was found that relating material to students' lives is essential to effective sexuality education and that input from students can be very helpful and beneficial in addressing the implications for teachers in instructing sexuality education.

Overall, teachers are providing a most important service to young people, their families, and the community when they teach sexuality education in the elementary school. To do this with confidence, teachers need opportunities for professional development and then they need ongoing professional, family, and community support (Milton, 2001). It is important that their work be acknowledged and commended.

As mentioned above, teachers and parents are not the only sources of sexuality education. It has been noted that peers and friends are the most common source of information about sexuality, and even though they are not always the preferred source, they can be powerful educators. Another major source of information is teenage magazines. Magazines represent popular, mass-produced and publicly shared media, which "speaks to young people in particular ways and enables them to talk back" (Goldman, 2000, p. 12). As cited in Goldman (2000, p. 12), Kehily (1998) found that girls do not always take sexuality information presented in magazines as being trustworthy, but they use it as a platform for discussion with their peers. Boys on the other hand are reluctant to discuss these matters with friends but use the information as a reference or resource. Television and the Internet are two other sources that have become increasingly popular for providing information about sex and ways to be as adolescents grow older. The Internet will be given special interest due to its impact in changing the face of sexuality education in society today and the increasing availability of it to many adolescents.

The Internet offers millions of adolescents a chance to take control of their sexual learning (Wilson, 2001). There are many websites that provide valuable information on sex, and adolescents are turning to these sites for information that they are not finding

elsewhere. The Internet is emerging as a unique and critical site of sexuality education by providing discreet and independent exploration as well as a virtual lack of regulation of information (Bay-Cheng, 2001). Adolescents are not only using the Internet, but they are using it as a resource to find answers to their questions while maintaining their anonymity and privacy. Comprehensive sexuality programs can use the Internet to strengthen their programs and make them more relevant to students' needs. Wilson (2001, p. 50) listed several user comments that show why adolescents like getting sexuality education from a website (www.sxetc.org) launched by the Network for *Family Life Education*: 1) It offers instantaneous information and provides accurate, current, straightforward, medically correct information that is not censored; 2) It offers compassionate, thoughtful, nonjudgmental responses; 3) Its approach to sexuality is positive and offers more than one-sided opinions; 4) It allows teens to explore subjects that schools may ignore or refuse to address; 5) It treats visitors with respect, provides them with information, and allows them to make their own decisions; 6) It offers anonymity so that teens can ask intimate, personal questions without the fear of embarrassment or ridicule; and 7) It offers opportunities for adolescents to learn from their peers.

Hopefully most adolescents will access websites that are appropriate and offer accurate and comprehensive information on sexuality, but some may access inappropriate sites that could possibly contain exploitative information. Parents should be concerned but need to know that because of their concern they should not block all access to wonderful sites that are educational. Families and schools should make a point to search and find good websites that promote adolescents to learn and use the websites on top of

their school curriculum. The best way for adults to protect teens from dangers of exploitative sexual content is to provide lists of high-quality sites along with lessons in media literacy (Wilson, 2001).

A well-trained teacher in the classroom is the best and most adequate way to educate youth on comprehensive sexuality, but the Internet is good at providing information. The Internet obviously cannot provide active discussions about relationships, emotions, feelings, attitudes, behaviors, and values, or opportunities to practice decision-making, communication, and negotiation skills (Wilson, 2001). Overall, the Internet can be a good tool to use with a school's sexuality education program. Handing out a list of good sites is beneficial as well as encouraging adolescents to use the anonymity of the Internet to get answers to their most sensitive questions.

To conclude, there are many sources that influence how children think, act, and believe in regards to sexuality. A partnership with parents and teachers is most ideal so that children understand that they can ask sensitive questions and get accurate answers from trusted adults. This promotes open communication and will be beneficial for a child's healthy sexual development. Sources such as the Internet can be beneficial to highlight additional information on comprehensive sexuality and to allow privacy while asking personal questions to avoid embarrassment. Media and friends are the most powerful sources but often provide the most inaccurate information for children. Parents and teachers need to understand the power of the media and friends and need to provide proper communication so their children know what the truth is.

Conclusion

Historically, sexuality education has been controversial. However, it has indeed become a necessary fact of life for young people. Early signs of puberty, especially for girls, and mixed messages from various sources have contributed to the need for elementary sexuality education. Preadolescence is the proper time to initiate sexuality education programs so that the number of negative consequences decreases. The younger the adolescent when he or she becomes sexually active, the greater the likelihood that the adolescent will experience negative consequences. Therefore, a legitimate goal of elementary sexuality education would be to postpone early sexual involvement. This provides a need for comprehensive sexuality programs in schools so all the basic topics can be covered to keep young people safe and healthy.

Comprehensive sexuality programs provide a holistic education dealing with broader issues of sexuality, such as self-esteem, decision-making skills, interpersonal relationships, abstinence, and contraceptive use. However, it is important that comprehensive programs be appropriate to the child's developmental level. Comprehensive programs provide accurate and realistic information about all aspects of human sexuality beginning in kindergarten and continuing through twelfth grade. Many teachers and parents believe that abstinence is the most effective method of preventing pregnancies and STDs. Research has shown that abstinence-only education has not proven successful with regard to delaying sexual activity or use of safer sex practices. Young people who have participated in comprehensive sexuality programs have been shown to use safe sex methods as well as delay sexual activity from the broad education

they received. Comprehensive programs are also beneficial for educating children about the accurate information they may not receive through outside sources.

There are many sources that children obtain their information from about sexuality. Parents, teachers, friends, and the media have been the most influential. Parents are a child's primary sexuality educator and ideally give their child the necessary sexuality education needed. Teachers are another vital educator in a child's life. Ideally, parents and teachers should work together in a partnership to provide the child with the most optimal learning experience about sexuality. The Internet has gained popularity among adolescents based on the anonymity and privacy of it. Adolescents are using it as a resource to find answers to their questions. Overall, comprehensive programs combined with accurate and reliable sources can provide children with the best situation possible for learning about sexuality. Together, they can help a child become a sexually responsible and healthy adult.

Chapter Three

Critical Analysis

In today's environment, where young people are inundated with information about sex, some reliable and some unreliable, sexuality education has become vital for adolescents to make healthy and informed decisions. Furthermore, children are still not receiving the information and education they need at the elementary level to become sexually healthy teenagers and adults. Although, many believe that children need education on topics such as puberty and decision-making skills, they consider more comprehensive topics such as contraceptive use to be too controversial. Young people need education that will assist them in understanding a positive view of sexuality, provide them with the information and skills to take care of their sexual health, and help them to make healthy decisions now and in the future (Haffner, 1998). This chapter will provide an in depth and critical analysis of the importance of elementary sexuality education, the importance of comprehensive K-12 programs, and the importance of parent and teacher involvement.

Importance of Elementary Sexuality Education

Early Bloomers. Puberty appears to be occurring earlier, especially for girls. Despite the reasons, puberty is occurring sooner in countries all over the world. Although there are some elementary schools that provide education on puberty starting in the third and fourth grade, many schools do not until fifth or sixth grade. It is crucial that education pertaining to puberty start earlier so that girls who are experiencing changes understand what is happening to them. McCarthy (2000) quotes, "Girls need to be prepared so that they are not frightened or sad when physical changes occur"(p. 21).

When a young girl starts menstruation at the age of eight, she may feel very scared and schools need to be prepared to help her cope. It is important to note that she may act more mature than her peers and may start to socialize with older kids. This could lead to consequences in the long run that she may not be ready for. This is why a comprehensive sexuality education program needs to be implemented and start in kindergarten so that children understand how to be sexually responsible and healthy as they grow and develop.

Influences on Children. Elementary sexuality education is important not only because of the rise of early bloomers, but also because children are exposed to information from many sources, many of which can be unreliable and inconsistent. Consequently, there is a need for help in learning how to process the many messages about sexuality from many sources such as friends, television, movies, magazines, computers, books, and music. Young people need to know at an early age that they can ask questions of and discuss their concerns with trusted adults (Milton, 2000). Children may be led to believe everything they hear and see about sexuality is the truth, so it is important that schools cover factual information about sexuality and the misconceptions inherent in unreliable sources. Children as young as four or five are seeing things on television and movies that may trigger questions, and schools would best be prepared for such questions with a comprehensive sexuality program in place.

The Need for K-12 Comprehensive Sexuality Education Programs

Comprehensive sexuality education is an important part of an education program in every grade of school. Society needs to become aware that school-based sexuality education can include more than just anatomy and physiology. It should include such

topics as 1) sexual development, 2) body image, 3) interpersonal relationships, and 4) reproductive health (Haffner, 1992). With topics such as these being included in sexuality education, a holistic picture of the child is conveyed. It is important to implement comprehensive K-12 programs in sexuality education, with subject matter and content appropriate to each age and grade level. In earlier grades, general topics can be discussed and become more specific as children mature. Topics in earlier grades may help children learn about family relationships, self-esteem, good hygiene and health habits, and child growth and development. These topics can help children identify peer pressure and learn refusal and decision-making skills. Unfortunately, few comprehensive programs are in place, especially at the elementary level. Sexuality topics are most likely introduced in grades 9 and 10, when it is too late and many students have already become sexually active.

As mentioned previously, children in elementary schools, specifically fifth and sixth graders, will face important decisions about sexuality. External pressures such as the media and friends are influential, and children may become sexually active or partake in risky behaviors that threaten their health. During adolescence, some will become at risk for pregnancy or HIV and STD infection (Landry, Singh, & Darroch, 2000). Because of the widespread concern for children's sexual behavior in the early teenage years, the importance of preparing preadolescents for the transitions they will encounter is important. A comprehensive program that starts in kindergarten would be the best approach to prepare them for future decision-making dealing with sexuality. Unfortunately, many teachers and parents promote teaching abstinence as the only

effective means to encourage young people not to become sexually active and to help them avoid pregnancy and STDs.

Adults cannot ignore the fact that millions of teenagers are engaging in risky sexual behavior even after receiving abstinence-only education. They may not agree with teenagers' actions, but it is a fact of life. A comprehensive program can prepare young people with the information, skills, and services they need to make responsible and informed decisions about their sexuality. Abstinence-only education denies young people this very information.

Many believe that comprehensive programs will promote sexual experimentation and activity, and that abstinence-only instruction will delay the initiation of sexual activity. Research has shown that abstinence-only programs have not demonstrated successful outcomes with regard to delayed sexual activity or use of safer sex practices ("Sexuality Education", 2001). Programs that teach students that condoms or contraception do not work will not necessarily prevent students from having sexual intercourse but will likely prevent them from using protection ("Abstinence-Only", 2001). Therefore, students could be at higher risk for unplanned pregnancies and STDs. Programs that encourage abstinence as the best option for adolescents, but offer a discussion of HIV prevention and contraception as the best approach for those who are sexually active, have been shown to delay sexual activity and increase the portion of sexually active adolescents who reported using birth control ("Sexuality Education", 2001). It is more likely that sexual intercourse will be postponed if comprehensive sexuality education is given before sexual intercourse occurs in young people's lives (Goldman, 2000).

As cited in Goldman (2000, p.12), SIECUS notes that a comprehensive school-based sexuality education program should have four primary objectives: 1) To provide accurate information about human sexuality; 2) to provide an opportunity for young people to develop and understand their values, attitudes, and beliefs about sexuality; 3) to help young people develop relationships and interpersonal skills; and 4) to help young people exercise responsibility regarding sexual relationships, including issues such as abstinence, contraception, and pressures to become involved in sexual intercourse.

As cited in Goldman (2000, p. 12), the International Planned Parenthood Federation believes that all young people have the right to: 1) Be themselves and make their own decisions; 2) information about sex, contraception and STDs/HIV; 3) protect themselves and to be protected from unplanned pregnancies, STDs/HIV and sexual abuse; 4) health care which is confidential, respectful and affordable; and 5) be involved in planning programs. This proves that teenagers are and need to be taking more control of their own sexuality through comprehensive sexuality programs. Unfortunately, many parents and teachers hinder this exploration and growth to become sexually healthy and responsible. The role of parents and teachers will be discussed in turn.

The Role of Parents and Teachers

Parents. From the moment of birth, children observe and learn from their parents' behavior in everyday life. Whether or not parents have open discussions with their children, they transmit their attitudes and values about sexuality. In a nutshell, parents are the child's first sexuality educators. Ideally, parents will give their children the necessary education regarding sexuality. However, some parents fail to talk to their children about sexuality issues (Milton, 2000). These children could miss this important

aspect of their education if the school does not include sexuality education in their curriculum. While most children learn about birth of babies from their parents long before they start school, there are some who don't learn about that until their sixth grade sexuality education class. As well, ideally girls learn about menstruation before they start to menstruate but many do not learn about it until after they have begun menstruating.

The role of parents in a child's sexuality education is very important and most parents realize this importance, but some find themselves unable to address the subject comfortably (Snegroff, 2000). As mentioned previously, they want to be helpful but are unsure what, when or how to discuss such issues. Some are simply embarrassed whereas others do not know enough to provide proper sexuality education. Some may not understand their own values regarding sexuality and need to figure out their own attitudes so that they don't provide their children with negative messages. In addition, some may be concerned with how their child will react to discussions about sexuality. All of these are valid concerns, however, no matter how parents feel, they still provide sexuality education to their children either through open discussions or by modeling attitudes, beliefs, and behaviors. Therefore, it is very important for parents to learn to deal with the topic of human sexuality appropriately so that their children grow and develop in a healthy way.

Parents who are unable to do this or refuse to discuss this important and sensitive topic with their children present sexuality as a negative thing rather than as a natural part of being human (Snegroff, 2000) and may increase a child's sense of puzzlement and anxiety (Baldwin & Bauer, 1994). If young children receive a negative message about sexuality from their parents or do not get any instruction from their parents, they will be

highly unlikely to turn to their parents to discuss sexual matters as they mature. Positive communication about sexuality when children are young often leads to ongoing open discussions as they get older.

Snegroff (2000) discusses ways to help parents improve their ability to educate their children about sexuality by emphasizing the following messages: 1) Be askable. Askable parents generally understand what a child is developmentally capable of understanding, have a sense of humor and are good listeners. It is not always wise, however, to wait until children exhibit interest in sexuality. They may never ask or comment. There are numerous issues and topics that may need to be discussed prior to a child's asking. Parents judge their children's readiness and needs for information about sexuality just as they would if the topic were math or reading, and when appropriate initiate a conversation. 2) Be accepting. An accepting parent does not convey a negative attitude or exhibit negative behavior when a child's natural curiosity leads to a question or comment. They convey the impression that all questions are good ones and all comments can be discussed. 3) Discuss issues and answer questions simply. Parents often "overanswer" questions because they interpret them as much more complex and profound than they actually are. It is best to answer questions as factually, clearly, and concisely as possible. 4) Discuss issues and answer questions honestly. Because of embarrassment or lack of knowledge, many parents think it is difficult to answer questions about sexuality or discuss sexual issues honestly (p. 257). When parents do not know an answer or are not sure how to comment, they can simply say, "I don't know." Then they can seek the appropriate response elsewhere.

Overall, parents who responsibly choose to educate their children about sexuality provide positive teaching and modeling that assists children's development of sexual attitudes and knowledge. These skills will in turn empower children to be healthy functioning sexual beings. To help parents in the process of providing positive teaching and modeling are teachers. Ideally, parents and teachers should work together in a partnership to provide children the most open and positive sexuality education they can receive. The role of teachers will be discussed in turn and provide benefits of sexuality education in the school.

Teachers. In addition to parents, teachers key adults in the lifelong process of educating children about sexuality. Unfortunately, teachers at the elementary level are often bombarded with concerns that parents, administrators and the community will have adverse reactions to what they are teaching in regards to sexuality. Teachers should not have to have these concerns in this day and age when some of the sexuality education is coming from unreliable sources such as peers and media. Teachers need to be commended on the work they do in providing accurate and honest sexuality information to young children. It is a difficult task and one that requires support from parents and the community.

Although many teachers believe in providing a comprehensive sexuality program, most do not instruct as such. Wilson (2000) argued that overall sexuality education is much less common at the elementary level than in grades 7-12. Where programs exist, they mainly cover such topics as puberty, HIV, STDs, sexual abuse and abstinence. Discussion of contraceptive methods is relatively rare even though half of teachers believe that birth control methods should be taught at or before grade seven. This

discrepancy between belief and practice may result from the lack of support and adverse reactions mentioned above.

Teachers need to feel comfortable and allow open instruction on sexuality in the classroom so that children understand that they can ask questions and get answers from a reliable and trusted adult. Teachers who do get support are found to be knowledgeable about the subject, approachable, honest, open-minded, and have a sense of humor. Teachers need to create an environment that is nonjudgmental and positively affects the students' comfort with sexuality education (Eisenberg & Wagenaar, 1997).

Overall, teachers need to form a partnership with parents to provide the most optimal environment for children to learn about sexuality education. It is important that teachers take control and provide sexuality education when it is obvious that parents haven't and provide the most accurate information on a broad range of topics beginning in kindergarten. The community, administrators, and parents need to realize and compliment those teachers who instruct on this sensitive and vital topic. Teachers should not have to be concerned but should follow what they believe is the right thing to do at the appropriate age level and time.

Conclusion

The importance of providing sexuality education at the elementary level has been established. Early bloomers and outside informational sources such as peers and media have heightened the need to provide sexuality education at earlier ages and encourage parents and teachers to take a closer look at relevant programming at the elementary level. K-12 comprehensive sexuality programs are the best way to help teachers and parents provide the best and most accurate information about a variety of topics that

children will encounter on a daily basis. Parents need to realize that it is important to maintain an open and honest relationship with their children on the subject of sexuality so that they have a trusted adult to go to with questions. In addition, teachers should collaborate with parents to send the message that it is okay to ask questions at school and obtain accurate information from your teacher as well as your parent. Combining the roles of the parents and teachers with a solid comprehensive sexuality program will provide elementary students the most optimal learning experience as well as promote them to be responsible, and sexually healthy adults.

Chapter Four

Future Research and Conclusions

Areas for Future Research

More research is needed in the area of current educational practices. There is very little research that addresses elementary sexuality education, while there is much more reading available regarding high school sexuality education. Future studies should address how and where elementary sexuality education is occurring, as well as how many hours have been devoted to the subject. Studies that include the opinions of children could be helpful for understanding the developmental needs of school-age children. Important questions could include: Do they believe that school programs provide them with what they need? Do they find their teachers to be knowledgeable about and comfortable with important topics?

In addition, more research is needed regarding the support of comprehensive sexuality programs and what topics are actually being covered and where. How many schools have actually implemented comprehensive programs and how successful have they been? An exploration of specific comprehensive curriculums would be useful, so that teachers could learn more about effective teaching strategies and new materials that can be used. Questions could include areas of training and needs for training in specific areas. Future research should also be devoted to exploring how much school counselors and other school officials play a role in elementary sexuality education. Do they provide extra support to teachers in instructing comprehensive topics?

In addition, additional research regarding parental involvement would be beneficial. There has been little research on the role of parents in sexuality education.

The views of parents and teachers may change as the demand grows, therefore it would be valuable to keep up-to-date research on their involvement. Overall, elementary sexuality education in general needs to be researched due to the little research existing. For research that exists, findings need to be updated and revised to keep up with the growing changes of children.

Conclusions

Through a historical perspective, sexuality education has gradually gained acceptance and momentum. Sexuality education has become increasingly necessary as puberty, STDs/HIV, AIDS and other sexuality issues gain public recognition. Sexuality education has become mandatory within high schools, but is still controversial in the elementary schools. The need for elementary sexuality education continues to increase and be of great importance in society. Unfortunately, children are still not receiving all the information and education they need to become sexually healthy adults.

Children are dealing with pressure from society and often receive inaccurate and unreliable information regarding sexuality. These sometimes negative and inaccurate messages as well as early signs of puberty have increased the call for elementary sexuality education. As mentioned previously, children must understand what is accurate about sexuality as well as understand what changes they may be going through due to puberty.

Comprehensive sexuality education programs should be implemented at every grade level to assist in providing accurate information to children regarding sexuality. Starting in kindergarten, general issues about sexuality can be discussed such as family dynamics, and as children mature and develop, more complex and specific issues can be

addressed. It is important that sexuality information be addressed at the appropriate developmental levels so that children get a clear understanding of what is being taught and do not get confused or overloaded with too much information.

Comprehensive programs are beneficial not only because they start early but also because they cover a wide range of topics that pertain to issues such as interpersonal relationships, decision-making skills, puberty, HIV/AIDS, contraceptives, abstinence and pregnancy. Comprehensive programs are seen as controversial because many believe abstinence should be the only topic discussed with children, and they believe that comprehensive programs will encourage sexual experimentation. What they do not know is that comprehensive programs provide instruction on abstinence but not as the only option. Youth who have participated in comprehensive education have been shown to delay sexual activity and for those who have become sexually active, they practiced safe sex based on their education on contraceptives. In addition, comprehensive education can provide the most accurate answers to questions and alleviate any inaccurate information given from outside sources.

Parents, teachers, television, movies, music, magazines, and the Internet have been some of the many sources that children get their sexuality information. Some may be reliable, others not. Parents and teachers should be a child's most important sexuality sources. They should work together in a partnership to educate children on sexuality. If parents begin to talk to their children from an early age and continue to have open communication through to their teenage years and if teachers and schools complement the role of parents by offering comprehensive education at the elementary level then young people will have received a balanced sexuality education on entering high school

and will not be left to the sometimes incorrect messages from the media and peers. As a consequence, they are more likely to delay becoming sexually active and when they do they are more likely to practice safe sex. The goal is to provide children the best education so that they can grow and develop in a healthy and safe way. Parents and teachers are the best people to assist them in this process.

Overall, sexuality education at the elementary level has proven important. Through comprehensive sexuality education, children will grow and develop a sexual understanding that will enhance their personal development, self-esteem, maturity and personal decision-making skills. Parents and teachers along with a comprehensive program will help young people become more knowledgeable, more aware, and more self-confident about themselves and their interpersonal relationships. Elementary sexuality education will enhance children's lifelong learning, and help adolescents become sexually healthy adults.

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