COMFORT LEVELS AND COMMUNICATION STYLES OF SEXUAL HEALTH EDUCATORS: A PHENOMENOLOGICAL STUDY

by

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ACKNOWLEDGMENTS

Throughout my dissertation process, I learned how sexual health education, communication, and public health intersect. Now, as I cross the divide of a new era, it is with gratitude that I recognize numerous individuals who assisted me in this transformative process.

I want to thank my mom, Patricia Agone Greenan and dad, Dr. James P. Greenan. You instilled in me the value of education and always supported my educational endeavors. You taught me that learning begins at home and provided me with lifelong learning tools. I remember, as a kid, sitting at the kitchen table together in the evenings as you explained math equations, quizzed me on spelling words, and assisted me with art work and science projects. And who can forget the many field trips that you chaperoned? Thank you for your unparalleled support, time, and energy. Your guidance and actions taught me the importance and value of education, lifelong learning, and hard work. I am grateful to you for encouraging me to explore various activities as a child that introduced me to a diversity of views and experiences and helped shape who I am today. You showed me that ethics, morality, and integrity are not just based on our words but, more importantly, on our actions. Thank you, Mom and Dad, for your unconditional love, attention, and being active participants throughout my life. I would not have achieved this without you.

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Finally, I am grateful for having the life circumstances and courage and strength within me, to pursue and complete a doctoral degree. This monumental undertaking transformed me into a person who is crossing the stage with an increased mindfulness and deeper purpose of life.

*Inspire someone.*
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ABSTRACT

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Major Professor: Marilyn A. Hirth

This qualitative, phenomenological study explored Sexual Health Education (SHE) through the lens of 11 public school teachers who offered sex education to their students; teaching sex education was not mandated by the State. It explored the levels of comfort and barriers that educators possessed when they communicated SHE to adolescents. One community within the State of Indiana was examined; at the time of the study. Eleven 7-12th grade educators among three school districts shared their beliefs, values, and feelings regarding SHE instruction and levels of sexuality comfort. As a result, the concept of sexuality comfort was reconstructed, and three findings emerged from the data that can contribute to further research in the fields of education, communication, and health. They include: (1) An inclusive sexual health education program can provide educators with more sexuality comfort, (2) Teacher training and instructional materials relate to an educator’s sexuality comfort level and willingness to communicate SHE, and (3) An educator’s level of sexuality comfort will likely increase if engaged in SHE decision-making policies.
INTRODUCTION

Nature of the Problem

“We need to do a better job of giving our young people the skills and knowledge they need to protect their own health” (Mermin, 2015, para. 4). A report by the Centers for Disease Control and Prevention (CDC, 2017) showed less than half of high schools in the United States are achieving the CDC’s goal of teaching 19 sexual health education (SHE) topics to adolescents (Appendix D). In 2017, 22 states and Washington D.C. mandated sex and HIV instruction (Guttmacher Institute). Although this report is recent, the information contained therein is not new. Rather than reporting new information, this report confirmed that states are falling short of teaching critical health information to teens.

Forty-two percent of high school students throughout Indiana are sexually active — an equal ratio of males to females. Of the State’s sexually active teenagers, 9% have had four or more partners (U.S. Department of Health & Human Services (U.S. Dept. HHS), 2015). Nationwide, 41% of high school students have had sex, and nearly 30% of 9th grade students reported having had sex (CDC, 2015). Indiana was ranked within the top half of teen births in 2015 at a rate of 30 out of 1,000, whereas the national number of teen birth rates was 15 out of 1,000; lower than the State of Indiana (Indiana Department of Education (IDOE), 2018). Furthermore, 47% of teenagers across the State reported not having used a condom before their last sexual encounter. Additionally, 17% of high school students were under the influence of drugs or alcohol during sex (U.S. Dept. HHS, 2015). Per the CDC, statistics of risky teenage sexual behaviors and the rates of sexually transmitted diseases (STDs) have remained consistent over the years; 10 million new cases of STDs occur every year throughout the United States and,
of these, teens and young adults account for 50% (CDC, 2015). Of the 50 states and Washington D.C., Indiana’s figures were higher than national averages across most categories, thus, the reason it was the focus of this study (U.S. Dept. HHS, 2015).

The number of unplanned pregnancies and STD’s is a significant problem; however, another issue exists that is not often studied: the comfort levels of educators when communicating sexuality health to teenagers. A higher level of education is associated with a better understanding and teaching of SHE. However, many high school SHE educators lack a health degree and/or training, and even more lack general communication skills and have limited knowledge regarding how to use them effectively (Tietjen-Smith, Balkin, & Kimbrough, 2014). This coincides with Cizek’s (2006) research that reported a central issue was a lack of confidence in teachers when communicating sexuality health to students; teachers were unsure how to address sensitive issues and construct verbal and nonverbal communication messages. Many SHE educators lacked the confidence and comfort to communicate sexuality health to students for various reasons (Cizek, 2006; Graham & Smith, 1984). Therefore, there was a need to investigate the comfort levels of SHE educators who offered SHE, as well as those who may have chosen against teaching it. Furthermore, empirical research reported teacher training (e.g., managing disclosure and sensitive information) and professional development opportunities for SHE programs were not promoted, prioritized, or provided to educators (Eisenberg et al., 2013). Consequently, teachers were often unable to stay current with emerging trends and communicate most effectively with students (Eisenberg et al., 2013). A fundamental approach to education includes supporting knowledgeable and well-trained teachers so they may execute instruction to students effectively. Students have described sex education programs as outdated, unimpressionable, and detached from reality (Auteri, 2017). Note: Although a problem, the issue
of training SHE educators; professional development opportunities; and determining the
duration, cost, and location of training was not the focus of this study. Rather, it addressed a
broader conversation surrounding sexuality and sexual health for SHE to be effective within the
context of Indiana policies.

The field of communication is vast and includes several types of styles, forms, and
methods. The research in this study applied Check’s (1985) definition of communication for two
reasons. First, the definition directly connected the fields of education and communication.
Secondly, the meaning referred to communication in the context of a classroom setting. It is
defined as “…a complicated transactional process that results in shared meaning between the
teacher and the learner. It is a dynamic process of sending and receiving messages while
competing against numerous distractions” (p. 76). Check defined distractions as “excessive noise
level” or “movement from students” (1985, p. 76). Elizabeth et al., (2012) defined
communication, similarly to Check, as the process by which people exchange information,
feelings, and beliefs through verbal and nonverbal messages. Verbal statements and nonverbal
communication behaviors exist to relay information to students. Nonverbal communication
behaviors may include, but are not limited to, providing or avoiding eye contact, nodding one’s
head in agreement, smiling or frowning, or giving a high five. Research has shown a direct
association between communication skills and an individual’s comfort level. Accordingly, this
study examined how the comfort levels of SHE educators affected the ways in which they
communicated SHE to students.

Graham & Smith’s (1984) operational definition of “sexuality comfort” framed this study
since it applied to sexual health education. Sexuality comfort is defined by the actions and
experiences that individuals can relate about sexuality. The concept of sexuality comfort did not
appear in research before Graham & Smith’s 1984 definition. The researchers’ defined sexuality comfort with the following descriptions:

- feeling pride and security in one’s own sexuality
- being able to effectively communicate about sexual health to students while expressing respect and tolerance for their values
- being sensitive to an individual’s anxieties and encouraging them to explore sexual health issues and values on their own
- realizing the importance of how the educator influences students
- an educator’s confidence in their skills and knowledge about sexual health to teach it
- using effective methods to teach SHE
- acknowledging the importance of SHE that provides individuals space for inquiry

Studies have shown that sexuality comfort pertains to parents, too. In a 2011 survey by Planned Parenthood Federation of America, 82% of parents had discussed matters of sexuality with their children. However, 43% of parents were uncomfortable talking to their children about abstinence and methods of birth control and reported feeling unprepared and inadequate to teach sexuality to their children (Auteri, 2017). Furthermore, parents preferred that SHE educators covered a variety of topics including methods of birth control and how to obtain them (Planned Parenthood Federation of America, 2011). Figure 1, provided by the CDC (2006-2008), illustrates the percentage of adolescents who had discussed sex with at least one parent. Moreover, Figure 2 (2006-2008) shows that fewer teenagers and parents had discussed specific matters of sexual health.

Statement of the Problem

Sex education was not mandated by the State of Indiana during this study or to date. It did not require local school districts to offer sexual education to its students; however, if SHE was offered, State code required educators to emphasize (1) abstaining from sexual activity outside of heterosexual marriage, (2) abstaining from sexual activity to be the only way to avoid out-of-wedlock pregnancy and sexually transmitted diseases (STDs), and (3) establishing a mutually faithful monogamous relationship in the context of a heterosexual marriage (Indiana General Assembly, 2015). If SHE was taught in the State, educators were required to address HIV and AIDS and “other dangerous communicable diseases” (Sexuality Information and
Education Council of the United States (SIECUS, 2015, para.1). Yet, educators were not required to discuss the negative outcomes of teen sex. According to SIECUS (2015), Indiana law states:

…the department of education must work with the department of health to develop AIDS prevention educational materials and make them available to school districts. These materials must “stress the moral aspects of abstinence from sexual activity” and “state that the best way to avoid AIDS is for young people to refrain from sexual activity until they are ready as adults to establish, in the context of marriage, a mutually faithful monogamous relationship.

In March 2018, the Indiana Senate approved a controversial bill that will require schools to give parents two sufficient notices before teaching SHE. Accordingly, parents will need to opt their child into the program. Further, it will require educators to provide parents with lesson plans and instructional materials ahead of time. “…Opponents of the new law prefer the opt-out process that some schools are currently using, meaning if there is no response from a parent, the child remained in class” (Kelly, 2018, para.9). According to the Harvard Graduate School of Education, many teenagers want to be engaged in conversations that pertain to sexual health and relationships. “There is a huge amount of mistakes and misunderstandings that go on here on a daily basis, and good sex education can really help with that” (Weissbourd, 2018; as seen in Lepore, 2018). Weissbourd argued that specific SHE programs offered more than just the basics about anatomy and teenage pregnancy. Additional topics that Weissbourd believed to be important included conversations about consensual sex, intimacy in relationships, types of relationships and feelings, and making smart choices (Weissbourd, 2018).

Few studies, if any, have examined the comfort levels of educators who taught – communicated – sex education to students. This study adopted Graham and Smith’s (1984) operationalization of sexuality comfort, which emphasizes the importance of communicating about sexual health to students while expressing respect and tolerance toward them. This concept
is further discussed in Chapter 2. For the reasons stated in this section, the study focused on the comfort levels of public school sex educators and how they conveyed information to students.

**Purpose and Objectives of the Study**

The purpose of this study was to better understand the comfort levels of sexual health educators and the ways in which they communicated topics. The study gained insight from teachers among three school districts in Indiana and provided a deeper understanding of the comfort levels of teachers when communicating SHE to students. This qualitative study used an interpretive, phenomenological approach to gain first-hand knowledge from participants about their levels of comfort (Terrell, 2016). The nature of the questions consisted of “why?” and “how?” Additionally, it permitted the exploration of another aspect of sexuality comfort that included an educator’s confidence in their skills and knowledge about sexual health (Graham & Smith, 1984). This study purposely examined educators at the high school level for the following reasons: government health reports have typically examined teenagers beginning at 15 years old. Additionally, approximately 93% of parents reported that sex education should be offered in middle and high schools; however, the number of high schools that taught abstinence, anatomy, methods of contraception, and using condoms correctly has declined since 2000 (Guttmacher, 2017). Nine of the eleven participants were high school educators. Two educators from a junior high school participated in this study since SHE was not offered at their senior high school.

Ultimately, the goal was to examine Indiana SHE policies in public schools and offer recommendations to education leaders, teachers, policymakers, and the departments of education and health throughout the State to progress SHE across all districts. Gaining first-hand information from educators was important to understand their personal experiences and potentially devise and implement healthier SHE guidelines at the high school level and,
ultimately, K-12. Finally, this study established a foundation for future studies – both qualitative and quantitative.

**Research Questions**

To determine the comfort levels of SHE educators, the following research questions were posited for this study:

1. How comfortable are educators when communicating sexual health topics to adolescents for them to build a foundation to become sexually healthy adults?
2. How do educators reportedly communicate SHE to students?
3. What approaches of communicating SHE do educators use to teach it?
4. What obstacles do educators face when implementing SHE?
5. How do educators’ feelings and/or beliefs influence their instructional choices related to SHE topics?

**Significance of the Study**

This study provided a deeper understanding of the barriers that high school educators faced when teaching sex education. It can contribute to the fields of education, communication, and health by offering new information from teachers who identified and provided details of this phenomenon. Next, this research provided a foundation to conduct studies on a larger scale in Indiana and/or other states. Furthermore, since SHE instruction was not mandated throughout the State, this study shed light on issues that have been overlooked or not often discussed but could be a catalyst in formulating education or policy changes. Ultimately, the knowledge and understanding of this study initiated and advanced conversations about sex education by gaining insight from SHE educators in a novel way. The study’s philosophy necessitated giving participants space to articulate their personal and professional beliefs, values, and opinions to
adolescents. More broadly, it aimed to synergize the fields of education leadership, communication, and health to advance and improve SHE across the State and, eventually, across the country.

**Limitations of the Study**

This study investigated the comfort levels of SHE educators at the high school level except for two teachers at a middle school. Data collection and analysis did not include observing or evaluating SHE teachers or lessons. Next, as the sole researcher, interviewer, transcriber, coder, and analyst, I provided each participant with their transcript, as well as the coding and analysis of the data; member checking ensured accuracy of the data. As the sole researcher, I developed relationships with each participant by asking specific and intimate questions that aligned with the foci of the study. I gained deep insight and understanding from examining the data. Next, most students had received sex education in the department of health and physical education. However, each school in this study offered elective classes in the Department of Family and Consumer Sciences (FACS) that provided SHE and fulfilled the health requirement. Schools’ standards required students to complete either one health class or two FACS courses. According to participants, most high school students had taken health class; while, students who elected to take two FACS classes typically desired a related career upon graduation (e.g. P-K educator, nursing). Therefore, curriculum, instruction, and content varied among departments, classes, and educators. Among the sample population, all participants offered students a variety of instruction, which may have affected the results of the study. However, expectations did not exist during data collection and analysis, and determining the results of the study a priori would have conflicted with the nature of the study. Whether or not a limitation, the research provided a broad understanding of sex educators and the reality of the
choices and decisions they made regarding topics. Next, comfort levels of educators may have varied among states, regions, counties, and districts given that State policies dictated SHE. The sample size was small due to the number of SHE educators within the confines of the sample population. Thereby, the results have limited generalizability. Still, using a small sample size was valuable since SHE has never consisted of a one-size fits-all program; the success of a program can vary based on the region or community. Despite these limitations, the findings from the research provided information and an understanding that can be replicated in larger, future studies and include more states. This investigation may also serve as a basis for quantitative and/or mixed methods research.

**Definition of Terms**

1. **Sexuality Comfort**: The actions and experiences that individuals can relate about sexuality. This includes: feeling pride and security in one’s own sexuality, being able to effectively communicate about sexual health to students while expressing respect and tolerance for their values, being sensitive to an individual’s anxieties and encouraging them to explore sexual health issues and values on their own, realizing the importance of how the educator influences students, an educator’s confidence in their skills and knowledge about sexual health to teach it, using effective methods to teach SHE, and acknowledging the importance of SHE that provides individuals space for inquiry (Graham & Smith, 1984).

2. **Communication**: “…a complicated transactional process that results in shared meaning between the teacher and the learner…a dynamic process of sending and receiving messages while competing against numerous distractions…excessive noise level” or “movement from students” (Check, 1985, p. 76) …the process by which
people exchange information, feelings, and beliefs through verbal and nonverbal messages. Verbal statements and nonverbal communication behaviors exist to relay information to students. Nonverbal communication behaviors may include, but are not limited to, providing or avoiding eye contact, nodding one’s head in agreement, smiling or frowning, or giving a high five (Elizabeth et al., 2012).

3. Confidence: The ability to address issues and construct verbal and nonverbal communication messages (Cizek & Miller, 2006).

4. Control: How an educator talks to students about sexual health; how messages are perceived by students, parents, and school administrators; the lack of training an educator receives regarding sexual health information (Cizek, 2006).

5. Obstacles: Challenges associated with teaching communication, teen parenting, and abortion; concern about the responses educators receive from parents, teachers, or administrators about teaching SHE; and restrictive policies when teaching about abortion and sexual orientation (Eisenberg et al., 2013).

6. Views, Values, Opinions: One’s belief that SHE topics are important to teach (Check, 1985) …sharing with others involvement of the human experiences (Stake, 2010) …expressing one’s perspectives and/or feelings (Greenan, 2018).

**Assumptions of the Study**

Data collection included educator-participant interviews, so the study was based on self-reporting. I assumed that each educator provided candid and honest responses to questions. There was a chance that their responses were skewed based on what they believed to be socially or politically acceptable. As a researcher, I entered data collection and analysis aware of these potential biases. I took steps to avoid them by creating a protocol of questions that was tested and
modified prior to data collection. Additionally, all questions were open-ended and neutral, as opposed to leading. Additionally, I stated to each participant at the beginning of the interview that there were neither correct nor incorrect responses; rather, their sincere openness would be indispensable for the study. I found each participant to be transparent and straightforward throughout data collection and appreciated their openness when communicating about sensitive topics. Although I sensed an uneasiness in the beginning, participants became more comfortable as the conversation progressed.

Summary

Table 1 shows general SHE requirements in the 50 States and the District of Columbia. Table 2 illustrates the content requirements of SHE programs for each State (Guttmacher Institute, 2016). I investigated Indiana since its statistics tracked higher than most other states, as well as national benchmarks. This served as a motivating factor that led to a deeper examination into the “why’s” and “how’s” in the data. Overall, this study contributed to the fields of education, communication, and health by examining a topic that has long been necessary to explore.
Table 1

**General Requirements for Sex and HIV Education**

<table>
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<tr>
<th>STATE</th>
<th>SEX EDUCATION MANDATED</th>
<th>HIV EDUCATION MANDATED</th>
<th>WHEN PROVIDED, SEX OR HIV EDUCATION MUST</th>
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**TOTAL** 24+DC 34+DC 13 26+DC 8 2 22+DC 3 56+DC

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* Sex education typically includes discussion of STIs.
† Sex education is not mandatory, but health education is required and it includes medically accurate information on abstinence.
‡ Sex education "shall not be medically inaccurate.
Ω Localities may include topics such as contraception or STIs only with permission from the State Department of Education.
Ψ Sex education is required if the pregnancy rate for 15-17 teen women is at least 19.5 or higher.
ξ State also prohibits teachers from responding to students' spontaneous questions in ways that conflict with the law's requirements.

**Note:** Table reprinted from Guttmacher Institute (2016).
Table 2

**Content Requirements for Sex and HIV Education**

![Table Image]

*Note: Table reprinted from Guttmacher Institute (2016).*
CHAPTER 2: REVIEW OF THE LITERATURE

The review of the literature is presented in four parts and addresses a plethora of studies that have focused on various SHE topics. PART I explores Graham and Smith’s (1984) research of sexuality comfort, the conceptual framework of the study. It also reviews past empirical and theoretical research regarding a willingness to communicate matters of sexual health. PART II examines the history and contextual background of SHE. Next, PART III reviews how SHE has been and is currently communicated to students. Part IV will address the obstacles that educators have faced when teaching SHE. The research question was central to the review: How comfortable are educators when communicating sexual health topics to adolescents for them to build a foundation to become sexually healthy adults? The controversy of whether SHE should be taught in schools is no longer a focus of debate; rather, the current conversation focuses on facilitating the most effective program to foster healthier, more knowledgeable teenagers. Although literature regarding the type and quality of SHE communication between teacher and student has been limited, there was much to be explored.

Sexuality Comfort

Past Empirical and Theoretical Research: A Willingness to Communicate

Studies have shown a correlation between communication skills and comfort levels. Previous research has suggested that individuals’ comfort levels with a given topic is central to their ability to communicate effectively about sexual health (Graham & Smith, 1984). Graham and Smith conducted a qualitative study that sought to operationalize the concept of sexuality comfort. Before this study, an operational definition of sexuality comfort did not exist. In their study, the researchers sought experts of health and sexuality to define sexuality comfort. They
randomly selected 32 of 64 health and sexuality high school and college educators in Oregon who agreed to participate in in-depth interviews. As a result of the study, a definition of the concept was delineated. With a 97.2% reliability from independent coders, Graham and Smith operationalized sexuality comfort, which became a stepping-stone for future sexual health studies. Thereby, the definition of comfort in this study applied Graham and Smith’s meaning of sexuality comfort that included the following descriptions that conceptualized the review of the literature:

- Feeling pride and security in one’s own sexuality
- Being able to effectively communicate about sexual health to students while expressing respect and tolerance for their values
- Being sensitive to an individual’s anxieties and encouraging them to explore sexual health issues and values on their own
- Realizing the importance of how the educator influences students
- An educator’s confidence in their skills and knowledge about sexual health to teach it
- Using effective methods to teach SHE
- Acknowledging the importance of SHE that provides individuals space for inquiry (Graham & Smith, 1984).

Moreover, the researchers emphasized that communication skills and sexuality comfort have a reciprocal and dependent relationship. For example, participants stated that educators who lacked effective communication skills would be more likely to possess minimal sexuality comfort in the classroom (Graham & Smith, 1984). The researchers reported that a key component regarding sexuality comfort was a willingness to communicate; and, the more comfortable a teacher was with the topic, the more effective they would be communicating with adolescents. Graham and
Smith’s findings overlapped with research that conveyed the need for teachers to possess confidence when communicating SHE to students (Cizek, 2006). Figure 3 illustrates the dependent and reciprocal relationship of sexuality comfort and education, knowledge, communication skills, confidence, and a willingness to communicate.

**Figure 3.** Dependent and reciprocal relationship of sexuality comfort.

**Realizing the importance of an educator’s influence on students**

Following Graham and Smith’s study, McCroskey and Richmond (1987) created a 20-item ‘Willingness-to-Communicate’ scale designed to measure an individual’s predisposition to initiate communication among strangers, acquaintances, and friends (Wright et al., 2007, p. 40). The purpose of the study was to adapt Graham and Smith’s (1984) idea of ‘willingness to communicate’ by examining an individual’s predisposition to initiating or avoiding conversations. Furthermore, empirical studies have analyzed the attitudes and readiness of participants willing to communicate about their personal health information such as organ donation, HIV positive, condom usage, cancer, and general health concerns (Wright et al., 2007). The findings suggested that most participants desired to gain information and knowledge about their health. These research findings were applied to this study by asking educator participants what types of sexual health-related questions students asked them and how they responded to inquiries.

Next, Check’s (1985) operational definition of communication was used in this study. Check stated that language was one of the most effective forms of communicating to students, and he made recommendations to education leaders and teachers regarding communicating in K-
12 classrooms. One recommendation specified that educators “must display vitality, excitement, and profound interest in the subject being taught” (p. 79). Subsequently, students would be more likely to take an interest in the subject and find it to be more important and significant. I asked the following research question in this study, “How do teachers’ feelings and/or beliefs influence their instructional choices related to SHE topics?” This question was applicable to Check’s findings since a teacher’s values and beliefs could have affected their interest and enthusiasm during SHE instruction. For example, although an educator believed teaching SHE was important, he or she felt uncomfortable communicating to high school students, which could have affected the level of fervor and vigor she exuded. Check also suggested that teachers be forceful, powerful, and influential when conveying a message, and to use language that was common and understood by teachers and students. Interestingly, both Check’s recommendations and Graham and Smith’s concept of sexuality comfort emphasized the importance of an educator’s influence on students because of their communication skills. Willig (1998) stated that how an educator communicated SHE language to students affected adolescents’ decisions and choices that involved sex. Finally, information is transmitted from one individual to another (e.g. teacher-student) when communication messages are constructed. The specific language educators used assisted in creating and shaping a student’s understanding of reality (Willig, 1998). Similarly, Frymier and Houser’s research reported that the relationship between teacher-student affected learning and cognition. They pointed to communication skills as the primary approach in the development of the teacher-student relationship (2000). Effective classroom communication included, “peer perspective taking, strong reasoning skills, an ability to connect factual knowledge to the topic, and an embracing attitude towards newly introduced ideas” (Elizabeth et al., 2012, p. 8).
Being able to effectively communicate about sexual health to students while expressing respect and tolerance for their values

The general conclusions drawn from previous studies was the need for more effective communication when teaching sexual health to adolescents. Specifically, this included honest conversations between teacher and student at the high school level. Research has focused on the importance of interpersonal relationships between them. In a study by Burleson and Samter (1990), students reported that teachers who were effective communicators were better teachers and enhanced their learning and motivation. Hence, teachers who effectively communicated SHE to students were valuable resources, especially when many parents were uncomfortable talking to their child about sexual health matters. Finally, Eisenberg et al. (2013) focused on the need to broaden SHE curriculum and instruction. The study reported that teacher training and professional development opportunities for SHE were not promoted, prioritized, or provided; thereby, high school teachers were unable to learn how to communicate best with students, which effected how teachers communicated information to students. The next section discusses the history and background of SHE.

History and Contextual Background

Being sensitive to an individual’s anxieties and encouraging them to explore sexual health issues and values on their own

Traditionally, two primary types of formal SHE programs have existed and been taught throughout the United States: abstinence-only and comprehensive sexual education (SIECUS, 2008). These programs have determined the dialogue and conversation between teachers and students across the nation for years. According to SIECUS (2008), “Most schools in the United States teach programs that fall somewhere between the two ends of the spectrum and programs
are often called by a variety of different names” (para. 7). For example, programs in Indiana have stressed abstinence and required teaching sex only within the context of a heterosexual marriage, although much of the state’s teenagers are sexually active (Guttmacher Institute, 2017; Shoemaker, 1987). Shoemaker’s research from 1987 was relevant to this study since the same requirements hold true today. These policies, consequently, have discouraged individuals to explore sexual health and values or ask necessary questions. Other states have adhered to other policies that may vary greatly in SHE requirements.

Numerous definitions of the term “abstinence” have existed. Policy makers, education leaders, and educators have defined abstinence as, “postponing sex or never having had vaginal sex or refraining from further sexual intercourse if sexually experienced…or not engaging in coitus.” It has been defined morally and ethically by using language that referred to it as an “attitude or commitment” (Santelli et al., 2006, p. 73). Santelli reported abstinence as a public health issue that attached an individual’s moral and religious perspectives and beliefs. Thereby, supporters of abstinence-only education pointed to abstaining from sexual intercourse as the only solution for teenagers. For this study, abstinence-only education did not include discussion of obtaining or using methods of birth control; however, it has traditionally been, and is currently, the primary means of educating youth (Eisenberg et al., 2013). Abstinence-only education currently determines the dialogue and conversation between teachers and students within this State and many schools across the nation. Per the Advocates for Youth (2001), abstinence-only education has addressed the following topics: (1) sexual expression outside of marriage will have harmful social, psychological, and physical consequences; (2) abstinence from sexual intercourse before marriage is the only acceptable behavior; and (3) carrying a pregnancy to term and placing the baby for adoption is the only morally correct option for pregnant teens. Advocates for
Youth findings contradicted Graham and Smith’s approach to SHE teachings that emphasized the need to bring sensitivity to adolescents’ anxieties and encourage exploration of sexual health issues and values. Requirements of abstinence-only education may have circumvented aspects of SHE, depending upon the method that was used to communicate to students. Alternatively, comprehensive education programs have encouraged abstinence, and included discussion about condoms or other forms of birth control in class (Eisenberg et al.). Figure 4 illustrates a decline in education regarding methods of contraception from 2006-2013.

With the passage of the Adolescent Family Life Act (AFLA), the federal government began supporting SHE in 1981 with the objective of educating youth in the nation by way of abstinence-only education (Landau, 2010). The primary goal was to reduce the number of families on welfare throughout the U.S. by, first, reducing the number of teenage pregnancies and STDs among young people (Ehlrich, 2006; Russell, 2001). Additionally, the AFLA was intended to prevent teenage pregnancy and promote adoption as the alternative for teenagers who became pregnant. In its first year, Congress approved $11 million for the program. It has been funded between $6 and $18 million every year since 1981 (Kaiser Family Foundation, 2002).

In 1996, Congress allocated funding in the welfare reform package to expand abstinence-only education; the funds were provided to community-based organizations over the next five years. From Fiscal Year 1998 to Fiscal Year 2005, funding increased by $108 million (U.S. House of Representatives, 2004). Most recently, in Fiscal Year 2017, the U.S. House of Representatives approved $90 million for abstinence-only education programs, an increase of $5 million from the previous year (Guttmacher, 2017). Policies regarding abstinence education programs banned teachings or dissemination of contraception or contraceptive services and sexual orientation and gender identity; programs supported by the AFLA have been required to
adhere to these polices (Santelli et al., 2006). Federal funding has increased significantly for abstinence-only education throughout the years, although researchers have found that 70% of Americans are against federal funding that promote these programs (Weiser & Miller, 2010). In Fiscal Year 2015, Indiana received $1,037,363 for Abstinence-only-until-marriage programs, unintended pregnancy, and HIV and STD prevention.

![Figure 4](https://www.guttmacher.org/state-policy/explore/sex-and-hiv-education)

Acknowledging the importance of SHE that provides individuals space for inquiry

Comprehensive education encourages individuals to explore sexual health, be curious, and provides space to ask questions and share ideas. This type of program aligned with Graham and Smith’s 1984 definition of sexuality comfort acknowledged the importance of SHE that provided individuals space for inquiry. Next, comprehensive education encouraged abstinence and included the teachings of “…condoms or other forms of contraception among young people who are sexually active” (Eisenberg et al., 2013, p. 335). According to Advocates for Youth (2001), comprehensive education has addressed the following topics: (1) sexuality is a natural, normal, healthy part of life; (2) abstinence from sexual intercourse is the most effective method of preventing unintended pregnancy and sexually transmitted diseases, including HIV; (3) sexuality related topics such as human development, relationships, interpersonal skills, sexual expression, sexual health, and society and culture; (4) proper use of condoms can reduce, but not eliminate, the risk of unintended pregnancy and STDs including HIV; and (5) a woman faced with an unintended pregnancy has options: carrying the pregnancy to term and raising the baby, carrying the pregnancy to term and placing the baby for adoption, or ending the pregnancy with an abortion. Comprehensive education has encouraged individuals space for inquiry by focusing on various sexual health-related topics.

President Barack Obama pledged to reduce funding for abstinence-only education and increase funding for a more comprehensive approach during the 2008 presidential campaign. Thus, approximately $250 million was allocated in the 2010 Healthcare Reform Bill to finance abstinence-only programs over the subsequent five years, and $75 million was allocated to support comprehensive education programs (Landau, 2010). Another $25 million was extended to “new and innovative” programs (Weiser & Miller, 2010, p. 414). Although these two types of
programs did not directly serve as the focus of this study, the amount of funding that was allocated to them directly impacted the type of education students received since it determined what is taught in schools and how it is communicated to students. Therefore, it is important to differentiate between the programs. Abstinence-only education did not include the teacher-student discussion of how to obtain methods of birth control or how to use them effectively, but it has traditionally been, and is currently, the primary message communicated and delivered to youth that expanded between 1990 and 2000. While the primary focus of educating youth in the United States has focused on abstinence-only education, the debate by health care practitioners, educators, parents, and researchers as to its effectiveness continues today and remains divisive (Davis et al., 2012). For example, opponents of abstinence-only education argue that the construction of the messages shows ineffectiveness and supports negative attitudes toward the use of condoms via language that is used (Willig, 1998). Opponents of the program have reported that it provides students with false information. Congressman Henry Waxman (D-CA) authored the Waxman Report and stated that 80% of abstinence-only education programs provided misinformation to teenagers regarding methods of birth control (e.g. exaggeration of condom failure rates), STDs, abortion, and gender stereotypes. For example, students were taught that STDs were more rampant and less treatable than the research showed. Accordingly, an increase in the likelihood of miscommunications or misunderstanding between teachers and students may have existed, especially if students lacked confidence asking questions in front of their peers (Weiser & Miller, 2010). Research has revealed an ongoing and systemic problem: a lack of effectively communicating SHE to students. The next section discusses how SHE has been and is communicated to students.
How SHE is Communicated to Teenagers

A Willingness to communicate SHE

Conversations about sexual health often begin at home, although 43% of parents have reported feeling uncomfortable talking to their child about abstinence and methods of birth control. Rather, they would prefer SHE educators cover a variety of SHE topics including methods of birth control and how to obtain them (Planned Parenthood Federation of America, 2011). This has been a long-standing attitude among parents. For example, Shoemaker (1987) found that most parents wanted their children enrolled in a comprehensive sex education course that conveyed information to them about how to obtain methods of birth control (e.g. condoms) and how to use them effectively. Since many parents reported feeling uncomfortable discussing deeper matters of sexual health, teens reported being more comfortable seeking information from more willing sources such as the media, friends, or trusted teachers (Dilorio et al., 1999). However, the media and peers may have provided false information about sexuality. Still, people desired learning information and knowledge about the topic (Wright et al., 2007). Approximately 90% of parents supported having SHE offered in public schools (Santelli et al., 2006). Thus, it would be necessary for teachers to be willing to communicate it by using effective methods.

Using effective methods to teach SHE

The means in which sexual health topics have been communicated by teachers have taken the form of discussions, slogans, quotes, educational videos, and lectures that are inherently reinforced or challenged between a dyad or in a group. Throughout the United States in 2006, approximately 75% of high schools used these forms of communication to enrich and improve SHE; additionally, teachers included conversations about decision-making and goal-setting (Kann et al., 2007). For example, classroom-based discussions have been shown to increase
student achievement and communication skills, but they have accounted for less than two minutes per hour within the average American classroom (Lawrence et al., 2015). Additionally, educators have used alternative communication methods during SHE instruction. For example, 92% of teachers used small group discussions, 81% of teachers used one-on-one role-playing, and 60% used audiovisual mediated communication. Researchers have suggested the most effective approach to SHE programs used language that taught students how to reduce sexual risks and reinforced the importance of practicing safe sex; this instruction has led to positive attitudes and behavior changes in teenagers (Weiser & Miller, 2010).

Next, researchers have identified a list of criteria that should be included during conversations with students about sexual intercourse. They encompassed: communicating basic needs about sexual matters, contraception, and intimacy (Cizek & Miller, 2006). Willig (1998) suggested that educators obtained training that addressed the topic of constructing SHE messages while engaging in conversations. Furthermore, Willig recommended that teachers deemphasized unplanned pregnancies and contracting STDs, but; alternately, emphasized and encouraged positive aspects of engaging in sexual intercourse such as pleasure, love, and intimacy. Check’s research supported this suggestion “…since language is the most important medium through which a teacher can communicate a message…” (p.79). Research has supported Graham and Smith’s concept of sexuality comfort in that individuals should feel pride and security in one’s own sexuality. Moreover, researchers have placed an emphasis on the confidence that educators had concerning their level of sexuality comfort. The more knowledge teachers were equipped with, the more effective they were communicating to students. Hence, improved communication can lead to more successful SHE programs. Throughout the study, Indiana policies dictated what was communicated and permitted in classrooms.
Indiana SHE Policy

Indiana law did not require educators to teach SHE throughout the duration of this study (SHE policies remain the same to date). However, if it was taught, abstinence-only education must have been provided. According to the State policy, educators were encouraged to emphasize heterosexual intercourse in the context of marriage, and discussions regarding sexual orientation and gender identity or dissemination of contraception or contraceptive services were banned. This directly affected what and how SHE educators communicated since they brought their opinions, beliefs, and values into the classroom. For example, educators who preferred teaching comprehensive education, may have felt uncomfortable teaching that heterosexual intercourse is the only option. Thus, they may have lacked sexuality comfort when responding to students who asked about such topics. A study by Weiser and Miller (2010) showed that conversations regarding sexual health that focused on abstinence-only education were ineffective. The researchers reported that these programs stressed to adolescents that waiting to have heterosexual intercourse within a marriage was the only option for them. Hence, the content of the message led and contributed to barriers that SHE educators have reported facing.

Barriers Educators Face

An educator’s confidence in their skills and knowledge about sexual health to teach SHE

Educators have faced obstacles such as how to talk to students about sex and control the way their messages were perceived by students, parents, and school administrators. Moreover, teachers have lacked education and training that may have affected their self-assurance and confidence in skills and knowledge. Thereby, staying current with emerging trends and learning how to communicate most effectively with students were major challenges that teachers faced (Eisenberg et al., 2013). A central issue that teachers struggled with was the way they addressed
issues and constructed messages. These findings aligned with empirical research that reported teacher training (e.g. managing disclosure and sensitive information) and professional development opportunities for SHE was not promoted, prioritized, or provided to educators.

In a survey by the Hoff and Greene (2000), 65% of teachers lacked freedom in constructing communication messages and directing conversations during SHE courses, which negatively affected their level of confidence in their skills and knowledge. Next, educators reported school or district policies as a major barrier since teachers were not permitted to inform students about certain topics (e.g. means of receiving methods of contraception). Forty-five percent of teachers were concerned about unexpected responses or reactions from parents, students, and administrators about their teachings of sensitive SHE matters and material. Consequently, most teachers avoided initiating or engaging in conversations about sensitive health information with students to evade conflict (McCroskey & Richmond).

Research by Eisenberg et al., (2013) revealed the need to broaden SHE curriculum and provide teachers with training opportunities. The researchers sampled 368 public school SHE teachers at the middle and high school levels. Survey questions addressed topics about curriculum, obstacles they faced during SHE instruction, and what they believed should be taught. Using logistical regression, the data showed that two-thirds of the participants faced structural barriers associated with teaching communication (OR = 0.20), abortion (OR = 0.32), and teen parenting (OR = 0.34). Forty-five percent of the participants were concerned about the responses they received from parents, teachers, or administrators about teaching sexual violence (OR = 0.42). One-quarter reported restrictive policies as a barrier to teaching about abortion (OR = 0.23) and sexual orientation (OR = 0.47).
Summary

Having conversations with youth about sexual health and relationships has challenged educators and parents and required a level of vulnerability. Additionally, most adolescents have reported feeling uncomfortable discussing topics about sex and have, oftentimes, relied on information from inaccurate or false sources. It was necessary to investigate and understand how educators felt when conveying sensitive matters of sex, especially when teenagers began making critical health-related choices in the early stages of adolescent development.
CHAPTER 3: METHODOLOGY

Introduction

Chapter 3 outlines the methodology used in the study. It provides a comprehensive explanation about the study’s framework, rationale, and purpose. Next, readers will gain information about a pilot study that was conducted before data collection began that assessed the protocol of questions. Finally, the chapter explains the role of me, the researcher, followed by descriptions about the sample population, research design, instrumentation, and method of analysis. This chapter will offer readers a better understanding and comprehension of the data that were collected and reported.

Methodology and Framework

A qualitative design guided the research “to go beyond the shorthand…explanations available from surveys” (Stone, 2007, p. 15). Conducting semi-structured, in-depth interviews with 11 participants resulted in the expansion of awareness and a deeper understanding. Subsequently, an interpretive framework guided the study due to the nature and design of the interview questions (Appendix B). Interpretive methodology included two parts: (1) participants explained personal experiences, and (2) as a researcher, decoding, analyzing, clarifying, and understanding participants’ values, beliefs, opinions, and lived experiences. Interpretive methodology underscored the involvement of the human experiences so that readers may gain a thoughtful understanding about educators’ values, opinions, beliefs, and feelings about teaching SHE (Stake, 2010). Accordingly, each participant brought his or her life experiences, worldview, and teaching style to the interview. Conducting a qualitative study provided professional and
personal examinations of participant educators that resulted in making meaning of the data (Seidman, 2013). Additionally, it provided “…access to the most complicated social and educational issues…based on the concrete experiences of people (Seidman, 2013, p. 7). Next, a phenomenological approach framed the study.

Phenomenology originated out of philosophy as an approach to examine human understanding while overcoming “the limitations of objectivism” (Wertz et al., 2011, p. 52). Edmund Husserl (1859-1938) developed this philosophical approach at the beginning of the 20th Century to examine human consciousness. Husserl emphasized the necessity to investigate humans by connecting with them first-hand. He argued that communicating directly with individuals was a central element of a phenomenological study since the social and material sciences were vastly different. Next, Amedeo Giorgi (1970) adopted phenomenology in the psychological sciences to apply a human science approach to research. Giorgi argued that the methods used in the psychology field were just as important as its content. Before 1970, previous psychological research applied a materials science approach to the field. Giorgi underscored the need to examine social problems and experiences differently by identifying, defining, and creating meanings and concepts. Moreover, Giorgi created an approach “of a uniquely human science” through human interactions. (Wertz et al., 2011, p. 56). Accordingly, applying a phenomenological approach to this study permitted access to first-hand interactions with and experiences from participants.

Rationale and Researcher Positionality

In the summer of 2004, I relocated to Syracuse, NY to begin a 13-month master’s degree program in broadcast journalism. I was eager to begin a program that would further enhance my goals in journalism and provide me with valuable networking opportunities. My previous
experiences included telecommunication, production, and newspaper writing courses during my undergraduate career, but they were not sufficient to break into the competitive industry. Although I was nervous about entering my first week of “boot camp,” I had a deep desire to succeed. My responsibilities included producing, writing, and recording news stories in the community that involved transporting heavy production equipment to and from locations (before the days of selfie sticks, iPhones, and iPads!). Additionally, I conducted interviews, crafted multiple stories, and delivered evening news on air under intense deadline pressure. Although this was intimidating for a 24-year-old novice, I understood this opportunity would change the trajectory of my life and career. My 13-month course of study included rigorous academic offerings and hands-on learning opportunities that have proven to be invaluable.

One story I produced was about a young, single mother living with AIDS. We met at her residence, a shelter for people with AIDS, where I was to interview her on camera. I remember the sadness in her tear-filled eyes as she shared the details of her life, and the worry she expressed regarding the future of her young son whom she would soon hug and kiss goodbye. There was a resignation in her voice as she discussed her diagnosis and downplayed the gravity of her terminal illness. As I transcribed the interview, I felt empathy for a woman with whom I had little in common but had come to realize during the writing and editing process: any of us could be in her situation depending on our choices in education. She had unprotected sex that determined her fate. I was fortunate to learn and better understand her story and help her to feel comfortable to share it. I was drawn to her, specifically, since sexual health is a topic that affects everyone.

Upon graduating from Syracuse University, I moved to Washington, D.C. where I held many positions over the course of a decade: Press Secretary in the United States House of
Representatives; News Reporter and Videographer for ABC, NBC, and CBS News; Marketing Manager of a non-profit organization; Instructor at Northern Virginia Community College and George Mason University; Television Show Host for Arlington Television; and Writer for Northern Virginia Magazine. During my employment on Capitol Hill, I interacted with people with varying political, socio-economic, cultural, and geographical backgrounds. My job required relating to people who frequently held conflicting views. Working as a press secretary enhanced my communication and analytical skills, as well as my ability to articulate complex issues concisely. The process was challenging since it required dedication, flexibility, and stamina while simultaneously working with a variety of perspectives and opinions. As a news reporter and videographer, I met with and interviewed community members, policymakers, and professionals, daily. I have interviewed people from all backgrounds and demographics, from millionaire business people to the ill and dying to Purple Heart recipients.

There was a common denominator throughout my career: effective communication in the workplace led to success. This included interviewing diverse individuals to gain first-hand stories, insights, and knowledge about their experiences. Everyone had a story to tell, and my job was to help them feel comfortable to share their experiences. Moreover, I interpreted the information and conveyed these lived experiences with the community to better understand others’ perspectives. My education and career experiences continue to shape, impact, and influence who I am as an individual, educator, and a researcher. I am motivated by my personal relationships and understanding of the human experience, a reason I became a journalist and pursued a doctoral degree. Upon reflection, I have been guided by an interpretive and phenomenological approach to communicating with people, personally and professionally.
Pilot Study

Prior to data collection, I conducted a pilot study to evaluate the research instrument, the protocol of interview questions. Two individuals agreed to participate in a mock interview on the condition that they would remain anonymous. “Participant One” had a degree in engineering and worked for a private company. I chose to include him to get an “outsider’s” perspective who did not work in the field of education. “Participant Two” was a special education teacher at a high school with previous teaching experiences in elementary and middle schools; she had 28 years of teaching experience. I approached both individuals in person to explain the purpose of the pilot study and, upon permission, to interview them. They understood that the feedback would help assess the research and placement of questions by identifying items that were unclear or too complex and needed clarification. The pilot study provided an opportunity to evaluate interview techniques and observe participants’ nonverbal communication behaviors (e.g. laughter, pauses, head nod). We met in person at the individual’s convenience for approximately 45 minutes. I used a laptop to type their responses and feedback, as well as my observations of the interview and instrument. Occasionally, I asked for feedback regarding questions in that I thought were ambiguous or complex. Observations during these interviews resulted in revisions to the questionnaire (Appendix B). Accordingly, I reorganized, added, and removed some items from the questionnaire. Next, I will discuss feedback I received from each participant, then explain general revisions to the protocol.

Participant One

Participant One did not have teaching experience, which allowed me to assess questions more generally. I restated and reworded one probe when the participant asked for clarification; this provided constructive feedback that led to clearer questions. Next, I reorganized questions
and noted topics that were addressed more than once during the interview. Additionally, I revised one question that was addressed and discussed previously. This reduced redundancy in the questionnaire.

**Participant Two**

Participant Two offered interesting responses and perspectives. I gained valuable feedback that was reflected in the final draft. First, I asked Participant Two if she had taught SHE shortly after the beginning of the interview. She taught general health education but excluded SHE. I added this question to the final protocol of questions since SHE educators had the choice to teach the subject. Next, I asked if SHE was necessary to teach, and I discovered it was also essential to add, “Do you believe SHE is important?” as a follow-up question. Moreover, this question was placed at the end of the original questionnaire; but it became evident during the interview that this foundational question needed to precede subsequent questions. Next, I added specific language to one question after the participant asked, “What do you mean by this?” Finally, two questions were very similar to each other. The first question was closed-ended, and the subsequent question was open-ended. Thus, I deleted the closed-ended question.

I discovered the need to replace SHE with “sex ed” or “sex education” since neither participant had used or heard of SHE. This allowed for familiar language and a more relaxed conversation. I re-named Part 2 to *Background of Respondent*, and added a third section called, Part 3: *SHE Questions*, which organized parts by topic. Appendix A provides the original questionnaire, and Appendix B provides the revised and final questionnaire and the study’s research questions. There were several benefits of conducting a pilot study; I deleted questions that were redundant; rehearsed the interview, and re-worded, added, and reorganized questions. All revisions increased the quality and reliability of the instrument.
Research Design and Participant Selection

This study assumed a phenomenological approach by using an interpretive framework. Data collection consisted of a non-random sample population to identify specialized sources of relevant information about the topic. As a researcher, I used reflexivity in this study to increase my credibility and trustworthiness (Lunenburg & Irby, 2008). Nightingale & Cromby (1999) defined reflexivity as:

…an awareness of the researcher’s contribution to the construction of meanings throughout the research process, and an acknowledgment of the impossibility of remaining “outside of” one’s subject matter while conducting research. Reflexivity then urges us to explore the ways in which a researcher’s involvement with a particular study influences, acts upon and informs such research” (Nightingale & Cromby, 1999, p. 228).

I achieved this by remaining continuously aware of my role, participation, and construction of meanings throughout data collection and analysis. I was steadfast at acknowledging my role and presence during each interview to ensure credibility and accuracy of the research. For example, I purposely attempted to remain neutral by asking impartial, open-ended questions.

Given the research questions, I conducted semi-structured, one-on-one interviews with 11 SHE educators. The ratio of women to men participants - seven to four - was determined by the number of educators who were qualified to teach SHE and agreed to participate in this study. Participants were from three public high schools and one junior high school among three school districts in a mid-sized city in Indiana. All schools resided within proximity to one another within the same county. According to student profiles of each school, most students were White followed by an increasing Hispanic population. Schools varied across socio-economic, academic, and demographic statuses of teachers, families, and students throughout the community. The criteria of variation included educators who ranged in experience, from those with one year of teaching experience to educators nearing retirement. A second criterion of variation included
teachers who were or were not licensed health educators in the health and family and consumer sciences departments. However, they were qualified to teach sex education according to State education standards. These criteria revealed variations between educators and programs based on each educator’s perspective and expectations (Yin, 1984). Table 3 provides specific data regarding the County’s 2015-16 health outcomes.

Table 3

**County, State, and National Trends, 2015-2016**

<table>
<thead>
<tr>
<th>Health Factor</th>
<th>County</th>
<th>Indiana</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexually Transmitted Disease</td>
<td>616</td>
<td>438</td>
<td>479</td>
</tr>
<tr>
<td>(per 100,000 population)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teen Birth Rate</td>
<td>20</td>
<td>30</td>
<td>15</td>
</tr>
<tr>
<td>(per 1,000 female population ages 15-19)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV Prevalence Rate</td>
<td>94</td>
<td>196</td>
<td>49</td>
</tr>
<tr>
<td>(per 100,000 population ages 13+)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note: Data provided by the Indiana Department of Education, 2018*

**Setting and Locations**

**Public High School 1, District 1**

The first high school served 1,983 students in grades 9-12 and employed approximately 155 full-time teachers. At the time of data analysis, White students made up 51% of the student population. Hispanics accounted for 29%, Black students made up 14%, and Two or More Races comprised 5% enrollment. Economically disadvantaged students included 63% of the total population. Next, approximately 28% of the student population passed the math performance assessment, and 47% passed the English/Language Arts assessment. These numbers fell below State averages, 36% and 61%, respectively. The school had received a B letter grade in 2016-17;
the Corporation received a C as its letter grade for school accountability. According to the high school 2017-2018 Curriculum Handbook, students could elect to take ‘Child Development’ that addressed topics such as teenage pregnancy; prenatal care and development; and care of the infant, toddler, and preschooler. These classes were offered in the FACS Department; however, students were not required to complete a FACS course. According to the Assistant Superintendent for Secondary Curriculum and Instruction, health and physical education (P.E.) teachers offered SHE instruction, and students were required to take a minimum of one P.E. course. However, individual educators chose whether to include SHE in health instruction.

Overall, three licensed health educators participated in the study – two FACS and one P.E. teacher.

**Public High Schools 2 and 3, District 2**

The next two high schools resided within the same district. The first high school served 1,983 students in grades 9-12 and employed 114 full-time teachers. White students made up 79% of the student population. Minorities made up 17% of the student population: Hispanics accounted for 11%, and Black students and Two or More Races each comprised 3% enrollment. Economically disadvantaged students included 26% of the student body. Next, approximately 47% of the population passed the math performance assessment in 2016-17, and 66% passed the English/Language Arts assessment, which were above state averages, 36% and 61%, respectively. Additionally, the school received an A letter grade for school accountability in 2016-17. Three licensed health educators participated in the study – two FACS teachers and one P.E. teacher.

The next high school in this district served 1,777 students in grades 9-12 and had 120 full-time teachers. White students made up 74% of the student population. Minorities comprised
26% of the student population: 16% Hispanic, 6% Black, and 4% Two or More Races. Economically disadvantaged students accounted for 34% of the student body. Next, approximately 30% of the student body passed the math performance assessment in 2016-17, and 55% passed the English/Language Arts assessment. These scores fell below state averages. Overall, this school received a B letter grade for school accountability in 2016-17. Finally, two SHE educators participated in this study – one FACS and one P.E. teacher per department.

According to the school district’s 2017-2018 School Curriculum Guide, both high schools offered two classes called ‘Child Development’ and ‘Advanced Child Development’ in the FACS Department. The course topics included, but were not limited to, child development, parenting practices, adolescent pregnancy, human sexuality, and prenatal development.

**Public High School 4, District 3**

The fourth school in the third district was located within walking distance to a major University and was the only junior/senior high school in this study. The school had 1,129 students at the time of data analysis. It served students in grades 7-12 and employed 82 full-time teachers. White students made up 61% of the student population. Minorities accounted for 39% of the student population: 21% Asian, 6% Hispanic, 6% Black, and 6% Two or More Races. Economically disadvantaged students comprised 14% of the population. Next, approximately 71% of the student body passed the math performance assessment in 2016-17, and 84% of the students passed the English/Language Arts assessment. These scores were significantly higher than State averages. Overall, this school received an A letter grade for school accountability in 2016-17.

According to the Corporation’s Curriculum Secretary, students learned about sexual health and relationships beginning in 5th grade. The school district required all 8th grade students
to take health class, in either the fall or spring semester. The corporation elected to remove SHE
from the high school according to one P.E. and Health educator participant:

Our School Corporation decided to move sophomore level health down to the eighth
grade, which no one in the department agreed to. We were just told this is what [we are
doing.] We had no choice…The reasoning was…the administration felt that they were
losing an entire section of health to kids taking health online…parents are very math,
science, and they want to get everything else out of the way. Everything else is
unimportant unless they're a star in athletics or they’re a star in band or orchestra. So, a
lot of parents were having their kids take health online and in the summer. – Joni

Table 4 illustrates each school’s profile, and Figure 5 compares student profiles. Standardized
test scores, assessments, college readiness, and graduation rates were determining factors in
school rankings.

Table 4

*School Profiles, 2016-2018*

<table>
<thead>
<tr>
<th>School</th>
<th>Number of SHE Educators</th>
<th>Student Population</th>
<th>Rating</th>
<th>SHE Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3</td>
<td>1,983</td>
<td>C</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
<td>1,983</td>
<td>B</td>
<td>Yes</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
<td>1,777</td>
<td>A</td>
<td>Yes</td>
</tr>
<tr>
<td>4</td>
<td>3</td>
<td>1,129</td>
<td>A</td>
<td>Yes</td>
</tr>
</tbody>
</table>

*Note: Data provided by the Indiana Department of Education, 2018*

**Instrumentation**

The protocol of interview questions served as the study’s primary instrument and was
applied to participant interviews. Additionally, an audio device recorded each interview, upon
permission from participants. Interviews included asking probing questions, taking copious
supplemental notes during and after meetings, and observing participants’ nonverbal cues.

Secondary information, such as photos of textbooks and diagrams of anatomy, was included in data collection to examine patterns of teacher behavior (e.g. use of textbooks) more comprehensively. As a researcher, I sought to identify patterns and differences among interviewees of the study by interpreting and describing: “How comfortable are public school educators when communicating sexual health topics to adolescents for them to build a foundation to become sexually healthy adults?”

![Student Profile, 2018](https://www.doe.in.gov/)

*Figure 5. Student Profile, 2017-2018. Reprinted from Search School and Corporation Reports, In Indiana Department of Education., Retrieved on March 14, 2018 from [https://www.doe.in.gov/](https://www.doe.in.gov/).*

The goal of the protocol of questions was to understand the comfort levels that educators experienced when communicating sexual health to students. The concept of sexuality comfort was a theme throughout the protocol during each interview, and the guide comprised three parts.
Part 1 provided a profile of the respondents, Part 2 included the respondent’s background, and Part 3 provided questions about SHE. Although the questions were moderately-structured and ordered and asked the same in interviews, my intention was to engage participants in casual conversations before beginning the interviews. This assisted in building relationships and rapport with and establishing trust among them. The research questions determined how the protocol of questions were developed. Each interview started with a few minutes of general conversation. For example, I introduced myself and my role, shared background information about myself, provided the approximate length of the interview, acknowledged the value and contribution that the educator brought to the study, and explained the purpose of the research. I thanked interviewees for their time and participation and reminded them that their personal information and data were strictly confidential and anonymous. I emphasized that right or wrong answers did not exist, and they had the right to exit the interview at any time. Next, I established similarities by sharing my interest in the topic and connection to the school, school district, and the greater community. The questionnaire comprised mostly of open-ended questions, that encouraged, developed, and advanced dialogue. The beginning of each interview included general and non-threatening questions followed by more narrowly-focused, more sensitive questions toward the middle of our meeting. The instrument and interviews were created and conducted in a manner that established and fostered trust between the participant and me. I was responsible to ease nervousness and establish a standard of comfort where educators expressed their opinions and beliefs.

Questions 1 and 2, in Part 2, established a foundation and gained a basic understanding of the interviewee’s background and education. These questions were more general and directly related to the interviewee.
1. Can you describe your educational background?
   a. What teaching licenses do you have?
   b. What type of sexuality health training are you provided?
      i. How often or to what extent?

2. How would you describe your teaching style?
   a. How would you describe your teaching philosophy?
   b. (Probe if necessary)

Question 3 introduced the topic of discussion, and Questions 4 and 5 explored further into the context of SHE:

3. Tell me about how you teach sex ed. Perhaps, provide me with an example of a lesson.

4. How do you feel about teaching it?
   a. Why?

5. On a scale from 1 to 10 with 1 being very uncomfortable and 10 being very comfortable, where would you rate your comfort level when teaching sexual health topics? (e.g. STDs, teen pregnancy, methods of birth control, sexuality, gender)

The remaining questions were specific to the interviewee’s level of comfort teaching SHE.

Follow-up questions and probes varied depending on the participant. The final question served as a clearinghouse by asking if there was additional information they wanted to share, clarify, or add before closing the interview. Some participants added remarks or explanations to previous responses or questions, which served to collect additional data. With the participants’ permission, I used an audio recording device to collect data since it would be less arduous and distracting than relying solely on note taking. I explained the benefit of recording the interview to each participant, ensuring accuracy of their responses (Rubin & Rubin, 2012). I actively listened and engaged in the conversation and followed up with appropriate questions. Finally, I supplemented audio recordings, recollected information, and noted ideas or questions by taking notes during and after each interview.
Data Collection

April 2017 marked the start of data collection and lasted through January 2018 since participants were given an opportunity to provide member checks. Eleven SHE educators from one junior high and four high schools participated in this study. To begin, I requested an interview with each participant by seeking a letter or statement of agreement from central office and principals. Subsequently, I was granted permission to conduct research in the school districts and schools. To do this, I sent an e-mail to superintendents and principals explaining who I was and the purpose and significance of collecting information from SHE educators (Appendices H, I). In the e-mails, I requested a formal meeting to introduce myself and provide more information about the study. In total, I corresponded with three principals among four schools and three assistant superintendents among three school districts. Upon permission from administrators, I contacted SHE educators and requested interviews. Thereby, I sent an initial e-mail (Appendix J), like the messages sent to administrators and principals, to arrange an introductory meeting.

I requested the participation of 12 SHE educators; 11 agreed to contribute to the research and participated in the study. The 12th educator retired at the end of that school year and provided contact information of other P.E. and health educators. In total, I met with 12 SHE educators, 3 superintendents, 3 principals, and 3 administrative assistants. Finally, I met with and formally interviewed 11 participants who determined the location and time of the interview, typically conducted during a prep period or after school. Each interview was conducted face-to-face and in person (e.g., opposed to Skype) and lasted between 50 to 75 minutes. At the end of interviews, I requested secondary data that included photos of textbooks, diagrams, and videos. I entered data analysis after completing all interviews and collecting hundreds of data.
Data Analysis

This study offered an in-depth exploration into a topic that affects all individuals: sexual health. Conducting moderately-structured interviews and asking open-ended questions and probes provided comprehensive impressions, ideas, questions, and observations of the data. Next, consistency was central and essential during data collection and analysis to ensure credibility of the research. As the principle researcher and interviewer, I ensured dependability by using the same protocol for each interview. Probing questions varied among participant responses and typically encompassed, “Why?” and “How?” These served as neutral, open-ended follow-up questions. The same procedures were followed during data recruitment, collection, and analysis to guarantee accuracy in the research. The research questions and definition of sexuality comfort remained central throughout the entire study, which uncovered an understanding behind teachers’ responses (Yin, 1984). Audio recordings and original transcripts provided objective ways to fact check participants’ responses. This marked the beginning of data coding and analysis to begin and expand (Terrell, 2015). Additionally, I practiced “epoche,” by re-analyzing every transcript; this permitted me to approach the analytical process without bias and avoid contaminating data with personal beliefs and opinions (Terrell, 2015). Epoche is Greek and defined as abstaining from or setting aside previous research and knowledge about the topic (Wertz et. al, 2011). Thereby, the data were based on concrete anecdotes, examples, beliefs, and values rather than transferring prior research about the topic to the study.

From the first interview, I immersed and familiarized myself completely with the data to accurately represent an educator’s lived experience. In addition to listening to audio recordings and re-reading transcripts, I purposely and continuously drafted, reviewed, and edited codes, sub codes, and emerging themes (Appendix G). Concurrently, I absorbed readings and research
about qualitative methods to determine the most effective way to execute analysis. For example, I researched thematic analysis that Braun and Clarke (2006) defined, explained, and outlined in step-by-step procedures. I consciously and deliberately deferred coding until: (1) having gained a full measure of coding schemes, and (2) knowingly maintained the utmost confidence in the selection. The process, detailed in this section, took nearly five months to achieve. The next section addresses the methods that were selected to code the data.

Given the variety and amount of data that were collected, analysis consisted of simultaneous coding methods to categorize the data. This meant using multiple codes to establish a “start list” including: attribute, in vivo, provisional, and open coding (Saldana, 2009, p. 120). Since simultaneous codes are defined as using multiple types, the coding process primarily included using an inductive approach. Very little previous research investigated sexuality comfort of SHE educators, and the data in this study were numerous and varied. Theming the data applied in vivo and open coding that produced rich description and understanding, and space for themes to emerge. Alternatively, provisional coding applied a deductive approach by using aspects of Graham & Smith’s definition of sexuality comfort (Appendix E) and the CDC’s 16 SHE recommendations (Appendix C) as predetermined codes. Subsequently, I combined sub-codes and organized them into themes and sub-themes. Simultaneous coding was effective to analyze the type of data I had received.

To review how I achieved trustworthiness of the data, dependability of the research, and credibility as a researcher, I incorporated various strategies. First, reflexivity provided a flexible approach to analyzing the data in various and useful ways (e.g. simultaneous coding). Next, Epoche was used to re-analyze transcripts, which required collecting and reporting concrete anecdotes, quotes, examples, opinions, and beliefs from participants. Epoche required setting
aside personal knowledge and previous research on my part to avoid any bias during coding and analysis. Next, I shared the first coded transcript with a member of my dissertation committee to ensure accuracy and validity. Additionally, I used crosschecking as a strategy to increase the reliability of the data since I was the sole researcher. Therefore, I shared each participant’s transcript and emerging themes, providing an opportunity for them to make revisions. To increase the trustworthiness of the analytical process, participants were requested to read the entire transcript and offer corrections, clarifications, additions, and/or removals of information from the data. In total, two participants provided feedback and modifications; the others did not have revisions. Lastly, the same procedures were applied to each participant, and research questions remained the focus throughout the process.
CHAPTER 4: FINDINGS AND IMPLICATIONS

The purpose of this phenomenological study was to examine the comfort levels of high school teachers who communicated sex education to students. Participants brought forth authentic dimensions and meanings to the research questions and contributed new literature by sharing their personal experiences. Ultimately, I earned their trust and, to ensure their voices were heard in a sound and just way, my duty was to analyze and report the data accurately (White, 2017). Thus, Chapter 4 will outline the process and procedures that were used to analyze the data.

Educators provided first-hand descriptions and understandings of sexuality comfort and SHE, which produced social and contextual patterns in the data. Data collection and analysis were conducted in several steps to ensure thorough examination of the data and accuracy of the results. The subjects appeared eager to participate in the study and were open and communicative during interviews; this made data collection less formal and more conversational. They spoke about SHE issues including their comfort levels, teaching methods, barriers teaching SHE, and level of control they believed to possess. Every participant provided authenticity to the interview that enhanced the study. Chapter 4 organizes and reports the data in three sections: coding the data, identifying emergent themes, and identifying assertions that were discovered by simultaneous coding and applying thematic analysis (TA). This chapter examines candid and sensitive excerpts from educators and applies the definition of sexuality comfort to data that were collected. Finally, this chapter examines and describes emerging themes that surface from coding and analysis.
Coding Teacher Interviews

Simultaneous coding was used to categorize the data - personal anecdotes, information, and facts about SHE. Interviews were the most appropriate and effective method to obtain detailed information about this topic. The participants provided background information about themselves, and this represented the first cycle of coding, attribute coding, that revealed similarities and differences among participants outside and within school districts. Attribute coding (Table 5) provided foundational and demographic information about each participant such as number of years of experience teaching SHE and training opportunities. According to Saldana (2009), attribute coding “is appropriate for virtually all qualitative studies, but particularly for those with multiple participants and sites…” (p. 55).
Next, in vivo coding was used to quote participants’ words, phrases, and stories. The data consisted of detailed anecdotes and information; in vivo coding provided accuracy and an examination and organization of the topics. Eventually, themes, patterns, and subthemes emerged. In vivo coding has been used in a variety of qualitative studies (Strauss, 1987; as seen in Saldana, 2009, p. 74). Additionally, it was helpful for novice researchers “learning how to code data” (Saldana, 2009, p. 74). The third method used was open coding, which advanced the

<table>
<thead>
<tr>
<th>Educator Name</th>
<th>School District</th>
<th>Educator Title</th>
<th>Years Teaching SHE</th>
<th>Licensed Health Educator</th>
<th>Sex</th>
<th>Race</th>
<th>Offered Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tom</td>
<td>2</td>
<td>Health/PE Educator</td>
<td>7</td>
<td>Yes</td>
<td>M</td>
<td>White</td>
<td>No</td>
</tr>
<tr>
<td>Chrissy</td>
<td>4</td>
<td>FACS Educator</td>
<td>6</td>
<td>License in process</td>
<td>F</td>
<td>White</td>
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<tr>
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<td>11</td>
<td>Yes</td>
<td>M</td>
<td>White</td>
<td>No</td>
</tr>
<tr>
<td>Joni</td>
<td>4</td>
<td>Health/PE Educator</td>
<td>39</td>
<td>Yes</td>
<td>F</td>
<td>White</td>
<td>No</td>
</tr>
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<td>Kara</td>
<td>3</td>
<td>FACS Educator</td>
<td>14</td>
<td>Qualifies</td>
<td>F</td>
<td>White</td>
<td>2012 SHE Conference</td>
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<td>Landon</td>
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</tr>
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<td>M</td>
<td>Black</td>
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<td>Rita</td>
<td>3</td>
<td>FACS Educator; Department Head</td>
<td>27</td>
<td>Qualifies</td>
<td>F</td>
<td>White</td>
<td>No</td>
</tr>
<tr>
<td>Sherry</td>
<td>1</td>
<td>FACS Educator</td>
<td>8</td>
<td>License in process</td>
<td>F</td>
<td>White</td>
<td>No</td>
</tr>
<tr>
<td>Skye</td>
<td>1</td>
<td>FACS Educator</td>
<td>30</td>
<td>Yes</td>
<td>F</td>
<td>White</td>
<td>No</td>
</tr>
</tbody>
</table>
exploratory analysis by offering a general idea and broad understanding of participant responses and emerging themes (Denzin & 1978; Bernard & Ryan, 2010). For example, to understand how deaf children were treated by their classmates, Dixon (2011) analyzed and reanalyzed interview data using open coding. The data revealed and uncovered signs of bullying and enabled the researcher to classify and categorize types of bullying and coercion. Finally, the last code that was used in data analysis was provisional coding. This is a predetermined “…set of codes prior to fieldwork” (Saldana, 2009, p. 120). Two sets of predetermined codes were applied to the research in this study: Graham & Smith’s definition of sexuality comfort, and the CDC’s list of sexual health recommendations. while keeping the research questions at the helm of the analysis. Simultaneous coding provided accuracy of the findings by examining the hundreds of data that were collected in various manners. Each code was used multiple times to organize and examine the data. Giorgi’s (1970) four procedures were applied to code the data:

• Step 1
  o Listened to and read each transcript without judgement or preconceived notions;
  o Approached the data with an open lens;
  o Identified educators’ titles, job responsibilities and duties, educational backgrounds, teaching styles, and personal values and beliefs (e.g. attribute coding); and
  o Identified factors that influenced an educator’s teaching philosophy and values.

• Step 2
  o Differentiated between “units” of data;
• Used data only relevant to the research questions; units included words, sentences, and paragraphs (e.g. in vivo coding);
• Combined relevant information into codes (e.g. simultaneous, attribute, in vivo, open, and/or provisional codes)

- Step 3
  • Attached meanings to each unit to “…develop general knowledge” (Wertz et al., 2011, p. 132)
  • Broadened codes into major themes and sub-themes (e.g. communication, barriers, and/or comfort)

- Step 4
  • Organized and articulated the meaning of the phenomena holistically through understanding.

This section outlined the coding methods that were applied to the data. The next section will describe the method in which codes were analyzed and reveal four themes that resulted from cyclical and rigorous analysis.

**Thematic Analysis**

Thematic analysis (TA) interpreted the data by focusing on the study’s research questions. TA transformed codes into themes and linked categories to subcategories to examine participants’ experiences and truths. According to Braun and Clarke (2008, pp. 79-82), TA is,

…a method for identifying, analyzing, and reporting patterns (themes) within data. It minimally organizes and describes your data set in (rich) detail…A theme captures something important about the data in relation to the research question and represents some level of patterned response or meaning within the data set…researcher judgement is necessary to determine what a theme is.
This method used broad definitions of themes while providing an understanding of the core concept, sexuality comfort. I applied a realist paradigm by using an inductive approach; thus, asserting “…experience and meaning in a straightforward way…across the whole data set” (Potter & Wetherell, 1987; Widdicombe & Wooffitt, 1995; as seen in Braun & Clarke, pp. 85, 86). It was necessary to remain flexible throughout this systematic process, so I approached TA in six step-by-step phases. The first two stages paralleled Giorgi’s (1970) phenomenological coding procedures, while steps three through six focused on thematizing data:

1. Took notes during and after interviews, collated preliminary ideas, became familiar with data by reading and re-reading transcriptions;
2. Generated preliminary codes, discerned patterns across the data set;
3. Categorized relevant themes, examined every code as a potential theme;
4. Ensured accuracy of and connection to codes, created and analyzed a thematic map;
5. Identified, defined, and refined themes; named and gave meaning to themes; and
6. Reported findings, produced the report. (e.g. personal anecdotes, quotes, examples, and extracts corresponding to the study’s research questions and empirical literature).

This section addressed thematic analysis to evaluate hundreds of data and included and explained all the steps of the process. As a result, four themes emerged during the process, which the next section identifies and describes.

**Emerging Themes**

Upon analyzing the data, it was evident that sexuality comfort served as the core concept of the study. Table 6 displays a thematic map, step four of TA, from data analysis that distinguished 10 codes and included four themes d: (a) comfort level (b) communicating SHE (c) teaching strategies, and (4) obstacles teachers face. Next, Table 7 illustrates the core concept of
the study, sexuality comfort, and provides two examples of participant responses to exemplify emerging themes and subthemes. The following portion of this chapter will consist of four sections that contain direct excerpts from participant educators. The following data were collected and coded and supported each theme. The sections are organized by research question/s, theme, definition, and supporting data.

Table 6

*Thematic Map: Sexuality Comfort as Core Concept, Themes, Sub Themes*

<table>
<thead>
<tr>
<th>SEXUALITY COMFORT</th>
<th>Theme 1 Comfort Level</th>
<th>Theme 2 Communicating SHE</th>
<th>Theme 3 Teaching Strategies</th>
<th>Theme 4 Obstacles Teacher Face</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Feeling comfortable</td>
<td>2a. Interjecting beliefs, values, or opinions</td>
<td>3a. SHE topics</td>
<td>4a. Need for updated information</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2c. Responding to student questions</td>
<td></td>
<td>4c. Teaching gray areas</td>
<td></td>
</tr>
</tbody>
</table>
## Table 7

**Supporting Data of Emerging Themes and Sub-Themes**

<table>
<thead>
<tr>
<th>Theme and Subtheme</th>
<th>Example Interview Response</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme 1: Levels of Comfort</strong></td>
<td></td>
</tr>
</tbody>
</table>
| 1a. Feeling comfortable | Example 1  
I just found the more direct you were with them or open, it’s not a big deal, and I would kid with them a little bit at first, you know, I would say, “Penis.” |
| 1b. Feeling uncomfortable | Example 2  
I just give more detail…I just go into it deeper because I’m comfortable with it and think it’s important.  
Example 1  
There’s a number of times kids will come to me and say, “I'm pregnant; I haven’t told my mom.” Those are always uncomfortable.  
Example 2  
I don’t go into STDs or STIs too much, just how it might affect a child. |
| **Theme 2: Communicating SHE** | |
| 2a. Interjecting beliefs, values, and/or opinions | Example 1  
I try to keep my individual beliefs out of the mix. You know, like I said, unless the kids really pin me down like my stance on abortion.  
Example 2  
I tell them that abstinence is best. I tell them that’s what I firmly believe for every single reason: emotionally, physically, financially. I hit it hard. |
| 2b. R-e-s-p-e-c-t | Example 1  
I always made a conscious effort to be open to anybody because for all we knew, kids in the class were gay and we didn’t want to shut them down. |
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<th>Theme and Subtheme</th>
<th>Example Interview Response</th>
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| 2c. Responding to student questions | Example 2  
I don’t want you to be afraid to come to me if somebody is bothering you because of your sexual preference. Your sexual preference is nobody's business but yours and your partner’s.  
Example 1  
I had already figured out that sometimes kids sit around and think of questions to either stump me or see if they could embarrass me |
| **Theme 3: Teaching Strategies**  
3a. SHE topics | Example 2  
I would tackle questions about how I would respond if my son or daughter told me he/she is gay. I wouldn’t tackle personal questions about my past.  
Example 1  
I had already figured out that sometimes kids sit around and think of questions to either stump me or see if they could embarrass me |
| 3b. Using effective methods to teach | Example 2  
We would start with the importance of decisions, values, and standards way before we started talking about condoms.  
Example 1  
I said, “What do you want to talk about?” And one of the people said, “Let’s talk about sex.” And I said, “Okay, let’s talk about it.” And we talked. |
| **Theme 4: Obstacles teachers face**  
4a. Need for updated information | Example 2  
We have someone else come and talk to the girls about birth control and mammograms and Pap tests.  
Example 1  
No one said to me, “You know, hey, you're going to need to teach these kids all about contraception.”  
Example 2  
I try to come up with a movie that they could watch like, ‘Look Who's Talking.’ At the very beginning it shows the sperm going through. |
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<th>Example Interview Response</th>
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| 4b. Maturation levels of students | Example 2  
I don't think I ever got [professional development] about contraception, but, you know, in the beginning I did a lot of research.  
Example 1  
The kids are very interested. At first, they act a little silly, and it’s like their 8th graders. Whatever.  
Example 2  
The problem is you can’t really predict what they’re going to say. |
| 4c. Teaching Gray Areas     | Example 1  
[Birth control is] probably a line I don’t feel like getting into because it’s like, okay, what’s the next question going to be about? Or, then the kid goes home and says, “Mr. C. was encouraging me to use birth control.”  
Example 2  
Abortion is the only one I can think of. I just tell them, “Honey, you would probably want to Google that,” and that way I don't address it...I told them I'm not at liberty due to central office. |

**Levels of Comfort Teaching SHE**

During interviews, I asked each teacher, “On a scale from 1 to 10 with 1 being very uncomfortable and 10 being very comfortable, where would you be?” All of them provided a number between 1 and 10 and expressed feelings of both comfort and discomfort when teaching sex education. Follow up questions included, “Could you explain why you chose a … instead of a …?” And, “Could you describe why you feel (uncomfortable or comfortable)?” All participants stated that they were comfortable teaching abstinence. The first assertion examined educators’ feelings of comfort and discomfort surrounding human sexuality, and it applied the following
research question: How comfortable are educators when communicating sexual health topics to adolescents for them to build a foundation to become sexually healthy adults?

*Educator Excerpts of Feeling Comfortable Teaching SHE*

**Tom**
10/10. I usually develop a good rapport with my kids…we’ll talk about the scrotum. “Okay, the scrotum; the fellas, they're pretty finicky about the temperature they like…fellas, you jump in a cold pool or a cold pond what happens?” And they say, “Oh, they shrink up.” And I’ll say, “Absolutely. When they get cold they draw closer to the core, but a hot tub or a nice warm bath, then they get to swing.”

**Chrissy**
7/10. [I feel] comfortable teaching the facts and most current information. Some of their questions are personal that makes it a 7.

**Clark**
Probably 6 or 7/10. I’ve done it now for four years so the conversation, the warnings and the reminders of, “You’re supposed to be mature,” works pretty well and haven’t had any disaster scenarios.

**Joni**
8/10. I am comfortable discussing just about anything…I explained…what pro-choice means. “Pro-choice doesn't mean I'm pro-abortion or pro-life. It means you have to take all of the circumstances and make the choice that is right for you.” Then they usually ask me, “Have you ever had kids?” And I say, “No, I haven't because I chose not to have any. That doesn't mean I've ever had an abortion. That means I chose to take the steps not to get pregnant in the first place…there are options out there.”

**Kara**
10/10. I don't struggle talking about STIs or STDs because I think of it as a biological thing…I think because especially finding that HPV can cause different kinds of cancers, and cervical cancer is so incredibly deadly. I just don't struggle talking about those.

**Landon**
I thought it was gonna be a lot more uncomfortable…but I would say an 8 or 9 out of 10. Really, it’s whenever somebody gets immature and tries to make a joke, and that’s when I get upset or angry but for the most part, I’m pretty comfortable talking to them.

**Lena**
Oh, I'm like a 10/10. I have no issue…I love anatomy, physiology… I student taught at [a] school corporation; I was teaching eighth graders and that was a district where…I think it was like one out of two and a half girls were pregnant in high school, so they really encouraged me to teach it at the younger age. So that really built my confidence, and then I just became more comfortable…I think it's a fun topic, honestly. I feel so confident…absolutely.
Matthew
10/10. (confidence increased with experience)

Rita
…On a scale from 1 to 10, I probably have a 9 because they (the State) feel that abortion is an emotional issue. As well it could be, but I have been working on a PowerPoint that has no music. No, it’s just the facts, just like when we talk about STDs…I show them anatomy and genital warts growing out of the anus…you won't forget it.

Sherry
10/10. It’s comfortable maybe because I’m older. I don’t know. I have a way of teaching it so it’s not graphic. Maybe a younger teacher might make it more graphic. I try to be tasteful in certain subjects. I’ve had students who are very graphic when talking back to me. I’m not like that. You know what I mean? I’m not going around saying we should all act like gynecologists…So when I say I’m comfortable, it doesn’t mean I’m letting it all hang out; it just means I’m comfortable talking about it in a polite way that’s socially acceptable.

Skye
10/10. I just found the more direct you were with them or open, it’s not a big deal. And I would kid with them a little bit at first…I would say, “Penis!” and then I would say, “Oh my gosh she said “Penis.’” And it just kind of lightened things up a little bit.

Educator Excerpts of Feeling Uncomfortable Teaching SHE

Tom
The abortion things come up; those are the ones I’m really not comfortable discussing in class, and those are the ones that probably derail things. I just say, “We’re not gonna discuss it” …and I just re-direct the class. I just really don’t want to go down that line. I don’t know what would be appropriate. I don’t have any training in it, you know? What’s appropriate to talk about, what’s not.

Chrissy
Well, because of the nature of it, I usually just lecture. I’m not 100% comfortable having the small group discussion. I don’t know. I don’t know why. I guess I could. I just haven’t…[uncomfortable] discussing monthly menstrual cycles. Students are very attentive during this discussion …all eyes are engaged.

Clark
In my first semester going in, I was pretty nervous. Like, how’s this going to go? The biggest issue is just the cross-section of students cause you…have the really high academic kids who are looking at you like, yeah, I know this. You don’t need me. I don’t need to hear this from you. Then you have kids that you know have no knowledge whatsoever that scares you that they have no knowledge. So that makes it kind of uncomfortable but now that I’ve done it, I just do it.
**Joni**

I still am not sure what's going on in my students' brains. How comfortable are they? And knowing that there's a lot of misinformation out there...[I] lack time to sit down and really try to foresee every single question they're going to ask and be prepared for it...armed with facts without looking like I'm researching porn on my computer. There's a very fine line between what you research.

**Kara**

I have one slide essentially in child development that lets them know that [abortion] is an option, but I do not [teach it]...it's [the] hardest [topic] for me, and I think it's because I don't know much about it. Born and raised Catholic, number one, so I think from a belief system standpoint and the other standpoint is...them just thinking that, “I'm going to behave irresponsibly and get pregnant and I'm just going to use that as an option.” That's my fear.

**Landon**

I would probably not talk about abortion...I wouldn't talk about that [transgender topic]...I'd have to dig more into that to see if it's more of a disservice to the kid, or is there’s someone waiting on the other side because if the kid is gonna live in a foster home for several years, I don’t think that is something that I would want to talk about because it’s kind of a get out of free jail card for them.

**Lena**

I would say the different sexes...I’m you know verbal and literal, but I don't want to go into detail...we don't talk about gay/lesbians. I wouldn't want to talk about their relationship, their sexual relationship, in the sense of how to use protection. Those are things I would not feel comfortable talking about.

**Matthew**

I’ve never talked about condoms. I’ve never talked about protected sex... [it is] difficult to engage in conversation about the body since students are uncomfortable with it...

**Rita**

[I’m] uncomfortable if I know that I have a student in there that has an STD and I know...they’re always going to have it...that would be uncomfortable...you want to be sensitive to that person because at that point there's nothing they can do about it...it's a kid who had made a dumb choice.

**Sherry**

Probably how to handle the social stuff, the gender stuff and...abortion. Things that are politically charged are tougher for me.

**Skye**

Sometimes it was hard talking to kids who were sexually active. It seemed to be a lot easier talking to kids who were not.
Figure 6 displays sexual health topics that participants included in SHE instruction and felt comfortable teaching. For example, all participants addressed abstinence, but most of them did not formally address or teach sexuality preference and gender orientation or identity. This aligned with past research that found the majority of SHE programs did not include positive images of lesbian, gay, bisexual, and transgender (LGBT) topics. In fact, fewer than six percent of adolescents were provided with this information in 2015 (Guttmacher Institute, 2017). Figure 7 shows sexual health topics that educator participants excluded in SHE instruction to adhere to State policies. However, they stated that, if permitted, they would choose to teach them and, moreover, feel comfortable teaching these topics.
Figure 6. Current and Comfortable Teaching Topics.
Figure 7. SHE topics participants did not teach in SHE instruction but felt comfortable to teach if State policies permitted.
Communicating SHE to Students

To summarize, communication is a process of moving parts. It is the creation and exchange of verbal and nonverbal messages that result in the give and take of information between teachers and students. Confidence is an aspect of communication that requires self-assurance – or comfort - to talk about SHE issues. A characteristic of an effective communicator is understanding the feelings and views of individuals. In this study, all educator participants acknowledged having entered the classroom with preconceived beliefs, values, and opinions about human sexuality. Moreover, they found it challenging to leave their perspectives and thoughts at the classroom door and out of conversations; many of them openly shared their personal beliefs and opinions with students. The subthemes of communicating SHE to students are described in this section and include: interjecting beliefs, values, or opinions; responding to students’ questions; and the necessity of respect for all individuals. This section applied the following research question: How do educators communicate SHE to students?

**Educator excerpts of interjecting beliefs, values, or opinions:**

*Tom*
I probably put an emphasis on the miracle of life. That would be one area. You know, the gender thing and all that, I’m old enough that I come from, you know, the old joke that that was locker room chatter…we used some of that language, and I don’t use it in my classroom, or I try not, but I know I’ve got some of those biases.

*Chrissy*
I’m weary about teaching [contraception] because I don’t want them to go home and be like, “Well today at school we talked about this, and so-and-so said this and that.”

*Clark*
Nobody’s told me not to discuss anything, so I guess I have total control. My general attempt is to try to keep it based on facts…I certainly don’t want to editorialize my own views on it…we also do some discussions on a little bit more real-life aspect of sexual activity.
Joni
I just flat out tell them I am pro-choice…I say, “Now before you go “Agh!” I say, “I think a female has the right to choose. That doesn't mean I am not for abortion for abortion sake. It's not an excuse for unprotected sex, but there are plenty of circumstances under which a woman should have the right to choose to have an abortion…in some cultures women can't choose to use birth control, and I totally disagree with that.”

Kara
I always start off by telling them that I think it should be saved for a committed relationship, that it should be saved for marriage. And I tell them, “It's my own personal opinion, but I do not believe that it's something that you should be engaging in in high school because you always need to be ready for the possibility that you can have a child and none of you want to have a child…However, I know all of you will not follow that protocol, which is why I teach you how to have safe sex if you choose to do so” …Whether we want to believe it or not, [we] push forth our own morals and values without always realizing it.

Landon
Relationships, usually I try to use mine as examples ‘cause I’m okay talking about relationships. I enjoy talking about relationships, but I find that it’s difficult to not be one-sided. You know sometimes I feel like I’m yelling at the guys about how to treat women, so I try to make sure that I find some kind of medium in between there.

Lena
I ask, “How old do you have to be to buy condoms?” And it's amazing their answers. Most of them say 18 or 21. And I said, “There's no law; you can go into Walgreens, you go to Target.” I do mention a couple of those places, but it’s usually strictly for example…One student said, “Condoms at Payless are locked up.” And I said, “You’re right, because you know a lot of times people are too embarrassed to ask about those, and if you're too embarrassed to ask about condoms, you’re not old enough to engage in sex.”

Matthew
I tell them, “There is a double standard in our society that boys who are sexually active…get the reputation of being studs, and girls who are sexually active get the reputation of being sluts. That word. That’s the word I say. And you can see their eyes, the ones that know. Some of them probably don’t know what that means. I just tell them, “You need to understand this, that people talk. They say they won’t tell, but they talk. And they do. In today’s world of social media, especially, they talk and when they talk, everybody knows. And if you’re a guy, you’re a stud. And if you’re a girl, you’re a slut. And you might as well figure that out right now before you get to that point.” I don’t know if that’s sex ed, but that’s sex ed.

Rita
The value of marriage and the commitment and the bond that you have…these two people, handling this partnership and handling this little being that is about to change your lives forever. I also inject the beauty of birth, the beauty of human life, the value of
it…I discuss about the commitment to each other.

Sherry
We talk about alcohol and drugs and how that makes it way harder to say no…because your resistance to saying no is way impaired. But if you have it in your head and you have your own moral code and your own personal values…you’re not going to do it, then you know you’re going to say “no” no matter what. And if the guy is putting pressure on you, then you dump him—or girl...And to be proud that you’re going to say “no.” But if you’re going to drink and do drugs, then it’s way harder to say no.”

Skye
“Well, I think it's really hard to teach anything without interjecting your own personal beliefs and values. I’ll say that right up front…for instance, keep your religion out of it…I always made a conscious effort to be open to anybody because for all we knew kids in the class were gay, and we didn’t want to shut them down. And so, you’re going to have, in junior high of course, “That’s so gay.” And so I get into a long discussion about that. There wasn’t a chapter or anything (laughs). I mean maybe in a very progressive place there might be, but, at the same time, I wanted all kids to know it was a safe place.

Educator excerpts on Responding to Student Questions:

Tom
I had a question one time, “What do you think about double-bagging?” And I said, “Well, if you’re talking about using two condoms, I would say that’s a bad idea. My understanding is that the chance of failure is increased if you use two condoms at once.” I think they sometimes throw some stuff out there to see how hip he [teacher] is. So that’s how I try to handle most of the questions because they’ll try to trip you up or embarrass you, so if you really wanna know, here’s what I think, here’s the answer to that. I’m sure there were some [students] out there thinking, “Hmmm, I wonder what that is.”

Chrissy
There’s a section in the book that talks about it [contraception], so I cover it, and, yeah, I’m asked about it occasionally as we’re going through it.

Clark
I had a special ed student ask one time, “Why are we talking about this because sex is bad? You shouldn’t be talking about this.” I said, “It’s part of our course. It’s a part of health. It’s a health issue, so that’s why we address it.” I can’t remember, I probably ignored the part about sex is bad and tried to move on from that… Sometimes they want to ask questions about their own personal lives, and that’s where we have to say, “If you have a specific problem, this isn’t the right venue for that. We have guidance staff for those sorts of issues that can help.”

Joni
We were discussing how to prevent sexually transmitted diseases…this girl pops up with this question. I think the boys put her up to it. She goes, “So you’re saying I can get
herpes from…” and then she stammered, and stammered, and stammered, “…from a blowjob?” I kind of went, “Oh my God, no.” And I probably turned a little bit red because I didn't know whether to be angry with her or laugh. I had to take a minute to figure out how to respond, professionally, to her, but in that instant five boys literally fell out of their chairs onto the floor laughing, so it was kind of a group thing. I told her, “Well, first of all, we want to use correct terminology and that would be called oral sex, and yes, you can.”

_Kara_

I had one student say to me one time, “Were all your children planned?” And I looked at them and said, “Do you know what you just asked me?” And the kids sat there for a second and they said, “What?” I said, “Do you know what you just asked me?” And they looked at me. I said, “You basically asked me did I have sex for pleasure or to have a child?”

_Landon_

I overheard a couple students talking today and I just kind of shook my head…they said, “What, you don’t want to hear our personal conversation?” I said, “No, I just feel sorry for you because you’re not heading in the right direction. The things you guys are talking about, that’s the road that you’re going. Eventually, life is tough, and it will end up being that you’re going to come back one day saying, “I messed up…””

_Lena_

This past week I had a student who was trying to ask me a question without saying the words, and she was wanting to say ejaculation and she was just too embarrassed to say it because we were talking about bodily fluids and STIs. And I was like, “I think I know what you're asking, but I'm going to try to know by matching with your language.” And so sometimes they’re embarrassed to say those words.

_Matthew_

I offer an “Ask anything day.” [A student asked,] “Have you had sex with anyone besides your wife?” (teacher did not respond to personal question)

_Rita_

“What do you do if you're allergic to latex?” I've gotten that one. And I think, “Look at all the options we've covered, so there are options; or if you don't like the way something's working for you, there are other options…you don't need to be miserable.” I’m pretty open and I’m pretty blunt, so even if they do something to try and get my reaction, I don’t have a trouble addressing it. I mean, I’ve done this for 20-something years and it is what it is.

_Sherry_

They’ll ask me personal questions, and I’ll just say, “This is none of your business. Call 1-800-None-Ya.” And then they laugh. They’ll ask me about sex. They’ll ask me about marriage and relationships…it’s shocking…I’ve gotten every kind of oral sex question, every kind of anal sex question. I’ve gotten every kind of position question...I get
questions about what makes a man’s sperm count large or small. I’ve gotten questions about size of erections. I’ve gotten questions about size of vaginas…and I answer those questions.

Skye
They would ask questions about sex. They would be very curious about that…but you have to handle it. I would actually go into detail in terms of, “Well, if semen comes in the region of the vagina, there’s always a chance.” I would also talk about how you’re really more apt to pass STDs, especially HIV…so I’d use it as a teachable moment. I found that it couldn’t be, “Oh gross! We’re not gonna talk about that.” …You can’t do that cause then they kind of shut down in terms of what they’d ask.

**Educator excerpts for the Need for R-e-s-p-e-c-t:**

**Tom**
When anything close to [transgender topics] comes up, I refer to respect, respecting others and differences. And I usually say, “I don’t know what’s right or wrong.” I claim ignorance; that’s one area I don’t understand…. As a teacher and a human being, I think you just need to respect everyone and people are different whether you agree or not.

**Chrissy**
Everyone is different. (on educator acknowledging that abstinence is the right and only option)

**Clark**
From the very first day of class, we talk about how they’re going to have different opinions. “You’re going to get more out of it if people are willing to share things, so you have to be respectful.” …Last semester I had a student who basically came out after class. The conversation was on the verge of transgender issues, some gender questioning type thing, “What do I do?” I tried to encourage her to go see her guidance counselor…I followed up with the guidance counselor and she did [seek guidance].

**Joni**
I just flat out tell them…I'm not going to lie to them and I'm not going to not answer that question [about sexual preference]. But then I tell a follow up with why. If they asked me about, you know, how I feel about homosexuality, I'm just like, “It's none of my business. You know, I've known plenty of gay and lesbian people, as friends, and it’s like, I really don’t care.”

**Kara**
I really feel bad for the transgender kids because I do think that's one thing that we don’t discuss…there’s so much research that shows that suicide is much higher for out, transgender kiddos. And there’s a lot that could be talked about but…the district’s too conservative…it would be interesting to have that discussion with them.
Landon
I say what I think, but don’t try to push them in a way. I tell them it’s important to respect others’ opinions. “You can think or believe whatever you want, but you need to respect everybody else’s opinion, too.”

Lena
I start from the first day of school. I tell them we're going to have sensitive topics and that we’re going to have a sense of respect…they’ll say, “Well, I know a friend…” or “Someone in my family….” When that happens, I say, “Well that's awesome, but we don't want to share names. You know, we want to respect their privacy.” But I always tell them, “Thank you for sharing that because I know that must have been hard.”

Matthew
I tend to talk, uh, very frankly and honestly to kids. I think somebody needs to talk to them frankly and honestly…[I] talk “real” with them by using real terms such as penis and vagina…sex ed just touches the surface. There needs to be more depth and honesty. Superficial information is taught to students. For example, “abstinence is the answer.” We need to educate better...Talk about safe sex.

Rita
A couple of years ago, I said, “You need to be very careful because whether a person does or does not agree with homosexual[ity] does not make them homophobic. You could have very good friends…and not agree with their lifestyle.” I always encourage them to be very careful when they're making judgment calls on each other. I think you have to have respect; I don’t care what the situation is. You don't have to practice it…you have that choice to talk to them about that, but, at the same time…you still respect the person.

Sherry
I have kids who have gender identity issues, and I have kids going through the transition. And I teach openness and love…So when I talk about bullying, I teach that everybody—everyone needs to respect everyone else regardless of those choices because a lot of kids are going through questioning and being bullied.

Skye
I didn't get heavy into your own sexuality like gay and lesbian, although I wanted to…If anything, we're going to have to do more with the whole gender stuff, and it may make people mad, but it’s part of sexuality and we have to let kids know that’s okay if they feel attracted to a person of the same sex.

Teaching Strategies

Data revealed that most participants were comfortable teaching the basics of anatomy and general body systems. They required all students to use technical terminology during lessons (e.g. vagina, penis, ejaculation), and some permitted students to use slang terminology,
depending on the context of the conversation. Many teachers created various types of instructional material such as PowerPoint presentations, activities, and diagrams. Figures 8 and 9 include secondary data sources of female and male anatomy that a FACS educator from School 2 created for SHE instruction. Based on participant interviews, each school district’s health curricula required its students to complete a SHE course, which spanned from one day to one month, based on the educator. When teaching sensitive topics, such as birth control, some teachers hosted guest speakers. Finally, every participant expressed the need and importance of teaching comprehensive education, addressed in this section. Alternatively, a handful of participants chose against teaching abstinence-only education.

This section describes two subthemes: SHE topics and effective methods to teach them. The first subcategory, SHE topics, represented a cross-section of subjects that teachers included in SHE instruction and were comfortable to teach. Two research questions were applied in this section: What communication strategies do educators use to teach SHE? How do educators’ feelings and/or beliefs influence their instructional choices related to SHE topics?

**Educator Excerpts of SHE Topics**

**Tom**
We had 23 cases of chlamydia here. I tell kids, “The county does track certain trends.” Our school nurse shared that information with us that she got from the county. So we had 23 active cases…I look at it as a snapshot…I try and get it across that it’s not just stuff that we read in our book or not something that happens at other schools or big cities. It’s right here. There’s STDs and these are potential dating partners, and that’s one that I like because the kids are like, “What? Really?” I’d love to be privy to more of that information.

**Chrissy**
I go over the different forms of birth control…We talk about conception, so we have to talk about how it happens. I do cover family planning…I usually just try to give them the facts and then we move on.

**Clark**
STDs…you can make it cut and dry. “This is what it is. These are the symptoms. This is...
how you treat it…Syphilis, Gonorrhea, HIV/AIDS, Herpes.” That’s one (herpes) that they really have no idea about. They have no clue. And they have no idea that once you have it, you have it.

Joni
I tell the girls, “My mom was ahead of her time. When I had my very first period, I was a competitive swimmer, and I had a meet the next day, and she handed me tampons and instructions and said, “Here, don’t you ever use your period as an excuse out of anything.” We go through the 28-day cycle. “Here is when [you are] probably not at all likely…going to get pregnant, but it doesn't mean [you] can't get pregnant if you've never had a period and you have sex. If you become sexually active [and] the girl doesn't know when she's ovulates, there's no little flag that goes up and says, “Hello!” until her period actually starts.”

Kara
I still teach them about all the STIs, all the STDs. I teach them about ones that are most common for ones that are their age group, and that they could even be vaccinated against HPV, which can even cause certain types of cancer…In Human Development, we have an entire unit on peers and peer relationships, dating relationships, marriage relationships, breaking up, abuse.

Landon
I just try to talk about relationships…As a guy, I know what a lot of teenage boys want. “I’m sorry girls if they don’t want a relationship. They’re just telling you what you want to hear.” I just kind of throw in…abstinence. I say, “You shouldn’t be having sex with all these different people cause your relationships will fall apart…then I’ll talk about reasons why as far as relationships and STDs go.

Lena
We spend about a week on STIs. We spend another week on reproductive anatomy, a week on contraceptives…Pregnancy, conception…we spend four days on that.

Matthew
We will talk about avoiding sexually transmitted diseases, and that the only way to be sure you’re going to avoid that is abstinence. But we don’t spend a lot of time on that…I go into the physical changes of their bodies, and the fact that these things happen so that we can procreate… “Girls, you grow breasts; your hips widen. Boys, your testicles drop.”

Rita
Presenting the basic information is just easy. It just is. Anatomy and the function…Even easier than that would be teaching the STDs because they show the pictures…I address all [methods of birth control] and the success or the inability, failure…the planning, the effectiveness…I talk about abstinence…about how realistic is it.
Sherry
I talk about things like trust and respecting yourself, and peer pressure, sexual harassment, bullying, sexual pressure. We talk about alcohol and drugs and how that makes it way harder to say, “No.”

Skye
It dawned on me that we need to be doing more with date rape and sexual assault and date rape drugs… these kids aren’t that far from things that can happen in high school and beyond… We talk specifically about over-the-counter versus prescription drugs.

Figure 8. Secondary Data Source: Diagram of Female Anatomy Used in SHE Instruction. Provided by Rita (2017).
**Figure 9.** Secondary Data Source: Diagram of Male Anatomy Used in SHE Instruction. Provided by Rita (2017).

*Educator Examples of Effective Method to Teach SHE:*

**Tom**
I’ve had the best luck with…round robin reading – really old school – then I interject my personal experience, my interpretation, or expand on it; or, I’ll make little caveats to what the book says…some kids will come up and say, “I really don’t want to talk about this.” And I’ll say, “How ‘bout I find just a real small one [paragraph] for you.” I’d like them all to participate…to say penis out loud or vagina out loud. I usually try to be cognizant and take that into consideration and also try to encourage them…the pronunciation of some things that are embarrassing when they don’t know that.

**Chrissy**
[We] discuss vaccines for kids. Students have a project about HPV…they need to know what’s out there.
Clark
I think our course is valuable… it’s relevant in most of their lives on some level… We do a project on testicular cancer and self-examinations and how you can do self-examinations and then we bring someone in to do one on breast cancer awareness and self-examinations.

Joni
I love teaching the girls how to figure out their cycle. I tell the girls, “Did anybody ever teach you about keeping track on the calendar? I told them, “Put an X when you start, count 28 days, draw a circle.” I explain that to them.

Kara
I try to stay up with maybe popular trends…and try to integrate that…I think the “Ah-Ha” moment is…I say how many of you have seen ‘Straight Outta Compton?’ Typically, about half of them have seen it…They’ve seen the scene where he dies, and they’ve seen the scene where he's coughing, they see how he's sexually promiscuous…they don't show any of the consequences…each of them are given a different pipe cleaner…the green and the yellow are different infections…each of them are given a role, and I walk through how the immune system works…I introduce AIDS and show how it starts reducing the immune system, and after the end they're like, “I've heard of AIDS and I've heard of HIV a million times, and I've seen ‘Straight Out of Compton,’ see that he dies, but I didn’t understand what happened.”

Landon
[I] bring in resources from the YWCA. The lady talks about relationships and STDs…She’ll have them put a piece of tape on their arm and then pull it off and pass it two or three times and then hold it up and ask, “What’s on it? Sweat and hair? By the end it’s not sticking. It’s like your relationship. You’ve already left part of yourself back with the first person.” …I think we should teach it and there should also be outside sources if possible.

Lena
I tell them at the beginning, “It's okay to say vagina. It's okay to say penis.” And sometimes, you know, the words have never been out of their mouth before. So, it's important to set a good tone, a good culture for that topic.

Matthew
Before I taught here, 24 years ago, [I] was in a high school where there was a class full of pregnant girls…we had a discussion once and I said, “What do you want to talk about?” And one person said, “Let’s talk about sex.” And I said, “Okay, let’s talk about it.” And we talked. And I tell this story all the time. This one girl said, I’ll never forget, “Everybody tells us to say no, but nobody says how difficult it will be to say no when you get to that point.” …Like she says, nobody says how hard, in that moment, it is to just say no and stop, and that hit me like a ton of bricks. And I thought, “She’s right,” which is why I don’t tell [students] to “Say no.” I simply tell them, “You must decide today how you’re going to respond, so you don’t have to make that decision in the heat of
the moment. You’ve already made your decision.”

*Rita*
I hand out a piece of paper…they write down any of the crude terms they've ever heard in the locker rooms or whatever…some kids [are] sitting there writing and they're turning red. Some kids are laughing like, “Do believe this? Well, I'll educate, I'll tell her.” …I get these back…I fish through them, and they're watching for my reaction…that's when I tell them, “Okay, you will not use any [of these] terms, and this is how we will handle it: If you do not know what the correct term is, you may ask me for permission to say the word. We will identify what the correct term is, and we will move on…I know what you know because you just told me on this piece of paper.”

*Sherry*
When I’m lecturing, I think I do pretty well and then discussion…but hands-on projects and learning on their own is important, too. I feel like I do the most good when I am explaining from my experience since I have kids…I had a C-section and a regular vaginal birth, so I’m able to explain all that…way easier and natural than [using] just the book.

*Skye*
We created and updated packets every year and had a textbook just as a resource. There was one particular activity we did where they had to fill out a chart and it would be like methods of contraception down the left, and across the top would be how it works, costs, where to get it, side effects. We almost always worked out of a guide that would go along with guest speakers… I would like to see a standard that says that every child in Indiana by the age of 14-15 has knowledge of conception, how STDs and STIs are passed, prevention. We certainly do that in English and Math (laughs). And you could argue that this is more important.

Figure 10 illustrates the number of participants who incorporated various teaching methods in SHE Lessons. Finally, Figures 11 and 12 include photographs of Health and FACS textbooks that teachers may or may not have used to teach sex education.
Figure 10. Number of Participant Educators Who Used Various Types of Teaching Methods.
Obstacles Teachers Face

Obstacles or barriers are defined as challenges associated with teaching SHE. This section will address challenges that SHE teachers faced that include a lack of updated information, State policies, and the maturation levels of students. The following research question applied to this theme: What barriers do educators face when implementing SHE?
**Educator Excerpts of the Need for Updated Information:**

*Tom*
Our textbook gets pretty dated…right now material [is] 8-10 years old…everything is abstinence in the book, but there are other sexual practices besides intercourse…any sexual practice can lead to sexual disease…I’ll interject or try to clarify other practices besides intercourse that can lead to STDs…There are scare tactics that are in the book. I really don’t like some of it…it throws AIDS out there and HIV…it talks about uncircumcised penises having higher incidents of HIV…

*Chrissy*
…one of the first things I asked when I started teaching…whether I could talk about contraception and things like that. And the answer I got was, “Well, whatever you do, make sure that you stress that they talk to their parents about any other issues they may have. So, I mean that wasn’t a very definitive answer (laughs).

*Clark*
We don’t use the textbook a whole lot. They don’t get their own book. We only have a classroom set, so, from that standpoint, we have a PowerPoint that I use when we do sexually transmitted diseases.

*Joni*
When we went to the last textbook, so that was seven years ago…nobody was teaching health at the elementary level…the kids don't know the structure and function [of the body] … [Sexual preference] hasn't been in any of our textbooks… I have had some kids ask about gay relationships…I have plenty of students who are gay or lesbian and most of them don't come right out and say it…I have had one boy go, “You know Mrs. J., you know I'm gay, right?” I go, “I kind of suspected… Your sexual preference is nobody's business but yours and your partner’s.”

*Landon*
The hardest part is overall knowledge…some of the statistics are off in the [textbook from 2011]. I would try to fill those in with personal experiences or consequences…I can’t pull out a lot of those statistics from mid-air, so trying to research all of those. And kids will go off the charts and ask you about something else and you don’t always know. I was uncomfortable telling them, “I don’t know that.”

*Lena*
We have this ancient text…they're seven years old, so 2010, 2011…things change…that means I'll create curriculum for new state standards that are completely different…it is important they know the real information…I probably don’t have to go into detail, but I choose to…we don't read the text too much.

*Matthew*
Superficial information is taught to students. For example, “Abstinence is the answer.” We act like it doesn’t exist. We act like sex doesn’t exist. We act like kids don’t have
sex…We don’t have anything that mandates we talk about it…Our textbook has a short blurb about abstinence, but we don’t spend a lot of time on that…there is much misinformation…We need to educate better.

*Kara*
Abortion I would say…I struggle with that because I want to talk about that, but [the textbook and school district] are so conservative…training is mostly self-sought out. I have a very good friend who is an OB, and I ask her and her wife frequently because her wife is a…general practitioner…And so she's my go-to. And I have another friend who's a pediatrician so she's my other go to.

*Rita*
Oh, the textbook is very weak. I mean it doesn't show anything as far as it doesn't have any visuals of a uterus…we talk about those types of things…they can go in deeper than that…and if not, [students] have more questions. Yeah, I don't even use the book because it is so weak…I have a doctor friend and two nurse friends that, if I have questions, I can go to if something's coming up…It's just [challenging] keeping up on my knowledge.

*Sherry*
I’ll basically write my own curriculum for how and when I’ll spend time on what…it’s a lot…Now the [school district] is combining child development and parenting…two different things…I have to figure it out.

*Skye*
It is really hard to find tools, almost harder than it was 15-20 years ago. I've worked for a long time to update my toolbox on contraception. I couldn't find one [video]. It's just that we don’t have up-to-date materials from, you know, corporations that, I guess, dare to teach this stuff…[I] have to constantly update the knowledge because it changes. Oh, this is no longer on the market. Okay, this was taken off the market…the textbook that presented the methods of contraception, they took it out. They took out the chart activity in the textbook that I used in class…obviously, I don’t teach abstinence-only because I wouldn’t teach the rest of it…

**Educator Examples of Maturation Levels of Students:**

*Tom*
Mostly sophomores is the big majority, but I do have anyone from freshman to seniors. There could be a scattering of one or two from any of those classes…They are a little too immature as freshman. They’re pretty squirrely…I’ll have a couple seniors like, “Grow up.” You know, they’ll tell the sophomores who are giggling about something.

*Chrissy*
They need to know what’s out there that their parents may not know about…it is taught to all 8th graders in health classes, but 8th grade is too young.
Clark
Sometimes it’s difficult because you have such a cross-section of the student body in these classes. You have really high academic kids; you have low academic kids; you have special ed kids. So sometimes less mature kids or trying to gain attention by asking a question that’s kind of crossed the line for appropriateness. Occasionally, we’ll have special ed kids that don’t have social skills that make this very inappropriate.

Joni
Our contention about sophomore level health [moving] to health being taught at the 8th grade level is the maturation level. They don't have the tools, the maturation, to handle it, and then they're still not grown up enough to start applying what they have learned. I mean, it's like handing somebody a driver's license and say here go drive a car...you say something just not quite right and it blows out of proportion.

Kara
I really wish I could be super honest with them about [sex]. I really do. I know I never could because their age and their maturity level.

Landon
[Discussion] was something about rape, and I was talking about how they need to go to the hospital and get a rape kit and have everything tested and he said, “Oh, so she’s just supposed to walk around for a couple days with all up in her?” I don’t know what word he used (teacher avoids saying the word). And he tried to get a laugh out of them...and there’s not too much longer before he’s a man.

Lena
High school students, they know what sex is, but they don't realize that sex is all sexes...sometimes that's frustrating because I try and get the point across and they’re just maybe immature for the topic. So I have those students who are immature...maybe they feel self-conscious talking...

Matthew
Seventh graders are challenging. They don’t retain the information. 8th graders are more responsive physically and emotionally...mostly 7th graders don’t want to talk about it.

Rita
I have this one video. I show the part where it shows an actual womb; it shows actual ovaries, actual eggs bursting out, and the girls go “ewwwww!” and I'm thinking, girls that is happening to you every month...I get crude terminology; they really don't know what it even does and the purpose in it.

Sherry
You do have to keep it appropriate because you’re going to have class clowns, 9th grade class clowns who are going to go, “Woo!” Teaching is the hardest thing because you have to know how to do so many things. You’re the cop, and you’re the friend, and you’re the mother.
Skye
Here is the challenge: You have so many different kids at very different places. You may have a 7th grader who is having sex. You may have a 6th grader who just started to menstruate. You may have an 8th grader who’s not straight…You’re going to have in junior high, of course, “That’s so gay.”

**Educator Excerpts on Teaching Gray Areas:**

**Tom**
“Can I take the pill?” I know kids have questions. I’ve had kids come in and ask me about the morning after [pill]. They want to know, “Hey my girlfriend’s, ya know, we did something the other night.” And here’s what I know: this is just the two of us; this isn’t a classroom thing, this is a one-on-one thing. And I’ll say, “There is such a thing. It’s a limited time, it’s available from your pharmacist without a prescription, but you have to go to the pharmacy and ask for it.”

**Chrissy**
We talk about conception, so we have to talk about how it happens…I do cover family planning. So, the state standards – I had to go back and look at them actually – the state standards are very vague. It just says…the wording is really weird. It just says cover controversial topics or issues or emerging science, so that’s how I kind of justify the family planning thing.

**Clark**
I don’t believe in [teaching abstinence-only] because I don’t think it’s relevant to reality. I think if you try to teach that, the kids who don’t believe the information are just gonna tune you out, “This doesn’t apply to me. You’re going to try to tell me to do this and I’m already sexually active?” …One of the things we talk about is, “What do you think qualifies as sexually active?” And then so many of them are like, “Oral sex, well that’s not really sex.” [I respond,] “Well what kind of sexually transmitted diseases could you get from oral sex?” Sometimes you can see lights coming on like, “Oh, I didn’t know that.”

**Joni**
The state says we are required to teach abstinence-only but we are realistic. There is a pressure to be sexually active. We provide as much info as possible in order to make an informed decision.

**Kara**
I had two girls last year that were actually lesbians that had quite a few questions…It didn't bother me at all…if anything, I think I probably addressed it even more so because these two girls had come from a home life that was less than fabulous, and I knew they weren't going to get that information accurately in the house.
Landon
I tell them, “You know, Indiana tells me that you need to practice abstinence. I hear some of your conversations, and I know you’re sleeping with someone and hope that you’re using some type of protection.” I guess that’s my way of throwing [protection] in cause there’s a gray area. I don’t know why you can’t teach both... You should be abstinent but if you’re not, use protection... I don’t talk about birth control or condoms cause of state standards. You know, I don’t play dumb. I try to throw it in at the end, “If you are sexually active then I hope you are using something.”

Lena
Abortion is probably the one that I have to be careful about... the reason I bring it up is because we talk about miscarriage. Another word for miscarriage is spontaneous abortion, and sometimes they get those confused. I talk about how abortion is a planned termination of the baby, but I also talk about how people feel sometimes regrettable. And then I show them Indiana state law; you can get an abortion for things like that.

Rita
[The State] feels that abortion is an emotional issue... it discourages [it]... music can draw you into the emotional part of it... but I have been working on a PowerPoint that has no music. No, it's just the facts. Just like when we talk about STDs... I show them... genital warts growing out of the anus... you won’t forget it.

Sherry
I had [a writing exercise] on Brad Pitt and Angelina. Some people were judging them because they let little Shiloh dress as a boy, which for whatever reason Shiloh wants to dress as a boy. I like to get kids’ opinions, too. I like to know how they feel. 100% of them wrote that Brad and Angelina are good parents by letting Shiloh dress as a boy. 100%! All 150 of my kids said the exact same thing.

Skye
I kind of felt like there was this invisible line. Like, I didn't go to the point where, “Okay, here’s the condom. Let’s pass it around.” But I would show movies, and it would demonstrate, you know, how to put a condom on or walk them through it.

Findings

This phenomenological study provided valuable, first-hand information from 11 educator participants. Their contributions significantly added to the depth and breadth of SHE by offering a microcosm of shared experiences among sexual health educators in one community. “The dissertation process is a recursive process involving moving forward, revising, moving a bit more forward, and revising...” (White, 2017, p. 206). Themes were closely related, and
subthemes often intersected during data analysis and created commonalities. Hence, it was necessary to provide as much time to analyze themes and subthemes until the key findings reflected and represented the data accurately and with certainty. The themes and subthemes led to three key assertions that emerged from the data. The first assertion recognized the duty of sex education programs and policymakers. The second assertion maintained the duty of school districts and administrators, and the third explained the role of SHE educators. These assertions provided a voice to each participant by providing a platform for them to convey their beliefs and experiences. Likewise, assertions can offer K-12 administrators with a better awareness and understanding of SHE policies and its effects on teachers and students. The assertions are described below, and selected exemplar excerpts from the data are included to support the claims.

**Assertion 1: An inclusive sexual health education can provide educators with more sexuality comfort.**

A duty of sexual health education in public schools is to provide a varied learning environment that reflects an all-encompassing representation of human sexuality. At the core of education is communication, which is essential to function. It utilizes the five senses and builds and sustains social relationships. A central and significant characteristic of effective communication is inclusivity, which may lead to increased levels of sexuality comfort. Inclusiveness means to be comprehensive and broad in scope. If applied to SHE, inclusivity may provide policies that permit educators to teach material to *every kind of student*: students who were sexually abstinent or active, straight or gay, victims of sexual assault or abuse, and teens struggling with gender identity or orientation. Rather than enforcing an ideological agenda, providing an inclusive learning environment would mean representing all students’ values,
respectfully. Previous research has shown that an increased percentage of adolescents who are gay, lesbian, bisexual, and questioning seek alternative sources for education. According to the Guttmacher Institute (2017), “In 2010, 19% of heterosexual youth, 40% of questioning youth, 65% of bisexual youth, and 78% of lesbian/gay/queer youth aged 13–18 reported that they had used the Internet to look up sexual health information in the past year (para. 4, sec. 3).”

Current Indiana SHE programs, and policies exclude specific individuals. The data revealed that educators lacked complete comfortability and honesty when teaching sex education since they were not permitted, by law, to address certain topics that, inevitably, excluded groups in the student population. Participants reported feeling uncomfortable and vulnerable when students remarked or asked about topics such as abortion, sexual preference, date rape, contraception, oral sex, and/or gender orientation, and they pointed to three main reasons. First, every educator expressed a dissatisfaction with current SHE policies; they felt uncomfortable and unsure how to teeter between State standards and providing candid and accurate information to students.

It’s still like this taboo topic - let’s not upset this person, or this person on the school board, or let’s not do this. And I think if they would do the research they'd find that parents really want their kids to know. – Skye

Lena underscored this by stressing the necessity and practicality, yet challenge, of teaching sensitive topics:

Oftentimes, students didn't know...they just don't know there's different types of sex, or that you can get an STI from oral sex, and to me it's mind-blowing...kids are just curious...I just have to say, “We're not going to talk about that.” As long as I’m following the textbook and standards, I’m pretty good...I can’t literally take a condom to a banana. That would be frowned upon...I have to be careful about telling students, “There is a right way, there is a wrong way, there's directions inside the package, they break; you can't wear double condoms.” That's all I really can say...the way I explain it is, “It will be from mouth to vagina or mouth to penis.” So, like very broad, but I don't call it oral sex. Now if a kid has a question then I'll say, “Yes, that's oral sex,” but I have to explain it like mouth to penis.” – Lena
Moreover, Lena believed that offering comprehensive education would produce healthier and smarter students.

…You’re talking to you 1,700 students in the building, there's going to be kids who are not going to be abstinent…those big chunks of kids, what can we do to help them? I’d much rather them be educated on how to use a condom than to have a baby or to have an STI. I just think they should be knowledgeable, so comprehensive I think is the better way…at the end of the day, they’re high schoolers. They’re curious…they get it from their friends, and they don’t know what they’re talking about sometimes. So, I think if they get it from a trusted person, it’s in their benefit. – Lena

The second reason why participants reported feeling uncomfortable was SHE policies that prevented or discouraged classroom discussions about gender identity and orientation and sexual preference. This led to an exclusion and segregation of individuals. During data collection, teachers shared encounters they had with students about gender identification, sexual preference, and abortion. Many of these were private, interpersonal conversations with one or two students after class or during a teacher’s prep hour. Alternatively, with an entire class of students, the findings appeared to show that teachers typically managed these conversations by using avoidance, deflection, and/or humor.

Abortion…I just tell them, “Honey, you would probably want to Google that. And that way I don't address it.” But they can get the information, because, let's face it, they can get it. – Rita

I have had some kids ask about gay relationships and I say, “Girls, first of all, if you go to a movie with a guy who is gay, you don't have to worry about date rape…the biggest blow to your ego is going to be if some guy tries to pick up your date.” And they're like, “Oh!” And so, they think it's funny. – Joni

The third reason why participants reported feeling uncomfortable and vulnerable addressing controversial topics was an apprehension about the consequences or negative reactions from parents, students, and administrators. Therefore, they decided against teaching certain topics, which, they said, led to a lack of educator control and agency when planning the curriculum and lessons. While they reported a willingness to communicate, policies prevented them from
teaching certain topics. For example, school administrators directed Landon to adhere to the instructional requirements of the school. Additionally, he had to receive approval for the final exam from a school administrator. Consequently, he believed students lacked key takeaways about sexual health.

Even in the first semester, I asked about changing some of [the curriculum], and it just didn’t seem like I was getting anywhere. I don’t want to say that I teach toward the final, but I have to make sure that I cover the things that are going to be on there…I don’t talk about birth control or condoms, [or] abortion ‘cause of State standards. I don’t really get into it because, I guess, I don’t know how much trouble I could get into…I’d rather talk about that stuff. I think it’s more important, more realistic. – Landon

Echoing Landon’s sentiments, Matthew emphasized his responsibility to impart information about “life” and “practical things” to students:

Somebody once said in this building, “You can’t get pregnant the first time you have sex.” That’s not true! So, I make a point of saying, “If your body’s ready, and you choose to have sex, you can father a child; you can carry a child.” There is much misinformation…and we’ve had at least two junior high pregnancies in this wonderful little utopian school of ours since I’ve been here, so we need to talk about it with these younger kids for sure. – Matthew

The examples above highlighted how populations of the student body were excluded, which resulted in kids feeling a lack of belonging or ‘otherness.’ Skye said that taking a practical approach to SHE would accurately represent every student. She acknowledged that current programs excluded parts of the student population, but would eventually become commonplace conversations in classrooms, regardless of State policies.

[Gender identity] is definitely an issue, and we probably talk about that a little bit…I was with my daughter at a friend’s pool one day, and it was really interesting. They were sixth and seventh graders having this sort of light-hearted conversation about gender identification like, “I identify as a…(laughter).” I just listened, and I thought, “Well isn’t that interesting.” I think that it will be important to people who are discussing these things to be open. Saying, “I know this is hard to understand how this is clearly a man or clearly a woman, but you know, we're not in their shoes.” You have to go, “How’s it hurting me? It may be odd in your mind; maybe you don't understand it completely…” But as a teacher you definitely have to be aware of it, and they’ll probably be more out about it down the road. – Skye
Upon in-depth analysis of the data, the practice of teaching inclusive sex education that applies to all students is an essential first step to increasing an educator’s sexuality comfort. Inclusiveness would provide all students with a sense of belonging and well-being. There is a need for SHE policies that permit educators, without apprehension, to teach material to adolescents who are sexually abstinent and active; straight, gay, and questioning; victims of sexual assault and abuse, and questions or struggling with gender identity.

The first assertion claimed that a duty of sexual health education in public schools was to provide an inclusive learning environment to all students to help them build a foundation to become sexually healthy adults. SHE policies dictated which topics teachers included in their lessons. For educators to be more comfortable teaching human sexuality, policies that represent and reflect all students are necessary. To review, participants reported three primary reasons why they lacked sexuality including:

1. a dissatisfaction with current SHE policies;
2. a lack of control and agency discussing gender orientation and sexual preference; and
3. the likelihood of receiving negative criticism from students, parents, and administrators.

The next assertion focused on the duty of school districts and administrators.

**Assertion 2: Teacher training and instructional materials affect an educator’s willingness to communicate and the level of sexuality comfort.**

School districts and leaders are responsible for distributing accurate and timely instructional material to educators. The data uncovered a positive association between sexuality comfort and knowledge about sexuality, which confirms previous literature. Providing teachers with current knowledge and education (e.g. trainings) can raise their willingness to communicate
and, ultimately, comfort levels. Teachers stated that training opportunities were neither accessible nor provided by school districts or the State. In fact, most educators said that a college course was their last formal opportunity to learn about sexual health (p. 48). Tom has seven years of teaching experience and has had little to no training, which was apparent when he responded to questions about topics in which he was unfamiliar:

For a while there, about a year ago, when they were talking about the restrooms, kids would ask me:

Students: What would you think if I went [in the boys/girls’ restroom]?
Teacher: Shut up, shut up. What, are you going to go in the girls’ restroom?
Students: I could if I wanted to.
Teacher: Yeah, I guess you could, couldn’t you.

I just try to make light of it and move on ‘cause I really didn’t have anything wise to impart to them…. I don’t know what would be appropriate. I don’t have any training in it, you know, what’s appropriate to talk about, what’s not. – Tom

Lena shared a similar experience that she sidestepped:

We don't talk about [rape]…I knew about it, but I don't bring it up. I don't know the research behind it, and I don't want to speak ill of something I don't know about…Kids know what it is, and kids sometimes don't, and it is hard because kids will have this misconception on what it is, and I say, “Well, maybe you should do your research.” I can't explain it to them. – Lena

Participants expressed concern and resignation about the lack of training offered by the school district, which likely decreased their confidence in their knowledge and skills, and certainly affected topics they taught. Matthew was neither confident nor comfortable addressing the topic of emotions and elected to exclude it.

There is an emotional aspect of teaching sex ed, and I am not equipped to teach this. Fortunately, this aspect does not arise during lessons. – Matthew

As an alternative to trainings many teachers sought material from a trusted doctor-friend or nurse, or the Internet. Still, they felt uncomfortable in their skills and abilities to communicate
about various topics. Joni provided an example of a conversation she had with students about IUDs:

> I might be a little nervous how the girls are going to take this, and how do I word everything so that I don't come across like…I don't know what I'm talking about…Of course, they didn't understand the IUD, and I'm like, “You know, I'm not sure anybody really understands how an IUD works.” – *Joni*

What’s more, Joni felt ill-equipped when responding to a question:

> I had a student ask me what blue balls were…so I pulled him aside after class and said, “Joe, look, don't sit around and try to come up with questions that are going to embarrass me…I'm not going to bluff my way through an answer. I will get back to you if you really want to know the answer to a question. I'll do some research and get back to you, but I don't have the answer on the spot.” – *Joni*

The data revealed a need for teachers to be proficient at recognizing and understanding SHE terminology that is age appropriate and relatable for students to understand. This supports and confirms literature reviewed that reported the need for teachers and students to converse in a relatable way. Although many educators prohibited students from using slang terms, it is necessary for teachers to be cognizant of common words and phrases that have meaning to teenagers in social contexts and situations.

> I give them an anatomy drawing, and I ask them to, “Label and tell me what it does…and what happens is I get crude terms for the scrotum, the testicles, the labia…[so] I do know what they know. – *Rita*

Lena’s biggest challenge was pairing intangible and abstract terminology with corresponding visualizations:

> Terminology is most difficult just because it's all new information…and having to teach…abstract things like talking about sex…It's so abstract that they have to see a visualization, and I can't always provide a visualization…I have to tell them because they just don't know. – *Lena*
A lack of district or State-supported training opportunities prevented educators from teaching recent facts and statistics that affected adolescents. This was seen when Kara described a female student who was gay and identified as a boy:

I heard [teachers] say, “Hey do you have so-and-so in class? That student likes to be called Skyler because it's unisex.” Like even the teachers, “So do you say him; do you say her?” So, I think what you don't know is scary. I mean, I think that's human…I have one. I'm very close to her. She's a junior and she is a lesbian…she identifies more as a male than a female. I mean she uses our male restrooms...she beats to her own drum and she’s going to let them have it if they say something to her. I'll be very honest, she's heavier set…Her breasts don't appear as noticeable. They kind of blend with the rest of her body. She wears hats. I thought she was a boy when I first had her on my roster three years ago. – Kara

This data revealed that teachers lacked critical understanding of appropriate terminology and language. First, when Kara stated, “I have one,” she was referring to Skyler, a junior who was gay and identified as a boy. “One” is a gender-neutral pronoun that describes an unspecified person. In other words, Skyler was placed in an “Other” category, rather than humanizing him. This appears to be pervasive throughout society; individuals lack real understanding about the transgender spectrum. Secondly, Kara underscored the importance of arming SHE educators with professional development opportunities and teacher trainings. Increasing educators’ awareness about current sexual health issues can support them with accurate data to be conveyed to students and assisted those who sought a better understanding of sexual health. Kara acknowledged being uncomfortable discussing gender orientation and identity and said that crafting communication messages was the most challenging aspect of teaching sex education. I believed Kara reflected many individuals’ confusion about these topics that education could decrease. This issue emerged in multiple data. Tom acknowledged discomfort with a student who was transgender.

I had a girl who was going by “Nick”…she changed what she wanted to be referred to even in the pronouns that were used…When I had her as a sophomore, I had notes from
counselors that said she wanted to be known as a “he” and use “he” pronouns, and it’s like, “Are you kidding me?” I try to be respectful, and I would never let somebody say something derogatory in class, but it was awkward, and I sure wasn’t very comfortable with it...I don’t know what would be appropriate. I don’t have any training in it - you know - what’s appropriate to talk about, what’s not. – Tom

Finally, Clark felt unqualified to answer questions about gender identity and sexual orientation.

Now we have had students in PE, so it’s getting more prevalent. Last semester I had a student who basically came out after class...The conversation was on the verge of transgender issues, some gender questioning type thing, “What do I do?” I tried to encourage her to go see her guidance counselor. – Clark

In addition to lacking SHE training, most participants did not use the assigned textbook due to the amount of outdated and inaccurate information; textbooks ranged between 8-12 years old.

Facts and statistics in previous studies have changed within the last few years. In addition, teachers argued that textbooks included basic knowledge about sexual health that lacked depth:

It’s pretty generic...I mean, we don’t get real, real specific, but that’s, I think, probably where public education does a disservice probably because in order to really cover the topic, you have to get pretty specific. – Clark

Well, first of all, my text is very weak...it does cover the state standard. I just give more detail...things come out new. New and improved type[s] of things...It's just keeping up on my knowledge. – Rita

Instead of using textbooks, educators opted for alternative resources that they either found on their own or created - diagrams, activities, videos, worksheets. Additionally, they provided personal anecdotes and opinions about societal stereotypes. For instance, Skye provided her views about addressing stereotypes:

There’s still a double standard, and we talk about that a lot. It’s very prevalent. Boys are told to wear a condom; girls are told to not have sex. – Skye

Moreover, every participant echoed one another, reporting they created their own program and instructional materials. Examples from Kara and Laila include:

I do a video...(inaudible)...This one lady...says some really weird things like for a male, “The penis is their best friend.” Stupid. Some of it is so stupid, but the thing is, it’s really
hard to find something that's conservative enough that meets standards, but yet explains to them the different types of contraceptive options…sometimes I have a really hard time. So your cervical cap, sponge, like who…under the age of 60 uses those? Statistically, I don't know. Like I said, training is mostly self-advocated. – Kara

I’ve kind of learned on my own…Oh my God, I haven’t been provided any [training], nor is there any opportunity…I don’t know if there's real training (laughs)…so I have to kind of educate myself. – Laila

Assertion 3: An educator’s level of sexuality comfort will likely increase if he or she is engaged in SHE decision-making policies.

SHE educator participants acknowledged their responsibility to support adolescents in building a healthy foundation. It was not uncommon for them to engage in interpersonal conversations with students. The data showed that students approached teachers outside of class to disclose private information or ask personal and sensitive questions. Participants stated they were more comfortable communicating with students about sex, sexual preference, teen pregnancy, STDs, contraception, and emotions in relationships on a one-on-one basis; they felt more at ease exchanging sensitive information. Furthermore, the data revealed that teachers were significantly familiar with their students. For example, they acknowledged an awareness of the pressures that students faced at home and in their academic lives. Finally, the data showed an inconsistency among the participants’ curriculum and instructional materials. Every participant used a different curriculum, and they expressed frustration about this inconsistency:

I personally know there are many high school students having sex…there are an awful lot of kids in high school that are sexually active, and just a follow-up about what a big step that is. I’ve always thought that there needed to be…some sort of follow-up to what’s been presented in 8th grade. You obviously have to do what's appropriate for their level. – Skye

Landon desired a curriculum that provided a broader scope of sex education:

I think it should be a different version, something added to what we’re doing…addressing consequences, condoms, teen pregnancy. I would definitely put consequences above everything…it’s really concerning. I think that whatever we’re doing now is not
working, so we need to try something a little different…I think refreshing at the high school level is important, but I think it’s gotta be taught a lot lower than that…there’s two 7th graders that are pregnant over at the middle school. – Landon

Sherry added that the curriculum did not reflect the beliefs and values of teenagers:

Kids today compared to when I was young are way more, I feel, accepting…They don’t even understand when you talk about race in the 60s or gay hatred; they just look at me sometimes like, “What are you even talking about?” We have same-sex couples here and people just think it’s normal. And, luckily, I’m kind of an old person who always thought it was normal. – Sherry

Although participants had some control over topics they taught, limitations existed:

I would say the restrictions are probably the most difficult…like Plan B…We leave out emergency contraception…so on the diagram picture, it has Emergency B on there, and I just tell them to mark it out. We’re not going to talk about. I think the whole Plan B emergency contraceptive is important. I don't think kids understand what it fully is or the negative effects that it could have on the body…they see it as a pill, so they confuse it with birth control pills…they don't know the exact time; they don't know the procedure. They just know they have to go see a doctor. – Lena

State policy required teaching HIV and AIDS if SHE was offered in schools. However, Kara believed that programs at the primary and intermediate levels did not accurately present the sobering reality about HIV and AIDS:

…if they have learned about it [HIV and AIDS] in any other aspect, they have learned about it from the Children's Museum, from the Ryan White exhibit, which is nothing sexual…a lot of them go in elementary school…and several of them have seen it…he's very sick, he died, sad life, people weren't nice, which is nothing sexual…They jumped to four years later and they're watching Straight Outta Compton…seeing what Easy E is doing: having parties, there's a lot of sexual interaction going on, and they make it look fun…they don't show any of the consequences. – Kara

Finally, Tom believed it was necessary to stress and teach anatomy in more depth:

I think there’s a big misconception about the hymen. Those are two things I’ve never seen in any high school health book…It’s just weird, you know, the kids…have no knowledge. – Tom
Summary

After thorough analysis of the data, three assertions were posited that directly applied to State standards and the responsibilities of school district administrators and SHE educators. They included:

1. An inclusive sexual health education can provide an educator with greater sexuality comfort.

2. Teacher training and instructional materials affect an educator’s sexuality comfort level and willingness to communicate SHE.

3. An educator’s level of sexuality comfort may likely increase when engaged in decision-making of SHE policies and curriculum.

The final chapter will apply these assertions by offering suggestions and recommendations for policy, practice, and future research.
CHAPTER 5: DISCUSSION AND RECOMMENDATIONS

This chapter discusses the study’s research findings, recommendations for future research, explains how the findings centered around the study’s research questions, and describes the limitations of the study. Recommendations are intended for health educators, school and district administrators, and State policymakers. Additionally, academic scholars can apply the findings to future research studies. This phenomenological research provided educator participants with an opportunity to share their perspectives, ideas, and feelings about teaching sex education. More specifically, the purpose was to qualitatively understand participants’ levels of comfort when they communicated topics about sexual health to students. The definition of sexuality comfort served as the overarching concept throughout the study and centered around the following research questions:

A. How comfortable are educators when communicating sexual health topics to adolescents for them to build a foundation to become sexually healthy adults?

B. How do educators reportedly communicate SHE to students?

C. What approaches of communicating SHE do educators use to teach it?

D. What barriers do educators face when implementing SHE?

E. How do educators’ feelings and/or beliefs influence their instructional choices related to SHE topics?

Data collection and thematic analysis focused on these key questions, and aspects of the definitions of sexuality comfort were used as pre-determined codes during data analysis. The research questions interconnected and overlapped, which led to findings about the experiences and beliefs of sexual health educators. Four themes arose from the data: levels of comfort
teaching SHE, communicating SHE, effective teaching strategies, and obstacles teachers face. Subsequently, three novel assertions emerged and were posited from the data: (1) An inclusive sexual health education can provide greater sexuality comfort to a SHE educator. (2) Teacher training and instructional materials affect an educator’s sexuality comfort level and willingness to communicate SHE, and (3) An educator’s level of sexuality comfort may likely increase when engaged in decision-making of SHE policies and curriculum.

**Discussion of the Findings**

The first half of this section addresses how the findings and the following research questions are connected:

- How comfortable are educators when communicating sexual health topics to adolescents for them to build a foundation to become sexually healthy adults?
- What barriers do educators face when implementing SHE?
- How do educators’ feelings and/or beliefs influence their instructional choices related to SHE topics?

A primary purpose of communication is to impart accurate information and knowledge to individuals. The data were gathered to understand the comfort levels of sex educators and their experiences communicating sexual health to their students. The origin of the word comfort is Latin and means to “strengthen greatly;” synonyms include but are not limited to assistance, support, relief, and reassure (Merriam-Webster, 2018). The findings showed that participant educators desired more assistance and support from State and school officials to provide a more meaningful direction to students. Generally, the participants felt comfortable teaching SHE, and most of them taught topics outside the State’s SHE policies. At the end of the study, it appeared that Indiana’s policies did not support an inclusive approach to sex education. For example,
students who were pregnant, sexually active, gay, transgender, and had an STD or STI, were inevitably excluded from classroom conversations. Moreover, SHE policies were not required to provide information that was medically accurate, unbiased, and age or culturally appropriate. The data concluded that, in lieu of State policies, every participant preferred taking a broader, more practical approach to sex education to serve students; thereby, teachers addressed topics that State policies prohibited or discouraged. For example, many educators taught students how to use methods of contraception, effectively. Furthermore, most participants engaged in substantive conversations with teenagers when they were asked about sexual preference. Every participant emphasized the importance of creating a comfortable learning environment where sensitive topics such as these could be communicated and fostered, especially since most parents or guardians preferred that teachers engaged in these critical conversations with their children. To paraphrase one participant, too many kids are not taught this at home, and they grow up without having the knowledge they need.

A major barrier for teachers was the lack of instructional materials and resources, which led to participants lacking knowledge about SHE topics and State policies. As a result, multiple participants acknowledged feeling uncomfortable and embarrassed when they did not know an answer to a student’s question. Instead of referring to State-approved textbooks to obtain current information, participants sought statistics and facts online or from an outside resource such as a nurse-friend. They used examples about their life experiences, and they shared personal beliefs, values, and opinions. For instance, conversing about religion with students was not banned by the State; thereby, one participant, a FACS teacher, discussed the relationship between religion and contraception. Although comfortable having this conversation, she and the other participants avoided conversations about politically-charged topics.
This section discusses the relationship between the findings and the following research questions: How comfortable were educators when communicating sexual health topics to adolescents for them to build a foundation to become sexually healthy adults? What barriers did educators face when implementing SHE? How did educators’ feelings and/or beliefs influence their instructional choices related to SHE topics? The final portion of this section will describe the connection between the findings and the remaining research questions:

- How do educators reportedly communicate SHE to students?
- What approaches of communication do educators use to teach SHE?

The findings revealed that participants typically used avoidance, deflection, and/or humor to manage classroom conversations about sensitive topics. All participants stressed the benefits of abstinence to students, but to varying degrees. While some teachers briefly mentioned it, others stressed its importance throughout the unit. Still, every participant agreed that teaching sex, only within the context of marriage was unrealistic and impractical. Participants viewed this approach to education as unrealistic since it countered the beliefs and values of many students. Secondly, many participants’ values and beliefs were at odds with State policies that required teaching sexual intercourse only within the context of a heterosexual marriage. As a result, many teachers quickly mentioned or avoided the topic during class discussions. Others used humor to deflect uncomfortable teaching moments and reported feeling more comfortable and confident communicating sensitive topics with students on a one-on-one basis.

Except for 8 to 12-year-old Health textbooks, participants were not provided with SHE instructional materials or training from the State at the time of this study. Research showed that most educators provided more than two minutes of classroom-based discussions, which refuted literature in Chapter 2 by Lawrence et al., (2015). Every teacher engaged in one-on-one, personal
conversations with students outside of class. Some teachers created and revised alternative resources such as diagrams. Most teachers shared personal anecdotes, beliefs, values, and opinions with students. Next, educators generally felt uncomfortable teaching abstinence-only education and unanimously agreed that offering comprehensive education would more accurately reflect the lives of students and reality of society. The data showed that reducing conversations to abstinence-only discussions was unsuccessful. For example, students were naturally curious and inquired about oral sex, pregnancy, the emotional aspects of sex, sexual preference, and gender identity or orientation. Even while following State policies, teachers yearned for more knowledge and information about such topics and methods of contraception, the negative outcomes of teen sex, managing a budget, and avoiding coercion. Although State policies existed, students inquired about these topics, and participants were unprepared with and lacked knowledgeable responses. They were uncertain about their abilities at crafting and conveying knowledgeable SHE messages due to lacking recent and accurate information. This resulted in decreased confidence and comfort levels of educators during SHE instruction. Hence, they were inclined to avoid or deflect certain topics for fear of negative repercussions or feedback from students, parents, or administrators. This section discussed the relationship between the findings and the following research questions: How do educators reportedly communicate SHE to students? What approaches of communication do educators use to teach SHE? The final part of this discussion will focus on the study’s main concept, sexuality comfort.

The concept of sexuality comfort consists of seven parts, and some aspects have multi-part meanings. The need to revise and update Graham & Smith’s (1984) definition became apparent at the beginning of the coding process. The original, seven-part definition is listed below, and multi-part meanings are underlined (Appendix E):
Graham & Smith’s original definition of sexuality comfort (1984)

1. Feeling pride and security in one’s own sexuality

2. Being able to effectively communicate about sexual health to students while expressing respect and tolerance for their values

3. Being sensitive to an individual’s anxieties and encouraging them to explore sexual health issues and values on their own

4. Realizing the importance of how the educator influences students

5. An educator’s confidence in their skills and knowledge about sexual health to teach it

6. Using effective methods to teach SHE

7. Acknowledging the importance of SHE that provides individuals space for inquiry

‘Feeling pride and security in one’s own sexuality,’ included the concepts of “pride” and “security,” which have different meanings. Synonyms of ‘pride’ include: satisfaction, delight, and dignity. In contrast, ‘security’ means: safety, confidence, and well-being. Most of the data could not be applied to compound meanings, codes, and were unusable. To resolve this, I disassembled and revised the 1984 definition of sexuality comfort to reflect singular meanings. Revisions are underlined as followed (Appendix F):

Revised definition of sexuality comfort (Greenan, 2018)

1. Feeling pride in one’s sexuality

2. Feeling security in one’s sexuality

3. Being able to effectively communicate about sexual health to individuals

4. Expressing respect and tolerance for individuals’ values

5. Being sensitive to individuals’ anxieties

6. Encouraging individuals to explore sexual health issues and values on their own
7. Realizing the importance of how the educator influences individuals
8. An educator’s confidence in their knowledge about sexual health to teach SHE
9. An educator’s confidence in their skills about sexual health to teach SHE
10. Using effective methods to teach SHE
11. Acknowledging the importance of SHE that provides individuals space for inquiry

This section discussed the findings of the research and how the study’s research questions applied to them. Additionally, it included a revised definition of sexuality comfort that was used to code the data. The next portion of the chapter offers recommendations for future research based on the study’s findings.

**Recommendations**

The research questions in this study led to a larger purpose: to understand how public-school educators approached and taught sexual health education. Three primary assertions emerged from the research that can be used as stepping stones to revolutionize sex education in Indiana. It was necessary that State and district policies supported SHE educators, so they could serve adolescents who were in a critical stage of physical, mental, and emotional development. Every educator participant in this study believed that offering sex education to students was necessary and important. Thereby, they chose to teach SHE courses with minimal resources. Additionally, all participants taught aspects of comprehensive education; although, State policies mandated teaching abstinence-only education. These were in contradiction to each other and problematic. Next, I will offer recommendations to extend this research.

Conducting a statewide quantitative or mixed-methods research study may extend and further this research. To begin, the protocol of questions (Appendix B) could be revised and applied to future research. For example, open-ended questions could be replaced with closed-
ended questions that have the same meaning, and participants may respond to a series of statements in a future study. Prior to conducting statewide research, a pilot study could assist by testing and revising the instrument and exploring the sample population, similar to what was accomplished in this study. An accurate representation of public health education, teachers, and students across the State would be an expectation of the sample population.

Researchers may consider framing future studies by applying the McCroskey & Richmond (1987) 20-item ‘Willingness-to-Communicate’ scale, the Social-Ecological Model (SEM), the Health Belief Model (HBM), or Motivational Interviewing (MI). First, as stated primarily, McCroskey & Richmond adapted Graham and Smith’s idea of ‘willingness to communicate’ by examining an individual’s predisposition to initiating or avoiding conversations. Subsequently, they created a 20-item ‘Willingness-to-Communicate’ scale to measure an individual’s tendency to initiate communication with individuals. A future study may apply the 20-item scale to SHE educators to measure their likelihood of initiating or avoiding conversations about sexuality health with students. Second, SEM can be applied to various types of studies. A primary purpose of SEM is to study behavioral changes of individuals. Changing a behavior requires the avoidance of environmental constraints and having the necessary skills to perform the behavior (e.g. communication sex education). Thirdly, the purpose of HBM is focused on the preventative action of individuals. According to the model, prevention is determined by an individual’s seriousness, level of importance, beliefs, and attitudes about a matter, such as SHE. Finally, MI could be used as an instrument in future research to train SHE teachers on how to use specific skills related to MI to become more effective communicators. Using MI could determine if this type of training would be useful to SHE teachers.
Next, the American culture has changed immensely in the last 30 to 40 years since Graham & Smith conceptualized sexuality comfort. The definition is as meaningful and applicable to research today. An approach to advance future research would be to amend and apply a broader, more inclusive meaning of sexuality comfort. For instance, conversations about sexual preference and HIV emerged in the last 40 years and have become common, but the concept does not reflect this reality. Additionally, gender orientation and preference are prevalent topics of conversation today, yet transgender-related topics are banned in SHE policies. For these reasons, updating the definition of sexuality comfort may advance research in fields such as education, public health, communication, sociology, history, and psychology.

Before offering sex education to students, first, it is necessary for teachers to be trained and informed about current SHE facts and statistics and age-appropriate facts and terminology. To support teachers when students inquire about sensitive topics, the State Departments of Health and Education could compile and distribute an internal document to public school district administrators, building administrators, and SHE educators that shares information such as the rates of STDs and teen pregnancies, gender identity and orientation, and sexual preference. Additionally, it could provide examples of how to respond to questions that policies prohibit without avoiding or deflecting the topics. Although these topics are not permitted to teach by the State, teachers received questions from students, both interpersonally and in groups. Providing recent facts and statistics about these topics may better support and prepare teachers to respond to sensitive questions.

At the district level, leaders may work with educators and school principals to create and disseminate a consistent and reliable curriculum to educators and adolescents in the form of an instructional packet. These may include a variety of teaching methods such as activities,
diagrams, photos, questions and answers, and small group discussion topics to mirror society norms and relate to students. Many participants stated the necessity of having honest and real conversations with students. Instructional packets may include examples of presentations or demonstrations of real-life values such as respect. These teaching methods can offer teachers a practical way to teach intangible concepts to students. Moreover, a requirement of all SHE classes could include teaching the concepts of consent, date rape, abusive relationships, managing a budget, and sexual harassment. These issues arise in schools, the workplace, and on college campuses regularly; it is essential that students can detect and identify them upon graduating from high school.

Communication courses are not comprehensively taught in grades K-12 yet communicating is a basic need and activity engaged in by humans. Every participant, acknowledged being uncomfortable when talking to students about sex. Although eliminating discomfort is unlikely, offering students and teachers with communication trainings and courses can be fundamental and practical approaches to teaching and learning. Communication affects all individuals and subject areas. Courses may emphasize the principles that underlie interpersonal communication; analyzing audiences; composing meaningful, coherent messages; developing effective arguments; asking curious questions; embracing uncertainty; and improving skills to strengthen one’s confidence and credibility. Numerous opportunities to practice basic techniques of communicating in various contexts could increase an individual’s comfort level.

Finally, the State requires schools to obtain parental permission prior to SHE instruction. Although opponents of the law view this as an obstacle, it is an opportunity for district and school administrators and SHE educators to open the lines of communication with parents to establish a relationship and, ultimately, gain their trust. For example, in addition to the SHE
permission form, schools can send a letter to parents that emphasizes facts and statistics about sexuality health and the value that sex education can provide their children. Teachers are central participants in SHE discussions and often serve as liaisons between schools and parents. However, they are often left out of policy-making and curriculum discussions. State lawmakers can build the lines of communication by proactively including administrators and educators in SHE policy discussions. Finally, most participants in this study were generally unaware of SHE policies. Administrators who are well acquainted with health policies and standards are likely to support teachers more effectively. This section presented recommendations to policymakers, school and district administrators, and teachers. The final section highlights and explains the limitations of the study.

**Limitations**

The study was limited to 11 sexual health educators in one community. The sample was purposeful; however, the results had limited generalizability. Investigating public school educators provided consistency but did not include a broad sample population. Next, research was limited to secondary, public school educators except for two teachers at the junior high level, which may have affected the results of the study. The middle school teachers formerly taught SHE at the high school level; however, school district administrators elected to move sophomore-level health to the 8th grade. Still, I included these teachers since they had represented one of the four schools in the study and had recently taught sophomore-level health and sex education with over 20 years of teaching experience.

Originally, this study was open to participants who either did or did not teach sex education. However, all participants elected to teaching SHE because they believed it was an important responsibility as health educators. As a result, the research did not include health
teachers who opted out of teach SHE. Further examination of this phenomenon is necessary to investigate data from these educators. Next, I was the sole researcher, interviewer, transcriber, coder, and analyst. Although a limitation, being the sole researcher also provided benefits. To ensure reliability of the data, I shared each participant’s transcript and analysis with him or her. I provided a member check to all participants to build and establish credibility as a researcher and ensure accuracy of the data and findings. I believe this was an effective and transparent strategy.

Finally, zero participants shared the same curriculum and instructional materials. For example, FACS and health courses had different curriculum and various State standards, and FACS classes included topics in more detail. These factors may have influenced the results of the study. Lastly, the study did not include participant observations of SHE lessons; data collection consisted of interviews and instructional materials. Therefore, the data are based on the recollection of the participants’ and secondary data that educators could locate. However, participant interviews served the purpose of this phenomenological study by gaining information and understanding about a topic that provides new information regarding the comfort levels of SHE educators. Additionally, it advances the sexuality health research and the concept of sexuality comfort. Despite the study’s limitations, the findings provided valuable information that can be replicated in future studies.

**Conclusion**

My formal sex education entailed one period of health class in 10th grade. The teacher appeared to be so uncomfortable with the topic that she assigned silent reading to the class that day. That was the extent of sex education for me. Society has changed greatly since then, but SHE courses remain stagnant. The concepts of comfort and confidence have always existed and coincided in sex education. State policies continue to shape SHE curriculum; however,
educators, ultimately, choose the teaching topics. Research has shown that teaching adolescents about sex is uncomfortable for most people. Teaching teenagers about sex necessitates policymakers, building and district administrators, and educators to be empathetic. This study provided an intimate examination into the lives, experiences, and beliefs of 11 public school health educators. It also revealed problems that included an exclusion of students during SHE lessons. Moving forward, this research can be applied to future studies; it synergized past and future investigations and revived and evolved the 1984 definition of sexuality comfort. Public schools are road maps for the development of student identities, and educators drive instruction. A teacher’s role is to encourage critical thinking and peak students’ curiosities; school and district administrators can show leadership by joining these critical conversations. While State policies continue to frame sex education programs; ultimately, educators design them. Sexual health education is a lifelong lesson and educators and administrators can use this opportunity to include, inspire, and influence a vulnerable population. When many teenagers in Indiana are engaging in high-stakes sexual activities, perhaps teaching adolescents about sexual health is the final test we cannot afford to fail.
REFERENCES


https://nces.ed.gov/surveys/sass/tables/sass1112_2013314_t1s_007.asp


http://www.cnn.com/2010/HEALTH/03/31/abstinence.education/


Human research protection program. (2014). *Forms and templates*. Retrieved from Purdue University website [https://www.irb.purdue.edu/application-forms/](https://www.irb.purdue.edu/application-forms/)


APPENDIX A: ORIGINAL PROTOCOL OF QUESTIONS

Protocol of Questions

Part 1: Profile of Respondent

1. Date of interview:
2. Licensed Health Educator:
3. Sex:
4. Race or Ethnicity:
5. Title:
6. Years of teaching experience:

Part 2: Semi-structured Questions

A. Respondent’s Background

1. Can you describe your educational background?
   a. What teaching licenses do you have?
   b. What type of SHE training are you provided?
      i. How often or to what extent?

2. How would you describe your teaching style?
   a. How would you describe your teaching philosophy?
      i. (PROBE IF NECESSARY)

B. Introduction of SHE

3. How do you feel about teaching SHE?
   a. Why?

4. On a scale from 1 to 10 with 1 being very uncomfortable and 10 being very comfortable, where would you be?
   a. Please explain

5. Tell me about how you teach SHE. Perhaps, provide me with an example of a lesson.
   a. How much control do you have in terms of which topics you teach?
      i. What topics do you choose to cover?
ii. What topics do you choose to avoid teaching?

6. In which course and department do you teach SHE?

7. Do you believe all students should be required to take a SHE course in high school?
   a. Why or why not?

C. SHE Educator's Comfort Level

8. Why do you teach sexual health education? (Are you required or is it your decision?)
   a. How easy or difficult is it to talk about sexual health to students? Why?
      i. Can you describe how you communicate sensitive matters of sexual health to students?
      ii. What do you find most difficult to address with students?
      iii. What do you find the least difficult topic to address with students?
   b. How is your SHE curriculum and instruction designed?
      i. What do you believe is necessary to include or exclude in it?
      ii. If you could revamp curriculum and instructional materials, what changes would you make?

9. What are some examples of questions that students ask about regarding sexual health?
   a. Has a student ever asked a question that state law forbids you to address?
      i. (If yes, example and what did you do)
   b. Has a student ever asked a question that make you feel uncomfortable?
      i. (if yes, example and what did you do)
   c. Can you share an example of a question that has made you feel uncomfortable and how did you respond?
      i. (PROBE IF NECESSARY)

10. How do your beliefs as an individual affect how you teach SHE?
    a. Describe your beliefs about teaching abstinence-only education.
       i. (PROBE IF NECESSARY)

11. What is the most difficult part about teaching SHE?
    a. (PROBE IF NECESSARY)

12. Are there any topics you choose to avoid addressing with your students?
    a. Why?
    b. How do you avoid addressing them?

13. Do you believe teaching SHE is necessary? Important?
    a. Why or why not?

D. Clearinghouse Question

14. Is there anything else you would like to add that we have not discussed?
APPENDIX B: REVISED PROTOCOL OF QUESTIONS

Protocol of Questions

The following research questions of the study are listed next to corresponding interview questions in this revised questionnaire.

1. How comfortable are educators when communicating sexual health topics to adolescents for them to build a foundation to become sexually healthy adults?

2. How do educators communicate SHE to students?

3. What communication strategies do educators use to teach SHE?

4. What barriers do educators face when implementing SHE?

5. How do educators’ feelings and/or beliefs influence their instructional choices related to SHE topics?

Part I: Profile of Respondent

1. Date of interview:

2. Licensed Health Educator:

3. Sex:

4. Race or Ethnicity:

5. Title:

6. Years of teaching experience:

7. Currently teaches Sex Education:

Part II: Respondent’s Background

8. Can you describe your educational background?
   a. What teaching licenses do you have?
   b. What type of sexual health training have you had?
   c. What type of sexual health training are you provided?
      i. How often or to what extent?
Part III: SHE Questions

A. Introduction of SHE

9. In which course and department do you teach sex education / is it offered?

10. Why do/don’t you teach sexual health education? (RQ1)
   a. If you do, is it required or your choice?

11. Tell me how you teach sex education. Perhaps, provide me with an example of a lesson. (RQ2)
   a. How much control do you have in terms of the topics you teach?
      i. What topics do you choose to cover?
      ii. What topics do you choose to avoid teaching?

12. Can you describe some of your experiences teaching it? (RQ1)
   a. Pleasant?
   b. Unpleasant?

13. Do you believe teaching sex education is necessary? Important? (RQ3)
   a. Why or why not?

14. Do you believe all students should be required to take a sexual health education course in high school? (RQ3)
   a. Why or why not?
   b. What should it cover?
      i. Why or why not?

B. SHE Educator’s Comfort Level

1. On a scale from 1 to 10 with 1 being very uncomfortable and 10 being very comfortable, where would you be? (RQ1)
   a. Could you explain why you chose a … instead of a … or a … instead of a …?
   b. Could you describe why you feel (uncomfortable OR comfortable)?

2. How easy or difficult is it to talk about sexual health to students? (RQ1)
   a. Why?
   b. Can you describe how you communicate sensitive matters of sexual health to students? For example, what types of methods would you use to teach? (RQ2)
   c. What do you find most difficult to address with students? (RQ1)
      i. Why?
   d. What do you find the least difficult topic to address with students? (RQ1)
      i. Why?
   e. How is your curriculum and instruction designed? (RQ2)
      i. If you could revamp curriculum and instructional materials, what changes would you make?
ii. What do you believe is necessary to include or exclude [in SHE] that we haven’t addressed? (RQ 2, 3)

3. What are some examples of questions that students ask about regarding sexual health?
   a. Has a student ever asked a question that state law forbids you to address?
      i. If yes, could you provide an example?
         1. What did you do?
   b. Can you share an example of a question that has made you feel uncomfortable? (RQ1)
      i. How did you respond?

4. How do your beliefs as an individual affect how you teach SHE? (RQ3)
   a. Describe your beliefs about teaching abstinence-only education.
      i. (PROBE IF NECESSARY)

5. What is the most difficult part about teaching SHE? (RQ 1, 2, 3)
   a. (PROBE IF NECESSARY)

6. Are there any topics you choose to avoid addressing with your students? (RQ 1, 2, 3)
   a. Why?
      b. How do you avoid addressing them?

7. Who do you believe is responsible for teaching sex education? (RQ 1, 2, 3)
   a. (PROBE IF NECESSARY)

C. Clearinghouse Question

8. Is there anything else you would like to add that we have not discussed?
APPENDIX C: 2015 SEXUAL HEALTH TOPICS RECOMMENDED BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION

Sixteen (16) Sexual health topics recommended to U.S. schools teaching SHE (CDC, 2015)

1. Benefits of being sexually abstinent
2. How to create and sustain healthy and respectful relationships
3. How HIV and other STDs are transmitted
4. Health consequences of HIV, other STDs, and pregnancy
5. Influences of family, peers, media, technology, and other factors on sexual risk behavior
6. Communication and negotiation skills
7. Goal-setting and decision-making skills
8. Influencing and supporting others to avoid or reduce sexual risk behaviors
9. How to access valid information, products, and services related to sexual health
10. Importance of limiting the number of sexual partners
11. Preventive care that is necessary to maintain reproductive and sexual health
12. Efficacy of condoms
13. Importance of using condoms consistently and correctly
14. Importance of using a condom at the same time as another form of contraception
15. How to obtain condoms
16. How to correctly use a condom
APPENDIX D: 2016 SEXUAL HEALTH TOPICS RECOMMENDED BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION

Nineteen (19) Sexual health topics recommended to U.S. schools teaching SHE (CDC, 2016)

Note: Data from 2015 were used during coding and analysis. The most recent recommendations below include gender identity, sexual orientation, and gender roles and expressions.

1. Benefits of being sexually abstinent
2. How to access valid and reliable health information, products, and services related to HIV, other STDs, and pregnancy
3. Influences of family, peers, media, technology, and other factors on sexual risk behaviors
4. Communication and negotiation skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy
5. Goal-setting and decision-making skills related to eliminating or reducing risk for HIV, other STDs, and pregnancy
6. Influencing and supporting others to avoid or reduce sexual risk behaviors
7. Importance of using condoms consistently and correctly
8. Importance of using a condom at the same time as another form of contraception to prevent both STDs and pregnancy
9. How to create and sustain healthy and respectful relationships
10. Importance of limiting the number of sexual partners
11. Preventive care that is necessary to maintain reproductive and sexual health
12. How HIV and other STDs are transmitted
13. Health consequences of HIV, other STDs, and pregnancy
14. Efficacy of condoms, that is, how well condoms work and do not work
15. How to obtain condoms
16. How to correctly use a condom
17. Methods of contraception other than condoms

18. Sexual orientation

19. Gender roles, gender identity, or gender expression
APPENDIX E: ORIGINAL DEFINITION OF SEXUALITY COMFORT
(GRAHAM & SMITH, 1984)

The original definition of ‘Sexuality Comfort’ includes the following descriptions:

1. Feeling pride and security in one’s own sexuality

2. Being able to effectively communicate about sexual health to students while expressing respect and tolerance for their values

3. Being sensitive to an individual’s anxieties and encouraging them to explore sexual health issues and values on their own

4. Realizing the importance of how the educator influences students

5. An educator’s confidence in their skills and knowledge about sexual health to teach it

6. Using effective methods to teach SHE

7. Acknowledging the importance of SHE that provides individuals space for inquiry
The revised definition of ‘Sexuality Comfort’ includes the following descriptions:

1. Feeling pride in one’s sexuality
2. Feeling security in one’s sexuality
3. Being able to effectively communicate about sexual health to individuals
4. Expressing respect and tolerance for individuals’ values
5. Being sensitive to individuals’ anxieties
6. Encouraging individuals to explore sexual health issues and values on their own
7. Realizing the importance of how the educator influences the individual
8. An educator’s confidence in their knowledge about sexual health to teach SHE
9. An educator’s confidence in their skills about sexual health to teach SHE
10. Using effective methods to teach SHE
11. Acknowledging the importance of SHE that provides individuals space for inquiry
APPENDIX G: CODES

Attribute, in vivo, provisional, and open coding were used to categorize the data during data analysis by using the following codes:

- Being able to effectively communicate about sexual health to students
- Expressing respect and tolerance for an individual's values about sexual health
- Encouraging individuals to explore sexual health issues and values on their own
- Being sensitive to an individual’s anxieties about sexual health issues
- Realizing the importance of how the educator influences students
- An educator’s confidence in their skills and knowledge about sexual health to teach it
- Using effective methods to teach SHE
- Acknowledging the importance of SHE that provides individuals space for inquiry
- Barriers
- Educator control
- Educator beliefs, values, and opinions
- Comfort
- SHE Topics
- Responsibility to teach SHE
- CDC
Dear Dr. [last name]:

My name is Katie Greenan and I am a doctoral student in the Department of Educational Studies at Purdue University. I am currently conducting research for my dissertation and will soon be in the data collection phase. This study will investigate the comfort level of educators who teach or may not teach sexual health education (SHE) to students and are permitted to teach it at the school. I would like to request an in-person interview with each educator who is permitted to teach SHE – whether or not they currently include it in the curriculum. The interview would be conducted at the teacher’s convenience and location of choice for approximately 45 minutes. I have discovered a lack of empirical research regarding SHE educators, and their input could greatly assist the fields of education, health, and communication by providing their honest thoughts and frank opinions regarding the subject. I would like to begin conducting interviews in January 2017. Your teachers’ participation is voluntary, and their names, school/s, and responses would remain strictly anonymous and confidential. Right or wrong answers do not exist; rather, I am interested in gathering their thoughts about SHE. With your permission, I am requesting a letter of agreement to conduct this study at [Name of School/s]. Upon receiving your permission, I would send a request to the school principal seeking their participation. I appreciate your time and assistance and look forward to hearing from you! Thank you!

Sincerely,

Katie Greenan
Doctoral Candidate
(765) 418-7978
kgreenan@purdue.edu

Marilyn Hirth, Committee Chair
mahirth@purdue.edu

Rachel Roegman, (Committee Chair at the time of contact)
rroegman@purdue.edu
APPENDIX I: LETTER TO SCHOOL PRINCIPALS

Dear Principal [Last Name]:

My name is Katie Greenan and I am a doctoral student in the Department of Educational Studies at Purdue University. I am currently conducting research for my dissertation and will soon be in the data collection phase. The study investigates the comfort level of educators who teach or may not teach sexual health education (SHE) to students and are permitted to teach it at the school. I would like to request an in-person interview with each educator who is permitted to teach SHE – whether or not they currently include it in the curriculum. The interview would be conducted at the teacher’s convenience and location of choice for approximately 45 minutes. I have discovered a lack of empirical research regarding SHE educators, and their input could greatly assist the fields of education, health, and communication by providing their honest thoughts and frank opinions regarding the subject. I would like to begin conducting interviews in January 2017. Your teachers’ participation is voluntary, and their names, school/s, and responses would remain strictly anonymous and confidential. Right or wrong answers do not exist; rather, I am interested in gathering their thoughts about SHE. With your permission, I am requesting a letter of agreement to conduct this study within [Name of School]. Upon receiving your permission, I would send a request to SHE educators seeking their participation. I appreciate your time and assistance and look forward to hearing from you! Thank you!

Sincerely,

Katie Greenan
Doctoral Candidate
(765) 418-7978
kgreenan@purdue.edu
Marilyn Hirth, Committee Chair
mahirth@purdue.edu

Rachel Roegman (Committee Chair at the time of contact)
rroegman@purdue.edu
APPENDIX J: LETTER TO SHE EDUCATORS

Dear [Mrs. / Miss / Mr. Last Name]:

    My name is Katie Greenan and I am a doctoral student in the Department of Educational Studies at Purdue University. I am currently conducting research for my dissertation and will soon be in the data collection phase. The study investigates the comfort level of educators who teach or may not teach sexual health education (SHE) to students and are permitted to teach it at the school. I would like to request an in-person interview with you – whether or not you currently include it in the curriculum. The interview would be conducted at your convenience and location of choice for approximately 45 minutes. I have discovered a lack of empirical research regarding SHE educators, and your input could greatly assist the fields of education, health, and communication by providing your honest thoughts and frank opinions regarding the subject. I would like to begin conducting interviews in January 2017. Your participation is voluntary, and your name, school, and responses would remain strictly anonymous and confidential. Right or wrong answers do not exist; rather, I am interested in gathering your thoughts about SHE. I appreciate your time and assistance and look forward to hearing from you.

    Thank you!

Sincerely,

Katie Greenan
Doctoral Candidate
(765) 418-7978
kgreenan@purdue.edu

Marilyn Hirth, Committee Chair
mahirth@purdue.edu

Rachel Roegman, (Committee Chair at the time of contact)
VITA
KATHLEEN A. GREENAN

EDUCATION

2018  Ph.D., Education Leadership (3.98 GPA)
Purdue University
West Lafayette, Indiana

  • Dissertation Title: Exploring the Comfort Levels and Communication Styles of Sexual Health educators: A Qualitative Phenomenological Study

2014  International qualitative dissertation research
Babeș-Bolyai University
Cluj-Napoca, Romania

  • Data collection, observations, interviews of K-12 students, educators, administrators, University researchers, and government officials

2013  Graduate Research in Communication: Research and Teaching
George Mason University
Fairfax, Virginia

2005  M.S. in Broadcast Journalism (3.8 GPA)
Syracuse University, S.I. Newhouse School of Public Communications
Syracuse, New York

2002  B.A. in Telecommunication (3.5 GPA)
Purdue University, West Lafayette, Indiana

  • Dean’s List, Semester Honors
  • Women in Communication

Hammersmith College & Global Healthcare Communications Group
London, England

1999  International Relations & Philosophical Studies
Oxford University, Oriel College
Oxford, England
ACADEMIC AWARDS & DISTINCTIONS

2017-18 Faculty Search Committee Member
College of Education, Purdue University

2017 Dean’s Graduate Student Research Grant
College of Education, Purdue University

2016-18 Dean’s Graduate Student Travel Support Grant
College of Education, Purdue University

2015 University Representative
AAAS “Catalyzing Advocacy in Science and Engineering”
Washington, D.C.
- Nominated by the academic committee of the Purdue Graduate School and Senior Policy Institute
- University representative at the AAA Science CASE Workshop
  - Contributed in Congressional, federal budget process, and science communication workshops
  - Met with Indiana Congressional Representatives and Staff

2014 Presenter & Moderator
The 2014 Duke Energy Academy at Purdue University
- Nominated by head scientist and host to open ceremony to advance the progress of existing and emerging energy alternatives

PRESENTATIONS & ASSOCIATIONS

2016 Presenter
Mid-Western Educational Association (MWERA) Annual Conference
Northwestern University

2016-Present Member
Mid-Western Educational Association (MWERA)

2014 Conference Presenter
The Annual Conference of the Association Learn & Vision: Critical Mass for Quality Education
Cluj-Napoca, Romania
RESEARCH & COURSE REDESIGN


  - Assisted Dr. Jeralyn Farris in course redesign of undergraduate communication at Purdue University; assisted in authorship of course text, quizzes, assignments, and curriculum and instructional materials

- Babeș-Bolyai University (2014). Qualitative Research in an International Research. Assisted in collection of data; conducted observations of K-12 students and teachers; interviewed school and University administrators, educators, researchers, government officials. Cluj-Napoca, Romania

ACADEMIC & TEACHING APPOINTMENTS

2018  Teaching Assistant, EDPS 45900 – Assistive Technology
      College of Education, Purdue University, West Lafayette, IN

2017  Teaching Assistant, EDPS 53300 – Introduction to Research Methods in Education, Online Course
      College of Education, Purdue University, West Lafayette, IN

2014-2017  Instructor of Communication
           Brian Lamb School of Communication, Purdue University, West Lafayette, IN
           - COM 31500 – Speech Communication: Technical Information
           - COM 32500 – Principles and Practices of Interviewing
           - COM 33000 – Small Group Communication
           - COM 33200 – Television Production

2014-2016  Graduate Advisor of Study Abroad
           Purdue University, West Lafayette, IN
           - Advised, led, educated student participants in study abroad programs
           - Approved and granted ‘Purdue Moves’ Study Abroad Scholarship
           - Assisted in coordinating the ‘Global Leadership in Peru’ Program
           - Created and presented speeches about study abroad programs
2011-2013 Communication Instructor
George Mason University, Fairfax, Virginia
- Aided in creation and development of fall, spring, and summer course curriculum
- Educated over 1,000 students about the fundamentals of public speaking
- Three-time educator recipient of best student speaker award among all COMM 100 courses

2009-2013 Instructor
Northern Virginia Community College, Alexandria, Virginia
- Developed and taught course curriculum for Fundamentals of Speech Communication, The Art of Public Speaking, The Art of Film, Voice and Diction
- Appointed committee member and presenter of NOVA Idol 2010-11
  - Wrote and produced content for the campus-wide / community event and fundraiser promoting the arts
    - More than 1,000 attendees throughout Northern Virginia

2008-2009 Television Production Instructor
Connecticut School of Broadcast Journalism
Arlington, Virginia
- Taught and developed fall, spring, summer course curriculum for fundamentals of broadcast journalism
- Taught digital editing, shooting, television performance, character generator, teleprompter audio mixer operations, writing, pre-production, post-production
- Produced 30-minute news shows

2005 Teaching Instructor
Syracuse University, S.I. Newhouse School for Public Communications
Syracuse, New York
- Assisted undergraduate students with writing news stories and editing, linear and AVID, collected student assignments
- Met strict deadlines; dubbed tapes for professors; captured and recorded news feeds

2002-2003 Instructor
Indiana Business College
Lafayette, IN
- Taught business and creative writing
- Created and developed course curriculum

1999-2004 Substitute Teacher & Permanent Substitute
Tippecanoe School Corporation
Lafayette, Indiana
• Instructed K-12 students in math, science, English, government, history, creative writing, art, special education, and career and technical education
• Provide long-term assistance and instruction to special needs students

PROFESSIONAL EXPERIENCE

2009-2013 Television Show Producer, Host and Writer, ‘Food for Thought’
Arlington Television
Arlington, VA
• Produced, hosted, wrote scripts, conducted research
• Interviewed sources, contributed blog entries on Arlington, VA website
• Nominee - National Capital Chesapeake Bay Chapter of the National Academy of Television Arts and Sciences

2009-2013 Writer and Blogger
Northern Virginia Magazine
Northern Virginia
• Wrote, pitched, edited feature column stories and blog entries
• Interviewed sources, conducted background research

2011-2013 Commissioner
Arlington Commission for the Arts
Arlington, VA
• Supported, monitored, facilitated development of Arlington artists and arts’ organizations
• Assisted Arlington County in development of cultural policy
• Provided leadership and education to continue growing and developing cultural life in Arlington County

2010 Writer
Washington Post Express
Washington, D.C.
• Wrote feature articles for dining section of Post Express
• Pitched story ideas, interviewed sources, photographed images

2009 Manager of Global Marketing and Communication
Association of Corporate Travel Executives (ACTE)
Alexandria, VA
• Executed marketing programs for 75 educational events in 25 countries
• Organized 2 regional and 2 global conferences, engaged 8,700 attendees from over 70 countries, managed press room at education conferences
• Institute and managed association’s social media: Facebook, LinkedIn
• Managed and supervised database of consultants and contractors in Asia-Pacific, Canada, Europe, Latin America, South Africa, and the United States
• Communicated to global audience of 30,000 members and clients
• Created, edited, published marketing messages, press releases, direct mailings, e-newsletters, magazines
• Interviewed and interacted with senior government officials and executives
• Provided oversight of and supported the operating budget

2008

News Reporter, Producer, Videographer, Editor, & Anchor
Washington, D.C.

• Produced, reported, recorded, and edited energy and environmental news stories; generate short and long-form news packages
• Anchored live news coverage
• Pitched and developed daily news stories
• Reported national energy stories at MIT, Penn State, and in Oklahoma
• Interviewed lawmakers, private sector executives, energy experts
• Led reporting, recording, and digital editing of 2008 presidential election
• Monitored content on CBS Newspath

2007-2008

Video Journalist
Belo Capital Bureau
Washington, D.C.

• Produced, wrote, and reported political and local news stories for 36 television news stations and 5 newspapers nationwide
• Appointed by the news director to cover the 2008 presidential election
• Interviewed world, national, and local lawmakers and newsmakers
• Managed satellite and fiber feeds
• Worked closely with press secretaries on Capitol Hill; and news directors, producers, and reporters at ABC, NBC, CBS, FOX affiliates

2007

News Reporter
WBOC TV, CBS and Fox Affiliates
Dover, DE

• Produced, wrote, and reported local news stories throughout Salisbury, MD and Southern Delaware
• Interviewed community members and local elected officials
• Uploaded news stories and content on the station’s website
• Generated 8 story ideas daily; conducted live reporting on morning, afternoon, and evening news

2005-2007

Press Secretary
United States House of Representatives
Capitol Hill, Washington, D.C.

• Worked closely with and pitched story ideas to local and national news reporters and producers
• Organized media appearances and interviews in Louisville and with national media outlets: Washington Post, CNN, The Hill, Roll Call, Fox News, the Brit Hume Show, Prevention Magazine
• Conducted interviews with local media in Louisville
• Communicated and interacted with members of the U.S. House of Representatives, U.S. Senators, staff, private sector executives, non-profits, universities, civic organizations, constituents, and lobbyists
• Wrote daily press releases and advisories, statements, public service announcements, op-eds for newspapers
• Organized and managed town hall meetings, campaign events, and press conferences on behalf of the Congresswoman
• Managed, designed, provided oversight of Representative’s website
• Developed, wrote, designed Medicare mailers

2005 CBS News Reporter Correspondent
KTAB News
Abilene, TX, based in Washington D.C.
• Produced, reported, edited, streamed local news stories for KTAB News
• Interviewed U.S. Representatives, Senators, Supreme Court Justice nominees, state and local elected officials, lobbyists
• Provided coverage of press conferences and high profile congressional hearings on Capitol Hill

SKILLS
• Academic research, teaching, advising, and collaborating in the fields of communication, education leadership, and health sciences; building and sustaining trust among participants
• Effective communication skills in the areas of interpersonal, presentational and public speaking, small group, interviewing practices and principles, mass, and television production; consulting services, personal training and fitness instructor; leadership
• Dynamic oversight of multiple projects and deadlines
• Technical skills in AVID, Grass Valley, Final Cut Pro, and linear editing; DVC-PRO and VX 2000/2100 Cameras; SONY 2007 HDV CAM; JVC Hi-Def Camera; Adobe Acrobat editing for radio; ENPS; script formatting for TV; short-form and long-form TV packages; managing feeds in control room; I-News; iMIS Database

INTERNATIONAL EXPERIENCE
International experiences involved academic education, qualitative graduate research, field experience, and inter- and multi-cultural communication

2017 Northern Italy and Switzerland
2016 Mexico
2014 Cluj-Napoca, Romania
2010 Bermuda
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