

SEX EDUCATION IN OUR SCHOOLS

By

Kelley Conti

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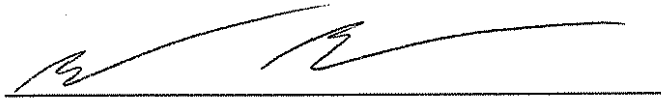
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To

The Department of Sociology

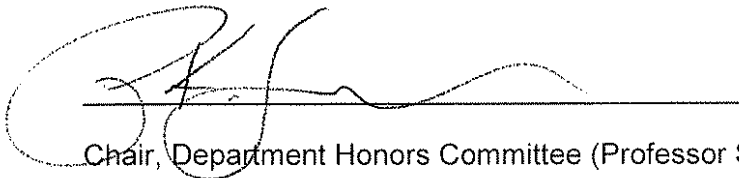
Approved:



Project Advisor (Professor Arthur)

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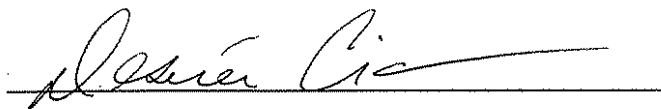
Date



Chair, Department Honors Committee (Professor Saucier)

4/18/2012

Date



Department Chair (Professor Ciambrone)

4/18/2012

Date

Abstract

This research project involved interviewing 42 parents with children between the ages of 12 to 18-years-old regarding their views and opinions on sex education for today's youth. All 42 parents agreed they wanted a more informative sex education for their children than what they were exposed to as children. This included those with formal sex education as well as those that learned from peers, siblings or in their neighborhood. Another aspect all parents agreed on was the need for a more comprehensive sex education. Thirty-eight parents thought abstinence should be included as an option in sex education classes but not the only method. Four parents did not believe abstinence is realistic in today's world so it should not be taught in class. While each state holds its own mandates for sex, sexually transmitted infections (STI) and human immunodeficiency virus (HIV) education, parents still have the responsibility to engage in their own child's sex education. If they live in a state that does not educate in the manner they feel is acceptable, they would have the option of discussing their own beliefs and values with their family.

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Contents

Abstract.....	ii
Acknowledgements	iv
Table of Tables	vi
Introduction	1
Literature Review	2
Research Methods	16
Discussion.....	18
Parental Sex Education	19
General Perceptions of Sex Education Program	21
The Ideal Sex Education Curriculum	22
Abstinence Education	23
Safe Sex.....	25
Sexually Transmitted Infections.....	28
Parenting	29
Healthy Relationships	30
Sexual Diversity/Sexual Orientation.....	32
Age of Consent/Age of Education.....	34
Conclusion	35
Works Cited.....	41
Appendices	47
Recruitment Statement.....	48
Interview Guide.....	49
Consent Document.....	51

Table of Tables

Table 1. State Requirements for Sex Education.....	4
Table 3. Age and Sex of Children of Parents Interviewed	17
Table 2. Parents' Experiences with Sex Education by Type of School.....	20

Introduction

The purpose of this research is to determine how a parent's own school-age experience with sex education may have shaped their views about sex education in schools today. This study asked parents of one or more teens (aged 12 to 18) to reflect on their own sex education experiences as well as describe their opinions about ideal sex education for their own children. The results of this study will help those interested in sex education programs to understand parents' views on sex education programs for today's youth. The results will also show that although some of the parents had some formal sex education while others did not, they all agreed that today's youth need a more comprehensive sex education than what they had as youth. Although the parents interviewed agreed unanimously on many topics, they did not agree on all topics. They shared their opinions on why they support or are opposed to certain topics.

All parents agreed that sex education should include both male and female anatomy, sexually transmitted infections (sometimes alternatively referred to as sexually transmitted diseases, or STDs), pregnancy prevention, puberty and sexual development, and healthy relationships. The inclusion of topics such as abstinence, safe sex, parenting, sexual diversity, and sexual orientation is where the views start to vary. Parents felt that sex education could help make better informed decisions and help create adults that are more responsible. A common thread throughout my findings was parents who felt that the age at which school sex education should begin was in reality younger than what they assumed to be the legal age of sexual consent.

Parents were not as open when talking about the sex education of their children, or of other children, as they were when we discussing the formal, or informal, sex education of their youth.

Literature Review

According to the National Coalition to Support Sexuality Education website, Rhode Island schools are mandated to provide accurate instruction on sexuality, HIV/AIDS, and STDs to its student. Instructors must stress abstinence as a preferred means of prevention, which is a basic education program requirement throughout the schools. Curriculum must also consist of the responsibilities of family membership and adulthood, including issues related to reproduction, abstinence, dating, marriage, and parenthood, as well as information about sexually transmitted diseases, sexuality, and lifestyles. In addition, the state's Department of Elementary and Secondary Education must begin sufficient HIV/AIDS instruction, which shall provide students with accurate information on HIV/AIDS transmission and prevention.

States vary when it comes to mandates for sex education (statehealthfacts.org 2011), as detailed in Table 1 below. Three states mandate that if sex education is going to be voluntarily taught, they must cover abstinence and contraception. Eleven states mandate that if sex education is going to be voluntarily taught, abstinence must be stressed. In one of those eleven states, "Localities may override state requirements for sex education topics, including abstinence; state prohibits including material that contradicts the required component" (statehealthfacts.org 2011). Four states mandate if

sex education is going to be voluntarily taught, then abstinence must be stressed, but contraception only has to be covered. Ten state mandates have no state-specific content requirements if sex education is going to be voluntarily taught. Two states have no state-specific requirements if sex education is going to be voluntarily taught.

For the states that don't allow sex education to be voluntarily taught, three states mandate that abstinence must be covered. Four states mandate both abstinence and contraception must be covered during sex education. Only the District of Columbia mandates that contraception must be covered. Four stress abstinence in their sex education programs. Of those four, one also mandates, "State prohibits teachers from responding to students' spontaneous questions in ways that conflict with the law's requirements" (statehealthfacts.org 2011). Seven states mandate abstinence must be stressed and cover contraception. Two states do not have state-specific content requirements.

The states also have mandates when it comes to STI/HIV education (statehealthfacts.org 2011). One state's mandate allows STI/HIV to be voluntarily taught, but abstinence and contraception must be covered. When STI/HIV education is voluntarily taught in six of the states, abstinence must be stressed. One of those six also mandates, "Localities may override state requirements for sex education topics, including abstinence; state prohibits including material that contradicts the required component" (statehealthfacts.org 2011). Two states mandate that abstinence must be stressed and cover contraception during STI/HIV education if voluntarily taught. In eight

states, there are no state-specific content requirements if STI/HIV education is going to be voluntarily taught.

TABLE 1. STATE REQUIREMENTS FOR SEX EDUCATION

State	Sex Education	STI/HIV Education
Alabama	If taught voluntarily, must stress abstinence and cover contraception	Must stress abstinence and cover contraception
Alaska	If taught voluntarily, there are no state-specific content requirements	If taught voluntarily, there are no state-specific content requirements
Arizona	If taught voluntarily, must stress abstinence	If taught voluntarily, must stress abstinence
Arkansas	If taught voluntarily, must stress abstinence	If taught voluntarily, must stress abstinence
California	If taught voluntarily, must cover abstinence and contraception	Must cover abstinence and contraception
Colorado	If taught voluntarily, must stress abstinence and cover contraception	If taught voluntarily, must stress abstinence
Connecticut	If taught voluntarily, there are no state-specific requirements	No state-specific content requirements
Delaware	Must stress abstinence and cover contraception	Must stress abstinence and cover contraception
District of Columbia	Must cover contraception	No state-specific content requirements
Florida	If taught voluntarily, must stress abstinence	If taught voluntarily, must stress abstinence
Georgia	Must stress abstinence	Must cover abstinence
Hawaii	If taught voluntarily, must cover abstinence and contraception	If taught voluntarily, must stress abstinence and cover contraception
Idaho	If taught voluntarily, there are no state-specific content requirements	If taught voluntarily, there are no state-specific content requirements
Illinois	If taught voluntarily, must stress abstinence	Must stress abstinence and cover contraception
Indiana	If taught voluntarily, must stress abstinence	Must stress abstinence
Iowa	No state-specific content requirements	No state-specific content requirements
Kansas	If taught voluntarily, there are no state-specific requirements	If taught voluntarily, there are no state-specific requirements
Kentucky	Must cover abstinence	Must cover abstinence
Louisiana	If taught voluntarily, must stress abstinence	If taught voluntarily, must stress abstinence
Maine	Must stress abstinence and cover contraception	Must stress abstinence and cover contraception
Maryland	Must cover abstinence and contraception	Must cover abstinence and contraception
Massachusetts	If taught voluntarily, there are no state specific content requirements	If taught voluntarily, there are no state specific content requirements
Michigan	If taught voluntarily, must stress abstinence	Must stress abstinence
Minnesota	Must cover abstinence	Must cover abstinence

Mississippi	If taught voluntarily, must stress abstinence	If taught voluntarily, must stress abstinence
Missouri	If taught voluntarily, must stress abstinence.	Must stress abstinence
Montana	Must cover abstinence	Must cover abstinence
Nebraska	If taught voluntarily, there are no state-specific content requirements	If taught voluntarily, there are no state-specific content requirements
Nevada	No state-specific content requirements	No state-specific content requirements
New Hampshire	If taught voluntarily, there are no state-specific content requirements	Must cover abstinence
New Jersey	Must stress abstinence and cover contraception	Must stress abstinence and cover contraception
New Mexico	Must cover abstinence and contraception	Must stress abstinence and cover contraception
New York	If taught voluntarily, there are no state-specific content requirements	Must stress abstinence and cover contraception
North Carolina	Must stress abstinence and cover contraception	Must stress abstinence and cover contraception
North Dakota	If taught voluntarily, there are no state-specific content requirements	If taught voluntarily, there are no state-specific content requirements
Ohio	Must stress abstinence	Must stress abstinence
Oklahoma	If taught voluntarily, must stress abstinence	Must cover abstinence and contraception
Oregon	Must stress abstinence and cover contraception	Must stress abstinence and cover contraception
Pennsylvania	If taught voluntarily, there are no state-specific content requirements	Must stress abstinence
Rhode Island	Must stress abstinence and cover contraception	Must stress abstinence and cover contraception
South Carolina	Must stress abstinence and cover contraception	Must stress abstinence
South Dakota	If taught voluntarily, there are no state-specific content requirements	If taught voluntarily, there are no state-specific content requirements
Tennessee	Must stress abstinence	Must stress abstinence
Texas	If taught voluntarily, must stress abstinence	If taught voluntarily, must stress abstinence and cover contraception
Utah**	Must stress abstinence	Must stress abstinence
Vermont	Must cover abstinence and contraception	Must cover abstinence and contraception
Virginia	If taught voluntarily, must cover abstinence and contraception	If taught voluntarily, must cover abstinence and contraception
Washington	If taught voluntarily, must stress abstinence and cover contraception	Must stress abstinence and cover contraception
West Virginia	Must cover abstinence and contraception	Must cover abstinence and contraception
Wisconsin	If taught voluntarily, must stress abstinence and cover contraception	Must stress abstinence and cover contraception
Wyoming	If taught voluntarily, there are no state-specific content requirements	If taught voluntarily, there are no state-specific content requirements

*"Localities may override state requirements for sex education topics, including abstinence; state prohibits including material that "contradicts the required component."

** "State prohibits teachers from responding to students' spontaneous questions in ways that conflict with the law's requirements."

Of the remaining states where STI/HIV is not voluntarily taught, five only mandate abstinence must be covered during STI/HIV education. Eight states mandate when educating about STI/HIV, abstinence must be stressed. One of these states also “prohibits teachers from responding to students spontaneous questions in ways that conflict with the law’s requirements” (statehealthfacts.org 2011). Five states mandate STI/HIV education must cover abstinence and contraception. Twelve states mandate abstinence must be stressed and contraception covered when educating about STI/HIV. Three states and the District of Columbia have no state-specific content requirements for STI/HIV education. Sex education and HIV/AIDS education in the United states has no universal mandates. Each state is allowed to mandate on what is taught whether voluntarily or mandated. The table above lists each state and where it falls on both topics.

Although sex education is mandated in some New York school districts, parents have the right to opt out of sex education classes for their children (George and Moschella 2011). There are 35 states and the District of Columbia which allow parents to opt-out their children from sex education classes (National Conference of State Legislature 2012). At the same time, some parents avoid having a sex talk with their children because of their own feelings of discomfort about the topic. When parents do discuss sex with their children, the conversation is often lacking in information or substance (Woody, Randall, and D’Souza 2005). The lack of information and the timing of it often causes children to turn to their peers or movies for more information (Woody, Randall, and D’Souza 2005).

“The ability of parents to control the sexual behavior of their children is often one cultural marker of success at child rearing and by extension a distinguishing mark of group status” (Richardson & Cranston 1981:549). We as a society have a greater tolerance for sex literacy (Herdt and Howe 2007). Today, more homes have computers, cable television, even cell phones now have Internet access, and all this access allows images of sex at our fingertips. Any child with access to the Internet, television, movies or music has access to topics involving sexual content (Feldmar 2011). Today, sex is used to sell all types of products, and young people are exposed to such advertisements daily.

Until we break the cycle of treating sex as a taboo subject, we are putting our youth and ourselves at a disadvantage physically, mentally, emotionally, and in terms of health (Herdt and Howe 2007). Without sex education, our youth will learn about body image, sexual attitudes, and healthy relationship messages through the media and commercialization. This can be especially problematic for girls, since the media objectifies girls as eye candy, and boys are shown treating the women as sexual objects that they have no emotional connection to (Ferguson and Haugen 2010). When sex education is not provided at home or in schools, media images are given the power to shape teens’ sexual understandings (Ferguson and Haugen 2010). Adolescent girls often lack knowledge about sexually transmitted diseases, contraception, and other sex-related topics. They turn to older sisters, friends, books, or movies to fill in the blanks. This means that the chance of misinformation is significant, and teens face great risks from experimenting. Somers and Surmann reported on a survey that asked where high school males and females received their sex education. Results indicated that

respondents learned more from peers than they did from family members or schools (Somers and Gleason 2001, as cited in Somers and Surmann 2005).

In order for our children to make informed decisions, we must provide them with honest and informative answers to their questions. Parents can only provide as much information to their children as they have themselves or as much as they are comfortable giving. If teens are not provided with sufficient information, they will seek to get answers from somewhere else (Swisher 1994). Teens also use websites and magazines as additional sources of information. However, these students felt they were able to have conversations with friends and parents about sex (Turnbull and van Schaik 2010).

“Sex education aims at helping the growth of positive feelings among children about sex, imparts to children the truth that one needs love to nourish love, ensure that feelings which interfere with sex and love don’t pile up inside the minds of youth” (Mahajan and Sharma 2005:197). Parental views on the content of sex education can be broken into two general categories, traditionalists, and liberals (Libby 1971). Traditional parents tended to lean more toward coverage of specific topics and content, such as venereal diseases, conception, menstruation, illegitimacy, menopause, premarital petting, homosexuality, masturbation, divorce, and contraception, while the liberal parents are more open to broader coverage of topics. Yet, despite these differences, there were some areas (such as sexually transmitted diseases) that both groups of parents felt it was important to cover at greater length.

Some people look to their primary physician as the person they can go to for all aspects of their health needs. This can include talking or sharing about issues involving

sex. If physicians are not educated in all areas of health, including sexual health, their patient's needs may not be met (Dunn and Alarie 1997).

When schools choose sex education curricula, many worry about the potential ideological biases involved. The views or values of educators or the authors of curricula can be used to steer children to believe what the author wants them to believe. For example, conservatives want students to be abstinent until marriage, and thus conservative sex education curricula emphasize ways to deflect peer pressure and encourage a belief in the real benefits of abstinence (Eisenman 1994). Conservative sex education programs tend to emphasize traditional approaches that are not inclusive of modern social developments such as single parenthood or same-sex couples. Conservatives often argue that if we teach our children about sex, this will encourage them to run out and engage in sexual activity.

One issue to consider when creating sex education curricula is to consider the geographic background of the students. Students in rural areas and students in urban areas may face different challenges. For example, funding, adaptation and programs may differ (Ott, Rouse, Resseguie, Smith, and Woodcox 2010).

Abstinence-only curricula may impact some children in the opposite way, where they become frightened to become sexually active for fear of pregnancy or sexually transmitted infections (Irvine 2002). "While abstinence materials vary considerably in terms of overall quality, values and world views underlying this sample of curricula are unequivocal and consistent: developers of abstinence education curricula value nonsexual antecedents of sexual behavior such as skills, ideals, and psychological factors such as self-esteem" (Wilson, Goodson, Pruitt, Buhi, Davis-Gunnels 2005:97).

Abstinence-only curricula can also vary locally and nationally because of the opportunity for interpretation (Hess 2010). Thus, some sex education advocates argue for an empowerment-based approach where the experiences of the educators and students are open to make the sexual decision of their choice. The problem with empowerment is it can create resistance. But regardless of whether sex education programs are grounded in a conservative, empowerment-based, or intermediate position, sex education cannot be viewed as neutral (Thorogood 2000).

According to Advocates for Youth, Comprehensive Sex Education teaches about abstinence as the best method for avoiding STDs and unintended pregnancy, but also teaches about condoms and contraception to reduce the risk of unintended pregnancy and of infection with STDs, including HIV. It also teaches interpersonal communication skills and helps young people explore their own values, goals, and options. Kulczycki conveys, "Unsafe sex is the second-most-important risk factor for ill health after poor nutrition; 340 million new cases of curable STIs are estimated to have occurred globally in 1999 (WHO 2001 and 2002 as cited by Kulczycki 2007:341)." Those that practiced safe sex by consistently using condoms, have a more positive attitude about safe sex behaviors and expectations (Walcott, Chenneville, Tarquini 2011).

People support either abstinence-only or comprehensive sex education based not only on their individual political and religious beliefs, but also due to the effectiveness (or lack thereof) of the program (Bleakley, Hennessy, and Fishbein 2010). Age of consent is an important legal piece of education, as there can be long-term legal ramifications if those under the age of legal consent engage in sexual activity. If a child or young adult is involved with someone underage, he or she can be labeled as a sex

offender. A certain stigma is associated with the term sex offender and therefore most people will not take the time to investigate why the person is labeled as such. But instead, they will rush to judgment quickly viewing the accused, as a predator. That label will stay with that person for life. As Goffman (1963: 3) writes, "The term stigma...refers to an attribute that is deeply discrediting..." Stigmas, thus, can impact individuals' adult lives in a wide variety of areas, such as getting a job, finding a place to live, and meeting a romantic partner. Thus, our youth have to understand the difference between safe sex and legal sex. "...adolescents are taught a safe sex message in school, even as under-aged minors, who cannot legally engage in sexual intercourse" (Ferguson and Haugen 2010:59). In addition, while some sex education programs focus only on vaginal sex, there are also health and emotional risks involved in oral and anal sex. Vaginal sex is not the only way to contract a sexually transmitted infection (Ferguson 2011).

Some colleges, such as Nichols College, make Human Sexuality classes mandatory for the freshman class. For college students, women are often more likely to have a significant positive impact after sex education on such topics as masturbation and contraception. This positive impact includes being more comfortable with their body and self pleasure. Yet these same impacts that some see as positive fuel opposition to sex education programs, given their potential for "... increasing the degree of comfortableness with masturbation, the reduction of guilt feelings about sexual involvement, and creation of favorable attitudes toward oral-genital sex are equally inappropriate outcomes" (Davidson & Darling. 1986:14).

Richardson and Cranston (1981:548) reiterated a quote from Mahoney (1979:274), "Sex education is not a political issue which finds itself in a moral arena, but a moral issue which finds itself in the political arena." The Bush Administration's involvement in sex education in the early 2000s dramatically transformed sex education curricula across the United States by providing abstinence-only funding (Gusrang and Cheng 2010). Federal support for abstinence-only education is the result of political, financial, and social environments. Beyond federal support for abstinence-only curricula, the No Child Left Behind era of high-stakes tests has encouraged schools to take time away from sex education and other areas that do not directly impact test scores (Kendall 2008). Sex education has changed over the past few decades due to factors such as increased societal input, the emergence of new sexually transmitted infections (such as HIV/AIDS), increased access to the Internet and other media and information technology like cable or satellite television, and increased governmental involvement (Kendall 2008). During the 1980s, Surgeon General C. Everett Koop was very vocal about the need for sex education and the use of condoms to help reduce the spread of HIV/AIDS. Despite his own ideological leanings, he was vocal about the need for sex education, by promoting abstinence *as well as* condom use for those who are going to be sexually active (Lord 2010). In March 2010, Congress created a five-year Personal Responsibility Education Program (PREP) for the purpose to educate youth on abstinence and contraception for preparation of adulthood (Guttmacher Institute 2012).

When abstinence is the only content taught in sex education classes there can be a disconnect for those who have already engaged in sex. Some youth may feel that because they are no longer virgins, abstinence doesn't apply to them. Those who have

already engaged in sex before experiencing abstinence-based sex education curricula may feel they are dirty, ashamed or even experience lower self-esteem because of their previous decision to have sex (Doan and Williams 2008).

Some opponents of abstinence-only programs argue that such programs infringe on students' First Amendment rights by limiting students' ability to speak up about sexual issues in the classroom; opponents also argue that such programs put teens' health at risk. Weiser and Miller (2010:416) raise concerns over student rights on several justice issues:

First, abstinence-only education may violate the Establishment Clause of the First Amendment because such curricula advocate a specific religious agenda. Secondly, abstinence-only sex education potentially violates minors' rights to privacy and accurate sex information. Finally, these curricula are not grounded in community sentiment and suffer from a lack of legitimacy. These points further illustrate that comprehensive programs are preferable over abstinence-only programs.

Abstinence-only programs often misrepresent facts about contraception, risks of sexual activity and abortion as a scare tactic. Due to the fact that students are given incorrect information, they are placed in a more dangerous position due to their lack of knowledge on ways to keep themselves safe and prevent pregnancy.

Both those who wish to abstain and those who wish to practice safe sex can face negative stigmatization for their choices. Comprehensive sex education programs could provide those who wish to abstain with the skills to handle peer pressure while simultaneously providing those who wish to engage in sex with the knowledge to do so safely. Forcing either group to conform to the beliefs of others can have a negative impact on that individual (Berer 2006). "Strong evidence suggests that comprehensive approaches to sex education help young people both to withstand the pressures to have

sex too soon and to have healthy, responsible and mutually protective relationships when they do become sexually active” (Guttmacher Institute 2012).

On September 26, 2011, the International Planned Parenthood Federation’s website shared that 74 percent of the youth surveyed for World Contraception Day reported having taken part in sex education. However, survey respondents also reported high levels of unprotected sex, often due to the inability to access contraceptives, a lack of knowledge about different methods of birth control, or embarrassment. Some opted for the withdrawal method, which is very unreliable, yet those who chose the withdrawal method typically believed they were picking the most effective method to prevent pregnancy.

Sex education has historically focused on the negative aspects of sexual activity, such as disease and pregnancy risk. Typically, the positive aspects of sexual activity such as the logistics of sex, pleasure, and desire are left out of sex education (Allen 2007).

Teaching sex education courses in a relaxed and safe environment allows the students an opportunity to share their views and learn from their peers views and opinions (Moy 1987). Sex education can be intimidating and cause anxiety for some children. Their concerns or fears can be alleviated if the person educating them keeps the conversation open, honest, and factual. According to some students, this approach helps clarify any misinformation they may have (Poffenberger 1960). Teens that had formal Sex and Relationship Education (SRE), and attended SRE intervention, most preferred learning from sexual health workers (Turnbull and van Schaik 2010). Teens’ opinions on sex education differ between males and females on the amount of

information they want and from whom they receive this information (Hacker, Amare, Strunk, and Horst 2000).

Adolescents may also sense the negative feelings or uncomfortable feelings of adults around them when the subject of sex comes up. They receive subliminal messages early on that sex is not a comfortable subject for most. This may stop students from coming forward with questions. When a question is asked in the classroom, the teacher's reaction can impact students' comfort level, and yet teachers often face constraints on their ability to answer honestly and completely (Fields 2008). Our youth have questions when it comes to sex and their bodies. If they do not feel comfortable to discuss it at home, school sex educators should be available to help answer their questions.

Sex education in schools does not prevent sex education at home. Students may learn something in sex education class and then feel comfortable to discuss the topic with their parents. Either way there is an open dialogue for our youth to gather the correct information (Abraham 2011). Some parents may have already discussed sex with their child or children prior to the school's sex education with the instruction just as a reinforcement or addition. For the parents that may not feel comfortable starting that conversation, the sex education at school may help them have those uncomfortable conversations with their child or children.

While the political and ideological components of debates about sex education are important, researchers are particularly concerned with the outcomes of such programs. In other words, what might matter most is what impacts sex education programs have on students' sexual behavior. Comprehensive sex education that

included abstinence resulted in lowest pregnancy rates, where abstinence only programs were not as successful (Stanger-Hall and Hall 2011). Some schools use infant simulators, which are dolls made to look and act like real infants that need to be fed and changed. Although many educators, parents, and students think infant simulator assignments are a good idea, the results are not promising. However, students acknowledged the difficulty in caring for a baby and the need to wait to have children. Females were more likely to have been more positively impacted by the assignment (Barnett 2006). Overall, the research shows that—contrary to conservatives’ fears—sex education programs do not increase sexual activity (Eisen and Zellman 1987). “Although only 13% of U.S. teens have had sex by age 15, most initiate sex is in their late teen years. By their 19th birthday, seven in 10 teen men and teen women have had intercourse” (Guttmacher Institute 2012). Due to these numbers, it shows a need for comprehensive sex education.

Research Methods

A snowball sample of 42 parents—9 fathers and 33 mothers—living in Rhode Island, Massachusetts, or Connecticut were interviewed for this research project. Flyers were handed out and initial contacts were asked to pass them along to anyone who might have interest in participating (see Recruitment Statement in the Appendix). Before interviews were conducted, I verified that each parent met the criteria of having a child or children between the ages of 12-18 (see Table 2 below). Semi-structured interviews lasting on average 30 minutes were conducted with each parent. See the Appendix for a copy of the interview guide, which was pre-tested prior to use to improve

reliability, as well as approved by the Rhode Island College Institutional Review Board (see the Appendix for the IRB-approved consent form). Interviews were done in work conference rooms and parents' homes according to interviewee preference in December 2011 and January 2012. These interviews were audio recorded and transcribed. The resulting interview data was analyzed using inductive content analysis to develop major themes. Though this research draws on a non-random sample and therefore is not generalizable to the broader population or even to the population of parents of teens living in Southern New England, as an exploratory study it provides a new look at how parents understand the content and nature of sex education programs and thus provides a useful basis for future research in this area.

Table 2. Age and Sex of Children of Parents Interviewed

	Child Age	Child Sex		Child Age	Child Sex
Interview 1	12	M	Interview 22	9,17,18	M,F,F
Interview 2	12	M	Interview 23	12,14	F
Interview 3	16, 18	M, F	Interview 24	11,13	F,M
Interview 4	18	F	Interview 25	14	M
Interview 5	15, 13	M, F	Interview 26	12	M
Interview 6	13, 10, 6	M, F, F	Interview 27	12,14	F,M
Interview 7	12, 10	F, M	Interview 28	12	M
Interview 8	17	M	Interview 29	13,17	M,F
Interview 9	12	M	Interview 30	18	F
Interview 10	15	M	Interview 31	15,17	M,F
Interview 11	17, 14	M, M	Interview 32	14	F
Interview 12	14, 9, 5	F, M	Interview 33	17	M
Interview 13	18, 14	F	Interview 34	12	M
Interview 14	18,32,39	F	Interview 35	3,11,16	F
Interview 15	10,14	M,F	Interview 36	9,14,15	F
Interview 16	12	F	Interview 37	15	M
Interview 17	18	F	Interview 38	14,17,21	M, F,F
Interview 18	16,19	F	Interview 39	12	F
Interview 19	12,13,16	M	Interview 40	14	M
Interview 20	11,11,13,18	F,F,F,M	Interview 41	12	M
Interview 21	12	M	Interview 42	12,15,17	F,M,F

Discussion

The analysis will show that parents do want better sex education for their children than what they received, yet what the education consists of varies. The majority of parents agreed that sex education should include both male and female anatomy, sexually transmitted infections, pregnancy prevention, puberty and sexual development, and healthy relationships. The inclusion of topics such as abstinence, safe sex, parenting, sexual diversity, and sexual orientation is where the views start to vary. Parents felt that sex education could help their children make better informed decisions and could help create adults that are more responsible. One interesting common thread throughout my findings was parents who felt that the age at which school sex education should begin was in reality younger than what they assumed to be the legal age of sexual consent. For example, most parents predicted the legal age of consent to be 16. However, they felt that sex education should begin by age 12.

Parents who participated in this research were in general very open to speaking about their own experiences with sex education—indeed, they were much more open about their own experiences than they were when speaking about sex education for their children and about children today more broadly. When discussing these latter topics, I noticed parents were more likely to look around the room or look at the tape recorder expressing discomfort with the topics. When asked about sexual orientation and sexual diversity as a part of sex education, some parents hesitated prior to their response. A noticeable majority of parents' dispositions changed when I asked this question, and the change in attitude and rapport could be detected. Answers on this

particular question seemed to be more based on political correctness rather than necessarily reflecting their views. However, even among parents that were not advocates for having sexual orientation and sexual diversity taught in sex education classes thought we should teach our children tolerance. Many related this issue of tolerance to bullying, which is often seen as an epidemic today. Parents argued that if children were more tolerant of each other and their differences, bullying might be reduced. One parent summarized that kids may be bullied based on their sexual decisions including whether to have sex, which sex they are attracted to and even if they abstain.

Parental Sex Education

When I asked the parents about the sex education instruction they had in school, 12 of the 42 parents had no formal sex education at their public or Catholic schools. They stated they learned about sex from older siblings, friends, movies, and magazines. The parents that did not have formal sex education, attended Catholic, and public schools (see Table 3 below).

The majority of those that had experienced formal sex education had to take a couple of minutes to recall what they learned. Two parents were the exception. One mother remembered right away the movie she was shown about childbirth. She said it was something that had always been with her because she said she was traumatized by it. One father said his class watched a pornographic movie during their sex education class. He could not remember the name, but remembered the movie in

detail. The parents that had formal sex education attended Baptist, Catholic, private, and public schools (see Table 3 below).

TABLE 3. PARENTS' EXPERIENCES WITH SEX EDUCATION BY TYPE OF SCHOOL

	Public	Catholic	Baptist	Private Non-Denominational
Parents with formal sex education	24	4	1	1
Parents without formal sex education	8	4	0	0

Three parents had sex education in high school (this is when high school was grades 10-12), one in middle school (grades 7-9), two were in either the seventh or eighth grade, but couldn't remember exactly which of those grades it took place. The rest of the parents remembered when they had sex education because of a specific memory such as the teacher, a friend, something about the room, etc. Six parents had formal sex education in fifth grade, four in the sixth grade, four in the seventh grade, and five in the ninth grade, one in the tenth grade and finally, three in the eleventh grade. They remember topics such as pregnancy, anatomy, menstruation, and HIV/AIDS. Some common topics parents felt were left out of their sex education was sexually transmitted infections, birth control, and healthy relationships. There was limited discussion about condoms and using them effectively.

Parents also shared that the majority of their own parents did not feel comfortable talking to them about sex. It was not something that was talked about at home; rather, it was something children learned in school, from friends, or from other older people in their lives. All but one parent shared that either they or their peers did more experimenting due to the lack of concrete facts. The one person who said she did not experiment explained that this was because her mother instilled so much fear in her.

She just was afraid of what would happen to her if she had premarital sex. Even though the parents were being asked about their own sex education, every one of them added at some point during questioning, that it was important for their children to know more and be better educated when it comes to sex. This education will help prepare children for adulthood having learned the necessary skills for informed decision-making.

General Perceptions of Sex Education Program

Jen¹, a mother of two, a 10-year-old boy and 14-year-old girl said, “My ideal sex education program would include the balance between your body, mind, and self-respect.” Julia, mother of a 13-year-old boy and an 11-year-old girl, “I think they should know everything about sex education. They should know each other’s bodies and their own. How things can be affected by what they do, I think knowledge is power!” As Cayla, the mother of 12-year-old boy said, “Education is key to them staying safe.” Chris, a mother of a 17-year-old boy said:

If sex education was not taught in school, I think it would be detrimental. I was going to say we’d go back to the way we were. But we wouldn’t. That’s the problem. We didn’t maybe get sex education before. But the world was very different then. And now there’s so much information good and bad out there that I think its even more important now for kids to get the appropriate sex education classes to kind of counterbalance all the other crap they’re going to get out there in the world. I would think it would have a detrimental effect. It could cause more violence even, more domestic issues. More bad relationships, I think it could cause a lot of problems.

Regardless of whether parents experienced formal sex education or learned on their own, all respondents want better education for today’s youth. All parents agreed

¹ All names have been changed to protect the identity of respondents. Respondents’ words are reproduced accurately without being correct for errors.

that sex education should be factual and leave out values and morals, which should be taught at home. They saw the role of the parent as focused on instilling their own family's values and morals. One mother of an 18-year-old girl said, "Children get more from a different adult than a parent. And so they might respect what a teacher has to say more than they do their parents when they're teenagers" and this can cause issues if values and morals are brought into the school conversation. Willa, a mother of a 9-year-old boy, and two teen girls ages 17 and 18, said, "I always felt that sex education was for everybody and as long as it's factual and it's not anybody's opinion."

The Ideal Sex Education Curriculum

Parents' perceptions of the ideal sex education curriculum vary, though there are some baseline characteristics that all parents agreed upon. Of the 42 parents I interviewed, all agreed that we should educate our youth on both male and female anatomy, sexually transmitted infections, pregnancy prevention, puberty and sexual development, and healthy relationships. However, opinions varied on the inclusion of topics such as abstinence, safe sex, parenting, sexual diversity, and sexual orientation.

On the one hand, some parents felt that sex education is responsible for forming sexually responsible members of society. By not teaching our children about all aspects of sex through sex education, these parents believe we are keeping them from fully developing and understanding their own self. For example, Jen, a mother of two, a 10-year-old boy and 14-year-old girl, says that:

I think that in America we send mix messages about sexuality every day to kids and adults. I think that has a negative impact on sexuality as a whole. People want to like it, but maybe we shouldn't cause its bad you know, it's dirty you know. It's unfortunate that's the struggle that we have, but I think that it could be

changed if, if kids were given the right information from the get-go, you know, then they would never have to feel that way, you know.

Kara, mother of a 14-year-old boy, said:

We need to make sure our kids become responsible adults. That includes becoming healthy, loving relationships with their family, neighborhoods, and community. We need to help grow, raise people who are going to make the community a better place. You know, be an asset to society.

Abstinence Education

Thirty-seven of the parents I interviewed thought we should teach about abstinence as a form of sex education, but all agreed it should not be the only form of sex education. Roscoe, a father of three girls, ages 3, 11, and 16 said, “The big thing I would say is abstinence, and waiting, but also knowing the adverse effects and the consequences if something were to happen. Also, self-esteem, self-worth, and that it is okay to say no.” Penelope, a mother of an 18-year-old girl was very vocal during her interview about her views on abstinence as an option only. After I stopped recording, Penelope shared an important family story. She explained that her brother Monroe, a father of two daughters, always preached about abstinence-only education. She and her other siblings had more of an open dialogue with their children about sex. Both of Monroe’s daughters ended up pregnant after engaging in pre-marital sex. His youngest got pregnant at 15-years-old. He pretty much did not want anything to do with his pregnant daughter, who now is 18-years-old and has three children. He would treat his other daughter better. He even went so far as to call her “the golden child,” at least until she got pregnant at 18. Monroe was devastated and felt society let his family down. Penelope noted that none of the other nieces or nephews had children at an early age. Penelope explained her reservations for sharing on tape. She explained she felt a

sense of betraying her brother by having it on “record” but knew it would be important and helpful to my research and for others to know. She shared her brother had a sense of embarrassment and lack of pride in how things turned out. He has finally come around and reluctantly accepted his family situation. Often parents feel an initial sense of sadness or embarrassment when their unwed teenager becomes pregnant. However, in today’s society it is more widely accepted than in past decades.

Margaret, who has three daughters, 18, 32, and 39, said, “It’s most important to respect their bodies, respect themselves, because the first time only happens once, you can’t get it back.” Diva, mother of 16-year-old and 19-year-old teen girls, said:

I wouldn’t say, I mean they should stress on it but at the same time, come to the realization that not all the kids will follow it, but at least instill in them that you know what, you’re not a loser if you decide not to go about not having sex and you wait until you’re married. That’s a good choice if you want to stick with it. You know, and also instill in them, once it’s gone, it’s gone you can never go back and get it.

Margaret returned to the issue of abstinence, saying:

Umm you know, I do have nephews that pledge abstinence, I don’t feel comfortable saying to them, are you still (laughs) I really don’t, I mean you know, I don’t think it’s realistic to believe that you’re going to be a certain age and you’re not going to have sex, I’m sorry, I just don’t.

Four of the 42 parents interviewed did not think abstinence should be taught at all because it is not realistic in today’s present society. Melissa, the mother of an 18-year-old girl, after a long pause said, “No, it’s not realistic. I don’t think it’s the school’s responsibility to tell your child if they should or shouldn’t have sex.” Connor, a father of a 14-year-old boy, said:

Kids don’t look at what could happen. They look at what *should* happen. This is, if I do this, this is going to be good. They don’t see it as if I do it this is what *could* happen. They don’t imitate what they see on TV because of what could happen. They imitate it because they think it looks cool.

Jen, mother of a 10-year-old boy and a 14-year-old girl, said:

No matter what there's always been teen sex you're not going to stop at it. I think it's much more important to have a realistic view and really good communication with your kids about sex, you know so that way, you're included on their conversation, you're included in their decision making instead of just, you know, they let somebody else convince them to have sex with them. You know, like to be involved in the conversation, I believe it's so, so, so important. Umm, I think that abstinence is just not realistic.

One father, Abraham, who has a son who is 17-years-old, thought abstinence, should not be taught because, "It won't work, they aren't going to abstain no matter what we teach them, if they really want to have sex."

The 38 parents that thought abstinence should be part of a sex education class so that children understand there are options. The other four parents just don't believe that option is realistic in today's world. Today's youth are exposed to more adult-content than their parents' generation such as to sexual content in music, movies, and advertising.

Safe Sex

When parents were asked if we should educate children or teens about safe sex, all but one parent agreed. All 42 parents agreed pregnancy prevention needs to be taught during sex education class. Abraham, the father of a 17-year-old boy shared his own personal history as he explained why he valued pregnancy prevention education:

There's a reason why when I was growing up, late '70s, '80s, if a girl was pregnant in school, nobody talked about it, it was like oh my god, and she wore the scarlet letter. There was a sense of fear if you had sex. That's why everybody would say oh so and so, she's a, she's, she's lose, she's this, she's that. You know how it all went, you know, guys say they slept with this one, it really didn't happen. But there was a fear and it wasn't of (clears throat), a STD. It was the whole pregnant, teenage, and pregnant and it was just not accepted. Right, wrong or indifferent and then it moved to HIV/AIDS.

And that's when it all started educating because just shaking a person who has HIV/AIDS, shaking their hands, didn't mean you caught it and it wasn't strictly from homosexuals and monkeys, all that. You needed education but you still had

to have that type of fear, I mean sex was not like the '60s like just a sexual explosion. I mean you know fear keeps things in check. I mean you can interpret it however, you want but I mean let's face facts, girls are scared of getting pregnant and being castaways. You're not going to have sex with those girls. Guys and girls are afraid of getting HIV/AIDS; well they're going to think twice before they have unprotected sex.

Now it's accepted. Teenage girl pregnant doesn't matter, it's all right, forget about health coverage from states; how we get along with that expense. I mean they glorify it on MTV, teenage moms. I mean I hate to use entertainment because I don't think entertainment has a huge, huge absolute influence but you know you got a Britney Spears, she goes crazy, look how she dressed when she was 16, 17-years-old.

Ashley has an 18-year-old daughter who is particularly concerned with the way that teens think (or, more accurately, do not think) about consequences:

The consequences of what can happen. Not only being pregnant at a young age, but the diseases that come with it. The emotional states that comes with it. I think a lot of kids these days are 'oh well everyone else is having sex, maybe I should too'. And they don't really think it all the way through. This is what I'm going to go through once I have sex. They don't really consider the whole picture, it's more of 'hey my friends are doing it, I'll do it. Oh, he wants me too I'll do it, or she wants me to so I'll do it.'

Similarly, Jen, who has a 14-year-old daughter and 10-year-old son, said "Prevention of pregnancy, because again, I personally believe that you know teenagers should not have babies, you know I mean if they do, they'll have to deal with it, but it could be prevented and we should teach that absolutely to prevent that from happening to them."

Jen further emphasized the importance of teaching students about the realities of their bodies and of contraceptive options:

Well I think giving proper information about the human body, you know, like about menstrual cycle and about erections and wet dreams and I mean those are pretty much across the board no matter what religion you are or what, you know, cultural background you have, umm that's all universal, it means all girls are going to menstruate, all boys are going to get erection you know that's pretty much I think all across the board. And as far as birth control I'm assuming that where it would start to get ugly is abortion and birth control, cause you know some religion don't believe in birth control and some don't believe in abortion, but regardless of what your religion is, these are choices that exist and you need to let them know. I mean it's just like they're going to teach them physics, but you're

not going to become a physicist, you know, it's the same thing, you should know, you should have the base line information.

Belle, has two daughters aged 21 and 17 along with a 14-year-old son, said, "I have no issue with schools handing out condoms. I would rather have my child wear a condom than to have a doctor tell me that my child has been infected with HIV." Chris, mother to a 17-year-old boy, said:

"As much as you teach a child, they're going to do things that you may not want them to do and you want them to be prepared." Connor, father of a 14-year-old boy said:

How do I say it? Um, my 14-year-old, I gave him condoms because I can't be with him 24 hours a day. I don't know where he's going to be. I mean he could be at school and cut class and do it in the school or leave school and do it somewhere else but I can't be there to tell him, 'Hey, put this on.' I don't want him to come home and tell me dad, um, you're going to be a grandfather.

Jen is mother to a 14-year-old girl and 10-year-old boy:

Absolutely, absolutely! They should be teaching boys how to put condoms on them. Absolutely they should be teaching girls every single, birth control method out there, you know, and, which includes the pill, the IUD, you know, I mean it should all, it should all be there, it should all, all of the options should be made available.

In contrast, Margaret, the mother of three girls, argues that while students should know about contraception, access should not be made all too easy for them:

Right, let them go, know where they are. But have a little education class there too I mean I don't want to, you know, they know where to get them, they know they can go buy them at the store, but I think if I'm not mistaken anything Planned Parenthood and stuff do, do they, there's more opportunity out there for kids now than there was back then. They can go, they can get condoms, and I don't think any questions are asked in certain places but also I think there's a place where you can have education classes.

Similarly, Anne, mother to 14 and 18-year-old teen girls, said, "Condoms and other forms of birth control can be discussed in a sex education class, because they need to know there are options. The options just should not be made accessible or convenient."

Roscoe, a father of three girls, ages 3, 11, and 16 said, “They can leave teaching about condoms and other forms of birth control up to the parents and up to the doctors.” Roscoe did not have any formal sex education. He wants an open dialogue between him and his daughters. He feels if birth control is accessible in schools; it could diminish his control over his daughter’s decisions to consent to sex. He feels if they need to come to him, his wife, or their doctor, that his daughters might wait longer before engaging in sex.

Sexually Transmitted Infections

Another topic that all of the parents agreed on was teaching about sexually transmitted infections. For example, Connor, a father of a 14-year-old, said:

Of course, because it would show us a consequence of doing what you’re not supposed to be doing at a certain age. I’m not saying that sex is wrong but a 12 or 13 or 14-year-old should not be engaging in sex. But if they do it, like I said I can’t be with them 24 hours a day. They should know what could happen if they mess around with the wrong thing or person that is already infected. They should be able to recognize what it looks like if that person is sick and know that it could happen to them.

Similarly, Ashley, who has an 18-year-old daughter said, “Yes, I think that sexually transmitted diseases are big things. The kids have to realize that this could happen and you may not be ready for it.”

Indeed, for some parents, discussion of sexually transmitted infections (or the alternative term, sexually transmitted diseases) was among the most important topics for sex education classes. Jen, mother of two, a 10 year old son and 14 year old daughter, said

Most important, well obviously is, prevent of STDs because you know that’s when sex becomes a matter of life and death so I believe that, that is absolutely imperative to teach umm to teach children you know so that hopefully these next

generations won't, won't have to deal with wide spread of HIV/AIDS, wide spread of herpes and you know unwanted pregnancies, well so, so number one would be prevention of STDs.

Parenting

Parenting education was a less popular topic for sex education class. Nine parents did not think it should be taught with one parent hesitating with a reply that it *should* be taught. Of the nine opposed to teaching it, their reasons varied. Some argued that giving students an egg, bag of flour, or doll to carry around—or any other activity the school assigned—would not really have any impact. Others felt that parenting cannot be taught, but rather is learned through real life experiences.

Margaret, who has three daughters, 18, 32, and 39, is one of the parents who did not approve of parenting education. She believed it would just be a way for the school to say teen parenthood is acceptable.

No I'm sorry guess what, no, you know why are we even warning them for something that shouldn't have happened in the first place. No, I'm sorry; I'm very strong against that. I mean there are cases where it's an accident and it happens but you don't want to promote that if you have a child, if you go out and you have sex with somebody, and you have a child, you can still go to school and you can bring your kid here and your life is still going to be the same because you and I both know it's not going to be the same, but why are we promoting that to happen?

Yet the majority of parents did support the inclusion of parenting education in the sex education curriculum. For example, Chris, a mother of a 17 year old son said, “oh boy (laughter) yeah that's a big one. Yes, I think we should be covering that. It's easy to have a child, but to parent them is a whole other story. No, I think that should be included somewhere.” Ashley, who has an 18-year-old daughter, said:

I think every kid should get that computerized doll. I don't think that kids really understand if they get that egg or a bag of flour. It's more of a nuisance than anything. I don't think a lot of them take that seriously. But if they had one of

those computerized babies, where it's crying you have to tend to it. That may give them a better understanding.

Jen, mother of two, a 10-year-old boy and 14-year-old girl, said:

I think that we should teach parenting in a sense I always loved the idea of kids having to take care of a doll or a bag of sugar or, you know, over a weekend so they understood the, umm, enormous responsibility of having a child so they can be like 'oh this is such a (laughs)' you know, 'I have to take this freaking bag of sugar everywhere with me.' Umm you know I, I think it's important to, to show them the, the enormous responsibility that parenting is, umm, and I think that if there are teenagers who are pregnant in school, that there should be specific parenting classes available to them.

When I asked parents about teaching parenting in class many stated it wasn't the first topic that came to mind when we talked about sex education. As you can see by the comments in this section, there are parents on both sides of the opinion.

Healthy Relationships

“Sex, of course, can come with emotional confusion and pain, and be enmeshed with violence, which Michelle Fine knows well. She said that what all adolescents crave is a ‘safe space’ to pull apart and ponder the stew of relationships and sexual activity — including intimacy and desire and betrayal and coercion” (Abraham 2011). This quote helps to illustrate that our youth face more than just the physical aspects of sex. They also face the emotional and mental components. When I asked parents if they thought the characteristics of healthy relationships should be taught in sex education classes, several specifically commented that they thought it was a great question.

Ashley, who has an 18-year-old daughter, demonstrated exactly what is so difficult about developing a relationship-oriented curriculum for sex education classes. “Everybody’s opinion of what a healthy relationship is, [is] different. Not necessarily

teach what is healthy, but what is unhealthy. Things like domestic violence, verbal abuse, sexual abuse, physical abuse.” But a number of parents did want students to learn about health relationships. Tony, the father of a 14-year-old boy, a 9-year-old girl and a 5-year-old boy, said, “We talk about sex, but we are not talking about how we actually get to that point or relationships, especially healthy relationships. I think it is critical.”

Anne, the mother of two teen girls, aged 14 and 18, emphasized the timing issues in sexual activity as a key element of health relationships: “One message I would like to have them be given is to wait to have sex until you’re with the right person. Not necessarily save for marriage, but save for a serious relationship. It shows respect...you don’t have to compromise yourself because you think that’s going to make you popular.” Chris, the mother of a 17-year-old boy, said, “They get a lot of other information from other places that could impact them and it could be a bad relationship so you need to counteract that with teaching them how to have a good one. Plus a lot of broken families, a lot of people don’t get that from anyplace but in the schools.” Connor, father of a 14-year-old boy expressed a parent’s actions toward relationships are observed by their child:

You can’t be with your kids 24 hours a day, it’s impossible. But you should be able to control what your kids do, watch and imitate. Your kids are a reflection of you. If you’re acting like a, like a jerk or as a fool then that’s what your kids are going to do. If you let your kids watch anything and everything on TV, they’re going to act and do and imitate everything that they see on TV. If they see a, a male treating a female the incorrect way, what do you think they’re going to do when they’re out in the street, not in front of you?

Jen, mother of two, a 10-year-old boy and 14-year-old daughter, was one of the strongest supporters of healthy relationship education. When asked about it as a topic for sex education classes, she said:

Oh my gosh, yes! Yes! Yes! Absolutely, because teenagers are immature. You know, I mean their bodies are mature like my daughter she is 5'7", 38 double D chest size, 9 women shoe, her boyfriend is 6 feet tall. You know I mean, these, their bodies are mature but their minds are not, you know, so they may be, their bodies may be mature enough to have sex, but mentally you know if they're breaking up with each other over, you know, not sharing dessert at lunch. They absolutely have to start learning skills, how to communicate with each other and communicate their feelings and their wants and their desires and not just sexually, you know. And also learning about that, the enormous responsibility of give and take in a relationship that you can't just take, take, take and you can't just give, give, give, and you know, it's, it's important that they learn that as well, cause a lot of kids, let's face it, they don't see it in their own homes. So, you know, one in two marriages end divorce so what are they learning from their parents, you know, especially if their parents hate each other and then there's negativity, who was modeling that positive relationship for them, that give and take, so I think that, that should absolutely, be a part of it.

Sexual Diversity/Sexual Orientation

Another area where parental opinions about sex education curricula differed concerned the teaching of sexual diversity and sexual orientation. Thirty-seven of the 42 parents felt that given the increasing public awareness of diversity among sexual orientation, it was important to educate our children for tolerance. However, responses to this topic may have been influenced by socially desirable response bias, as parents sought to provide answers they thought would be perceived as "correct." For example, one parent who agreed that sexual orientation should be included in sex education curricula did so only after hesitating for about a minute. This parent seemed reluctant to agree, but also afraid to admit she didn't agree. However, four parents were comfortable with telling me that they do not think we should be teaching or even discussing sexual diversity and/or sexual orientation in the classroom. For example,

Abraham, father of a 17-year-old boy, based his disapproval of this topic on a more general perception that homosexuality was not a serious issue for discussion:

I don't know if I should be even be saying or even comment on it because I don't agree with the whole gay thing. You know I just don't personally agree with it. I don't think it's right but it is what it is, you know, what I mean. But, umm, I just think the whole gay thing is almost, not with guys, but with girls I think it's almost like a fad, I mean it's every girl you run into has had an experience and they've always been drunk.

Among those parents who did support discussing sexual orientation in the classroom, a number of them specifically mentioned the value in teaching children that they should be happy and accepted. For example, Ashley, who has an 18-year-old daughter said:

Yeah, I think you should [teach about sexual diversity]. Now a day's everybody should be, everybody is different. You may not be heterosexual, you may be homosexual, and you may be bisexual. In my opinion, you are who you are. If you are happy, you're happy. I could care less if it's with the same sex or the opposite sex. And I think that's where everybody should see. Before later in years, ya know, none of that was spoken to which made it harder for people if they were homosexual or bisexual to come out and be honest with people. I'd rather have openness and everybody be happy and everybody be understanding of one another. Is that going to actually happen? Hopefully one day.

Similarly, Jen, mother of a 10-year-old boy and 14-year-old daughter, said:

Oh absolutely I think that, umm, it should be taught that girls like girls and boys like boys and sometimes girls like, you know umm you know that, that, that is an acceptable normal. Instead of ostracizing same sex, kids that, umm, have same sex desires, umm, a relationship that they shouldn't be ostracize, they should be accepted just as much as male and female relationship. And, you know, there's more and more, umm, I think bisexuality among teens and transgender issues that are, that are coming to the forefront, and I believe, that our kids should be taught that no matter how somebody loves, you know, as long as it's consensual and not like, umm, obviously like a 30-year-old man and a 14-year-old girl (laughs) like that, that relationship should be honored that if your friend is gay, you shouldn't be, you know, making fun of them and tearing them apart. You know, I think that, that sensitivity to, umm, to sexual orientation should be covered in sex ed classes.

Margaret, who has three daughters, 18, 32, and 39, approved of teaching about sexual orientation, even though she seemed less comfortable with homosexuality in general.

Yet she believed that such education might improve the treatment of gay and lesbian

students in schools. “I don’t care about that; they can do whatever they want, just behind closed doors. I mean you know it’s a part of life, I mean yeah, I mean maybe that would be good so they wouldn’t bully these children. I mean they didn’t ask for it; it happens.”

One theme I found among those that thought sexual diversity and sexual orientation should be taught was due to the fact that it is a current topic in society. I also got the sense that more than one parent answered this question based on political correctness and may have been more open if I wasn’t recording. I noticed several parents looked directly at the recorder as they were about to answer.

Age of Consent/Age of Education

When parents were asked what they thought the legal age of consent is for the State of Rhode Island, none of them knew the answer. The guesses they provided varied considerably. One parent thought the age of consent was 8-years-old; 7 parents thought 15-years-old; 19 parents thought 16-years-old; 3 thought it could be 17-years-old; and finally, 12 parents thought it was 18-years-old. The age of consent in the State of Rhode Island is 15 years old. The modal parent guessed sixteen, so they were close on average, but the variation is instructive. Parents were concerned with when they think sex education should start, but really had no knowledge of the law. Knowing the law is an important part of sex education because we need to make sure our youth know the legal ramifications of some of their sexual actions. In summary, Margaret, who has three daughters, 18, 32, and 39, approved of teaching about sexual

orientation, even though she seemed less comfortable with homosexuality in general. Yet she believed that such education might improve the treatment of gay and lesbian students in schools. “I don’t care about that; they can do whatever they want, just behind closed doors. I mean you know it’s a part of life, I mean maybe that would be good so they wouldn’t bully these children. I mean they didn’t ask for it; it happens.”

Similarly, parents varied widely in their opinions on when sex education should start. One parent felt it should start in kindergarten, one in first grade, four in second grade, three in third grade, four in fourth grade, six felt fifth grade was appropriate, eight said sixth grade, and one parent said seventh grade was the right time for sex education to start. Four parents who did not indicate specific grades said elementary school while two thought middle school was more appropriate to start discussing sex education. The common theme from the parents was kids are exposed to more sexual content and having sex younger and younger each year.

Conclusion

All 42 parents wanted their children to have more, or better, sex education than they had as a child. The common theme among parents was that today’s youth are exposed to so much more adult content than they were growing up. Sex, although still stigmatized in many ways, is more openly discussed in today’s society than it was when these parents were teens. Although the parents interviewed for this research didn’t agree on every topic that might be included in a sex education program, there was substantial agreement on five out of the nine topics. They agreed on anatomy, sexually transmitted infections, pregnancy prevention, puberty and sexual development, and

finally healthy relationships. What they disagreed on was safe sex, parenting and sexual diversity and sexual orientation. Abstinence was one category that fell in both categories. Some parents wanted abstinence to be taught but all believed abstinence-only education would not work in schools today.

Of the 14 parents that were uncomfortable with at least one of the topics of sex education discussed in the interviews, six were males and eight were females. Of these same parents, eight had formal sex education and six had no formal sex education. Of the parents that had sex education, six attended public school, one attended private school, and one attended Catholic school (see Table 3 on p.18). Therefore, there is no clear pattern linking these parents' prior experiences with their current feelings about sex education curricula. More research is needed to understand what factors might predict parental discomfort with sex education.

The majority of parents showed or expressed being uncomfortable with the recording, and this discomfort may have impacted the validity of the study's findings. Some parents stayed and shared more information for up to an hour after the recording ended. Some parents also seemed hesitant to freely express their views on the topics because of the recording. One father even noted that he was not sure he should give his answer on sexual orientation and sexual diversity because it may not be politically correct. It would be interesting to see if parent's answers would change if they were not being recorded. I believe parents would have been more at ease, without the recording, allowing them to share more and in greater detail. I also believe they may have been more honest in their answers because there would be no fear of someone else judging them on their views. It may have also created a more relaxed environment. For those

interviewed in an office conference room, they were either on lunch or leaving for the day and I feel the office environment may have also added to the rigid answers.

Swisher (1994) explains that if we do not educate children about sex, they will look for answers in other ways. This is exactly what the parents interviewed in this study and their peers experienced. The lack of sex education or the lack of substance within sex education could also be why some parents struggle to talk about sex with their children. Woody, Randall, and D'Souza (2005) confirm this by explaining parents' conversations about sex lack substance and are only as good as what the parents themselves know.

This study, therefore, confirms that sex education for our youth will be most acceptable to parents when it is truly a partnership between parents and schools. Allowing the flow of an open dialogue between the home and school provides children with an environment where they can feel comfortable asking questions and getting the correct information they need to help them with a big decision. If both parents and educators worked together for the greater good of the children, we could help to remove the negative stigma around sexual activity for youth and maybe we could cut down on teen pregnancies and sexually transmitted infections.

For parents that may not feel comfortable talking about sex with their children or for parents that had little or no formal sex education themselves, it may be an obstacle in their partnership with the schools. Perhaps schools could hold workshops for parents. Where parents can ask questions that they may need to have answered in order to enable them to have productive conversations with their children at home. The workshop could cover the different topics of sex education that the students will face.

Offering the latest information on such topics as abstinence, safe sex, anatomy, sexually transmitted infections, pregnancy prevention, puberty and sexual development, parenting, healthy relationships, pleasure and masturbation, sexual diversity, and sexual orientation. Each topic can be their own workshop, so just the parents that need more information on that specific topic can attend. Parents should be encouraged to attend every workshop. Workshops should be a combination of lecture, question and answer session and hands on exercises to truly engage parents in the sex education. This open and complete dialogue between students, educators, and parents would allow for the creation of a true partnership among all three parties. If parents have access to or attend workshops that help them understand, what their children are going to learn, they may become more comfortable with sex education curricula. By allowing parents to be a part of the education and access to what is going to be taught before it is taught, they can take this information home and incorporate their own family's values and morals into what is being taught at school.

For the parents that were uncomfortable during the interview discussing sex education expressed some of their reasons for discomfort. All of them expressed being uncomfortable with the recording. Although, they signed the release, many expressed that it is still intimidating to be recorded and being concerned there was an accurate record of their views and opinions. For others that expressed or displayed a sense of being uncomfortable, they expressed that sex was not a topic that was discussed in their homes and/or in school. Many expressed that it was a taboo subject growing up. Yet they feel sex education is important, but still have some hesitation in expressing it aloud. Furthermore, prior research shows that our children need complete sex

education in order to make informed decisions. By allowing children access to comprehensive sex education, we are allowing them to start making decisions based on information and the knowledge of the consequences for either action. Personal consequences could include potential for disease, teen pregnancy which could cause them to drop out of school and poverty (Corngold 2011). Comprehensive sex education teaches about condoms and contraception to reduce the risk of unintended pregnancy and sexually transmitted infections, but also teaches abstinence is the best way to avoid all sex related risks.

It was much more difficult to recruit fathers as participants in this study than it was to recruit mothers. Future researchers should try to get a better balance of mothers and fathers. Fathers may be more likely to participate if the researcher were male. Future researchers may also want to conduct interviews without audio recordings to see if parents are more open. These interviews should also be done in other parts of the country to get a broader understanding of parents' views on sex education. Do parents in different parts of the country have different views?

A couple of the parents I interviewed mentioned to include masturbation and pleasure. Would adding these two topics into sex education also help with reducing unintended teen pregnancies and sexually transmitted infections? Should we include teaching self-love and toys for self-love in sex education in our schools? After all, the common theme among all the parents I interviewed and pre-tested the questions on was keeping our kids as kids and keeping them safe if they decide to become sexually active. If hormones are affecting change in their bodies, if we want them to abstain,

teaching them about masturbation could help to release the built up hormones. After all, don't we all want that release?

I have seen several of the parents that I interviewed since the interviews took place. I recently walked into a conversation where four parents were discussing the interview questions and their own answers. They talked about topics they did not know about such as the term sexually transmitted infections, they knew it as sexually transmitted diseases. They discussed the need for more information about healthy relationships and dating. After all my interviews were completed, I have had three parents approach me to ask if others answered similar to what they answered. I got the sense that they wanted to be part of the majority. Several parents asked if they could read my research project at the end because they were interested in my findings. Once completed, I will make my research available. I think it would be interesting to import a focus group to debrief them after the interviews and after having them read the results of the preliminary research.

In conclusion, parents see the need in today's society for comprehensive sex education. All of parents agreed that sex education should include both male and female anatomy, sexually transmitted infections, pregnancy prevention, puberty and sexual development, and healthy relationships. The inclusion of topics such as abstinence, safe sex, parenting, sexual diversity, and sexual orientation is where more of an open dialogue between the schools and parents need to take place. Parents want to feel they are a part of that education, whether being notified ahead of time that sex education will be taught or the topics that will be covered.

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Appendices

Recruitment Statement

Interview Guide

Consent Form

Recruitment Statement

Do you have children between the ages of 12 – 18 years old?

Do you have an opinion on sex education in our schools?

Would you be willing to share your thoughts and opinions?

I am an undergraduate student at Rhode Island College doing a research project on sex education in our schools. I am looking for parents willing to share their thoughts and opinions with me. The interview process takes approximately one hour to complete and can occur at a location of your choosing. All participants will be given pseudonyms for confidentiality.

If you are interested in participating, please contact: Kelley Conti 401-942-7706.

Interview Guide

Thinking of when you were in school:

- 1) Tell me about when you had sex education in school.
 - a. What kind of school did you attend (public, private, Catholic, etc.)? Can you tell me about the typical background of students at your school?
 - b. What grade did sex education start?
 - c. Were the boys and girls separated or all together? What do you think the impact of this was?
 - d. What topics did your sex education program focus on? Is there anything you remember that was left out?
 - e. What sort of impact do you think the sex education you received (or did not receive) had on the sexual activity of your peers? How come?

Thinking about children being in school today:

- 1) What sort of sex education program, if any, do you think should be part of schools today?
 - a. How come you feel this way?
 - b. At what age or grade should sex education start? How come?
 - i. What do you think the age of consent is in Rhode Island? Do you think this should affect when kids take sex education classes?
 - c. How would you feel about a sex education program that did not match your family's values and morals?

d. Is there one particular area or topic of sex education that you think is most important to teach our youth? (If no answer, provide options: abstinence, safe sex, sexual anatomy, sexually transmitted infections, pregnancy prevention, puberty and sexual development, parenting, healthy relationships, sexual diversity/sexual orientation).

i. What do you think is so important about this topic?

e. Do you think that sex education classes should be coeducational or single-sex? How come?

f. If sex education was not taught in school, what impact do you think it would have on our youth? Our society more broadly?

2) Let's talk about your own children. What kind of sex education program would you like to see them have?

a. Is it different in any way from what you've already described?

b. Can you tell me about the kind of school(s) your children attend?

We are almost done with the interview. Before we finish, I'd like to ask you a couple of quick demographic questions.

Age; Sex; Marital Status; Number of Children; Age of children; Sex of children

Do you have any other ideas, thoughts, or comments you would like to share on this topic?

CONSENT DOCUMENT

Consent Document

Rhode Island College Sex Education in Our Schools

You are being asked to participate in a research study about your experiences with and opinions about sex education in schools. You were selected as a possible participant because you are the parent of children between 12 and 18 years of age. Please read this form and ask any questions that you may have before agreeing to be in the research.

Kelley Conti, an undergraduate Sociology student at Rhode Island College, is conducting this study.

Background Information

The purpose of this research is to develop a deeper understanding of parents' opinions about school sex education in Southeastern New England.

Procedures

If you agree to be a participant in this research, you will be asked to do the following things:

- Meet me with in a mutually agreed upon place to be interviewed,
- Participate in a semi-structured interview discussing your opinions about and experiences with sex education in schools for approximately one hour, and
- Have your interview recorded for transcription purposes.
- The interview will last approximately 1 hour.

Risks of Being in the Study

The risks of participating in this research are minimal, meaning that the risks are no greater those you experience in any daily conversation about personal experiences or public issues.

Benefits to You

There are no direct benefits to you for participating in this study.

Voluntary Participation

Your participation is completely voluntary. It is not required by Rhode Island College or any other organization. You can choose not to participate in this research and it will have no effect on you. Also, you can change your mind about participating at any time with no negative consequences.

_____ Initial here to indicate that you have read and understood this page.

Confidentiality

The records of this research will be kept private. In any sort of report that might be published, the researcher will not include any information that will make it possible to identify you.

Research records will be kept in a secured file, and access will be limited to the researcher. If there are problems with the study, the research records may be viewed by Rhode Island College review board responsible for protecting human participants and other government agencies that protect human participants in research. All data will be kept for a minimum of three years, after which it will be destroyed.

Contacts and Questions

The researcher conducting this study is Kelley Conti. You may ask any questions you have now. If you have any questions later, you may contact her at kconti_0579@email.ric.edu or 401-942-7706, or you may contact her faculty advisor, Professor Mikaila Mariel Lemonik Arthur, in the Department of Sociology at Rhode Island College. Professor Arthur can be reached at marthur@ric.edu or 401-456-8681.

If you think you were treated unfairly or would like to talk to someone other than the researcher about your rights or safety as a research participant, please contact Dr. Christine Marco, Chair of the Rhode Island College Institutional Review Board at IRB@ric.edu, or by phone at 401-456-8598, or by writing to Dr. Christine Marco, Chair IRB; c/o Department of Psychology, Horace Mann Hall 311; Rhode Island College; 600 Mount Pleasant Avenue; Providence, RI 02908.

You will be given a copy of this form for your records.

Statement of Consent

I have read and understand the above information, and I agree to participate in the study Sex Education in Our Schools. I understand that my participation is voluntary and can be withdrawn at any time with no negative consequences. I have received answers to the questions I asked, or I will contact the researcher with any future questions that arise. I am at least 18 years of age.

I agree do not agree to audio-taping for this study.

Print Name of Participant: _____

Signature of Participant: _____ Date: _____

Name of Researcher Obtaining Consent: Kelley Conti

<u>RIC Institutional Review Board</u>
Approval # <u>1112-14</u>
Expiration Date: <u>10/19/2012</u>