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# Current Status of Professional Networks Addressing Sex Education in the United States: An Initial Exploratory Thematic Analysis

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Current Status of Professional Networks Addressing Sex Education in the United States: An

Initial Exploratory Thematic Analysis

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A Thesis

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Masters of Arts Thesis

Current Status of Professional Networks Addressing Sex Education in the United States: An

Initial Exploratory Thematic Analysis

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## Abstract

Sex education in the United States has been a highly debated topic. The history of sex education depicts the changing narratives of both the public and the government's ideals on the topic. Due to the discrepancy between the public's attitudes and perceptions versus the government's ideals, this thesis is the first of its kind to conduct an initial thematic analysis of available bodies of knowledge across the five core mental health disciplines (i.e., marriage and family therapy, psychiatry, clinical psychology, clinical social work, and psychiatric nursing) to determine how the current state of sex education programs in the U.S. is addressed since 1998. By using a thematic analysis, the researcher and coder analyzed a total of 122 relevant journals that were associated with each mental health profession in order to acquire 11 pertinent articles. The researcher and coder thoroughly analyzed and organized the articles through creating various categories and sub-categories. Two main themes emerged from evaluating these articles:

Theme 1: Abstinence Remains Prominent

Theme 2: Training and Collaboration are Insufficient

The findings of this study suggest that despite the favorable research and the public's plea to promote more comprehensive sex education programs, the federal government remains to support and promote abstinence-based sex education programs. In addition, the lack of proper training and collaboration across and within disciplines both inside and outside of the school systems further hinders the efficacy of sex education programs.

*Key Words:* sex, education, adolescents, school, United States

Current Status of Professional Networks Addressing Sex Education in the United States: An  
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The nature of sex education in the United States has long been a point of debate among policy-makers, teachers, parents, and adolescents. Both the curriculum and its implementation have been highly debated across the country. In the early 1900s, sex education was based in teachings on morality (Huber & Firman, 2014). The education provided had a strong religious background and governmental policies and organizations had a heavy impact on the creation and distribution of said education. As time progressed, many national organizations, such as the National Education Association (NEA), Advocates for Youth, and Planned Parenthood became more proactive in their platforms on sex education (Future of Sex Education [FoSE], n.d.; Howell & Keefe, 2007; Pardini, n.d.). These organizations began to research and distribute their findings on the effectiveness of sex education programs.

Thus, the battle between comprehensive sex education programs versus abstinence only education programs began. Other sources impacted this debate as well such as government policies and funding and the attitudes and beliefs of parents, adolescents, and teachers. Many factors contributed to the back and forth notion of supporting and opposing different sides of the debate. However, as time advanced, common narratives began to form. For example, it became more apparent that parents wanted more comprehensive teaching on sex education for their children (Planned Parenthood, 2016). In addition, adolescents craved more accurate information on sex (Guttmacher Institute, 2017; Planned Parenthood, 2016). Finally, teachers and relevant professionals indicated a lack of educational training and an increasing sense of discomfort in implementing sex education programs and in distributing such knowledge to youth (Holcomb,

2006; Jensen, 2012; Landry, Darroch, Singh, & Higgins, 2003; Planned Parenthood, 2016; William & Jensen, 2015).

Regardless of the changing narratives of the public and the acknowledged unpreparedness of teaching professionals, the government and national policies were still pushing for the distribution and implementation of abstinence only sex education. Through this disparity we now find ourselves in a dilemma where there is a gap in sex education research in our country. The lack of research on the creation, implementation, and training of sex education programs suggests a call for various professions to work together at the community, institutional, individual, and family level. This dilemma proposes that we need to understand ways to address this issue across health and mental health disciplines. There seems to be a need to address differences in demographics, situations, and concerns across the country. Given the implication, it seems evident that there is a need for a pilot exploratory study to understand and assess the current state of affairs the mental health disciplines are in within the United States in order to advance the research so we can determine ways to address this dilemma

As such, this thesis is the first of its kind to conduct an initial exploratory thematic analysis of available bodies of knowledge across health and mental health professions to determine the degree to which and ways in which our current state of sex education programs in the U.S. is addressed. Analyzing how these systems can come together to address the dilemma implications of sex education programs and how we can inform directions being taken are revealed in the bodies of literature within and across mental health and health disciplines from 1998 to the present.

This Background provides further justification for this study. Specifically, the main headings covered in this section: outline the historical contextual backdrop of sex education from

the early 1900s to the present day with specific emphasis on providing how this backdrop has contributed to our current state of affairs; introduce available evidence specific to the perceptions of teachers, parents, and students across time as well as the implications of sex education programs on the attitudes and beliefs of the public over time; and offer summarizing critiques of the ways these factors help us to understand the gap in the research and implementation of sex education programs in the United States and the implications of this gap, which, in part, lead the U.S. Surgeon General, Dr. David Satcher, in 2001 to call upon mental health and health professionals to provide more extensive research on sex education to promote a more holistic understanding across the country (FoSE, n.d.; “History of Sex Education”, n.d.; Pardini, n.d.).

Given this call to action, it would be beneficial to explore how and what these professions are publishing about sex education, if at all. The purpose of this study will be to review the literature on sex education produced within the five core mental health disciplines recognized by the Health Resources and Services Administration (HRSA) within the Department of Health and Human Services (HHS) (Heisler & Bagalman, 2015). That is, journals that distribute bodies of knowledge within or across these five core disciplines (i.e., marriage and family therapy, psychiatry, clinical psychology, clinical social work, and psychiatric nursing) will be reviewed to identify significant bodies of knowledge that may exist from 1998 to the present. The primary objective of these reviews will be to explore and analyze this body of literature in order to interpret the degree to which and ways in which these professions may be contributing to advancements in curriculum development, program design, methods for program implementation, and program evaluation as well as the degree to which and ways in which these professions may be participating in implementing school-based or alternative programs or services specific to and/or related to sex education.

The period of analysis that will be covered is based on myriad factors, and especially by the objective of moving forward from the beginning of an era in the U.S. where the debate between comprehensive sex education versus abstinence only education began in earnest. To explain, in 1996, the United States government passed the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), more commonly known as the welfare reform law, under section 510 of the Social Security Act (1996). This law allowed congress to allot over fifty million dollars a year to states executing strictly abstinence only sex education starting in 1998. This reform allowed states to decline funding for abstinence only programs. Therefore, it seems that an initial exploratory study of this nature would yield the most promising results. This thesis aims to provide a carefully conducted thematic analysis of relevant publications covering a period where proponents of the both sides of this debate had the most level playing fields to discover and disseminate the pros, cons, and evidence mounting from each side – and perhaps – across both sides of the debate.

Results of an initial exploratory study, conducted through a thematic analysis of journals that distribute bodies of knowledge within and across what Heisler and Bagalman (2015) report that the HRSA within the HHS identified as the five core disciplines provides: (a) more nuanced insight into the need for change through the wider context of theory and research as it contributes to shared knowledge about the nature of and need for sex education throughout the country, and (b) further insight into the degree to which and ways in which health and mental health professionals are / could be working together to contribute to bridging the gap between conceptual, empirical, and practical advancements in understanding the need for and nature of sex education that would best meet the needs of today's demographic landscape, relevant needs, and known crises. Findings add clarity to the types of changes needed through a wider context of

theory, research, practice, and professional exchange as each can potentially contribute to a shared knowledge of sex education throughout the country that is responsive to generational shifts, demographic landscape, and critical implications of our current state of affairs in this crucial area. As such, this thematic analysis looks at the degrees to which and ways in which professions are contributing to the conversation on sex education. Furthermore, this analysis noted flexible change areas that may exist to help inform future pathways for mental health professions to work together to understand the types of programs and services that may offer more effective and relevant sexual education programs.

### **Background**

This section provides a contextual backdrop that explains the history of sex education over time and how critical events of this timeline contributed to the current perceptions and the current state of sex education in the United States. The history of sex education is explored from the early 1900s to the present day. Implications of the battle between comprehensive sex education and abstinence only sex education are demonstrated in a review of the past and current perceptions of teachers, parents, and students. This section is organized into three subsections: the history of sex education, the past perceptions of teachers, parents, and students, and the current perceptions and implications of previous sex education programs. This section ends with the accounting of the ways in which these factors contribute to the current lack of importance and insufficient time devoted to professional exchange to help determine the exact needs of sex education curricula and the proper training of professionals implementing the programs.

### **History of Sex Education**

This section provides a condensed account of the history of sex education from the early 1900s to the present. This includes the reporting of the beginning of sex education, the purpose

of sex, the start of the sexual revolution, the birth of comprehensive sex education in schools, the battle between comprehensive sex education versus abstinence only education, abstinence only education loses support, sex, scandals, drugs, and epidemics, a push toward comprehensive sex education and the current state of sex education. This section ends with the accounting of how congressional funding, national organizations, and popular narratives across the country contribute to the current narrative on sex education.

### **The Beginning of Sex Education**

Sex education pre-dating the 1900s was virtually non-existent. According to a historical accounting by Huber and Firman (2014) the topic of sex was strictly limited to being discussed in the home, and even then, was scarcely talked about. Among the multitude of factors these authors identified as contributing to this state of affairs was the crucial influence of Christian theology, wherein students received education on the basis of morality and character building. Further, while the 19<sup>th</sup> century fostered the growth and development of school systems' infrastructures as we know these today (e.g., the development of districts, grades, separated classrooms, and more), the core curriculum remained Bible-based. It was not until the Progressive Era in America (i.e., 1890s through 1920s) that a new discourse arose pertaining to sex education and sexuality development, which, according these authors, was primarily driven by factors that significantly impacted the dialogue of sex education: women's rights and government involvement.

### **The Purpose of Sex**

The era of prohibition was in full swing and there was a rise in the illegal consumption of alcohol and sexual promiscuity. With the rise in sexual promiscuity came the rise in sexually transmitted diseases. In response to these circumstance, in 1913 the American Public Health

Association (APHA) published a statement indicating the need to increase the public's awareness of, and interest in, sex hygiene throughout outlets such as news articles, literature, and popular media. According to Huber and Firman (2014), the sex hygiene movement, under the social hygiene movement, was an effort by American public health officials and associations to educate the public on these sexually transmitted diseases by stressing the messaging of abstaining from sexual relations until marriage.

During this era, the main discourse about sex was that it served one purpose, procreation. Confronting this notion were activists who sought to explore the recreation of sex. This narrative was primarily led by women activists such as Margaret Sanger. According to an article by Knowles issued by Planned Parenthood (2009), Sanger was a progressivist leader with her primary interest being freedom to access birth control for women in the United States. At the time, there was little concern for men's promiscuity, but a tremendous emphasis on women to remain abstinent until marriage. In addition, with the existing concerns of the country reported by the APHA (1913), more government level groups such as congress began to oversee and monitor the birth rates and socio-political climate of the country. Sanger led the movement for women to have access to birth control in order to gain sexual and reproductive freedom.

### **The Start of The Sexual Revolution**

The rise of venereal diseases gave rise to an increasing focus on public health research, community action and public support that promoted the establishment of public health infrastructures (Center for Disease Control [CDC], 1999). Likewise, since the end of the Civil War, educators across the country began to band together to eventually form the National Education Association (NEA) in 1912, an organization whose mission was to promote the individual rights of educators and students across all ethnicities.

In 1912 and 1914, the combination of the social hygiene movement and progressive activism led the NEA to introduce the sentiment that sex education should be taught in public schools. This idea was not implemented without a great deal of exchange. During this time period, a portion of the public believed that schools did not have the right to teach a subject that was regarded as a matter for parents and religion. Regardless of public opinion, schools began to incorporate sex education into already existing classes such as biology. According to Huber & Firman (2014), by 1920, about 40% of high schools were teaching some form of sex education.

In the following years leading up to the sexual revolution in the 1960s, various steps were taken towards creating a more comprehensive understanding and implementation of sex education programs. For example, The American Birth Control League (ABCL) was established in 1921 and was led by activist Sanger (“Planned Parenthood”, 2018). The ABCL would go on to be known as “Planned Parenthood”. Sanger summarized the values of the ABCL as the assertion of woman’s rights to control their own bodies, to choose what happens to their bodies and the right to sexual pleasure (“Planned Parenthood”, 2018).

In 1938, the National Council on Family Relations (NCFR) was created to explore and improve family research, policy, and practice (National Council on Family Relations [NCFR], 2018). The country began to focus more on defining and prioritizing family life (NCFR, 2018). One of the many impacts that establishing the NCFR had was the creation of the term “family life education” in the 1950s and 1960s. The inception of “family life education”, among other things, represented NCFR’s effort to challenge the mainstream. More comprehensive teaching about finances, cooking, and child-rearing began being taught in schools. This meant that in schools, there was a shift from the dominant narrative of marriage being solely for procreation to

marriage being a companionship, (Family Life Education Institute, n.d.; Huber & Firman, 2014; NCFR, 2018.).

### **The Birth of Comprehensive Sex Education in Schools**

The 1960s and 1970s were all about freedom of love and freedom of sexuality. The growing sub-culture of hippies, drugs, and free-love drastically changed the efforts of sex education in the school systems. In addition, in 1960 the birth control pill was released to the public. During this era, there was much advocacy that took place fighting for the right for all women to have access to birth control. Eventually, and with great effort, the birth control pill was made available to women who were married and unmarried allowing them to have access to jurisdiction over their sexual activities (“History of Sex Education”, n.d.; Huber & Firman, 2014; Pardini, n.d.). With this new access to birth control, women, both married and single, were able to have more freedom and choice over their participation in sexual activities.

The Sexual Information and Education Council of The United States (SIECUS) was formed in 1964 by doctors at Planned Parenthood who were growing concerned by the public's lack of medically accurate information about sex (Sexuality Information and Education Council of the United States [SIECUS], n.d.a). SIECUS promoted neutral and comprehensive sex education programs in schools. In 1967, SIECUS created the American Association of Sex Educators and Counselors and Therapists (AASECT) to offer training for sex educators across the country. In addition, the U.S. Supreme Court case of *Griswold v. Connecticut* in 1965 issued that contraceptive use was now a constitutional right for married couples (“History of Sex Education”, n.d.). In 1978, Title X was amended to include the teaching of sex education in effort to prevent teenage pregnancy and sexually transmitted diseases. (CDC, 1999; “History of Sex Education”, n.d.; Huber & Firman, 2014; Pardini, n.d.; Planned Parenthood, 2016).

**The Battle Begins: Comprehensive Sex Education versus Abstinence Only Sex Education**

According to Advocates for Youth (Howell & Keefe, 2007), the rise in teenage pregnancy rates and the growing debate fueled by the Roe v. Wade (1973) decision were two of multiple factors that led to the establishment of the Adolescent Family Life Act (AFLA) by congress in 1981 at the very beginning of the Reagan administration. The AFLA began to federally fund states that strictly adhered to implementing abstinence only sex education programs and withheld funding from states that did not adhere to abstinence only curricula. In addition, the welfare reform act created by congress in 1996 granted abstinence only programs funding and helped contribute to the exponential growth of abstinence only programs. Along with this advancement came the development of the eight-point definition of an abstinence only education. However, this definition was not derived from social science research. Rather the criteria were created by conservative legislators who converted the principles into national law

The federal definition of abstinence-only education from the U.S. Social Security Act Title V section 510 reported by Howell and Keefe from Advocates for Youth includes points A-H, as listed here (Howell & Keefe, 2007, p.1):

- A. Has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity.
- B. Teaches abstinence from sexual activity outside marriage as the expected standard for all school-age children.
- C. Teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems.
- D. Teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity.

- E. Teaches that sexual activity outside the context of marriage is likely to have harmful psychological and physical effects.
- F. Teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society.
- G. Teaches young people how to reject sexual advances and how alcohol and drug use increase vulnerability to sexual advances.
- H. Teaches the importance of attaining self-sufficiency before engaging in sexual activity.

Initially, these criteria were interpreted to mean that abstinence-only education programs be defined as prohibiting any teaching surrounding contraceptives and must teach that abstaining from sex education for school-aged children was expected to be the sole curriculum. These guidelines set forth by the Social Security Act instructed administrators to teach that sexual activity at any age outside of a monogamous marriage was to be considered harmful both physically and psychologically. This definition of abstinence only education is still used in the present day to determine the legitimacy of such programs.

According to Howell and Keefe from Advocates for Youth, there are three primary sources within the federal government from which abstinence-only education receives its funding (Howell & Keefe, 2007, p.2):

- Title V, Section 510 of the Social Security Act (welfare reform).
- Community-Based Abstinence Education (CBAE), under Title XI, 1110 of the Social Security Act, formerly known as Special Projects of Regional and National Significance (SPRANS).
- Adolescent Family Life Act, under Title XX of the Public Health Service Act.

The Reagan administration in 1981 created and enacted the American Family Life Act (AFLA). This law was created to provide grants to non-profit organizations and states for the creation of programs that were used to aid pregnant and parenting teens to develop “chastity” and “self-discipline”. The law further specified that two thirds of the funding must go to support services for teens and only one third could be allocated for education on prevention of pregnancy. In short, this law had three goals: prevent teen pregnancy, promote adoption among pregnant teens, and care for parenting and pregnant teens.

According to the accounts of Howell and Keefe (2007) the funding for this program declined between the 1980s and 1990s. In 1996, efforts to counter this trend came in the form of introducing and passing a welfare reform law under section 510 of the Social Security Act (1996). In 1996, President Clinton was in the White House and signed and supported the Welfare Reform Act. The passing of this reform law made it possible for Congress to appropriate over fifty million dollars a year that would be allocated for strictly abstinence-only education programs beginning in 1998. This appropriation repositioned abstinence-only education programs into the foreground by identifying such programs as more credible than alternatives receiving less federal funding.

This funding was added to previously existing funds that were allocated for abstinence-only education from the Maternal and Child Health (MCH) block grant known as the Special Projects of Regional and National Significance (SPRANS). Throughout the MCH grant, states had to match three dollars for every four federal dollars they received. This created a total of \$87.5 million federally funded per year. The way the MCH Bureau calculated how much funding a state would receive was by comparing that state’s number of low-income children to that of the entire country’s number of low-income children.

### **Abstinence Only Education Loses Support**

At first, there was some flexibility in the teachings of the 8-point program; programs did not have to highlight all 8 points, but could not provide information that challenged any of these standards. However, according to the historical accounts of Howell and Keefe (2007), in the fiscal year of 2005 during the George W. Bush administration, funds for grants were moved to the Administration for Children, Youth, and Families (ACYF) within the HHS. This transition of funds disregarded any flexibility in interpretation of the 8-point standard and by 2007, ultimately leading to the requirement that all funded programs equally emphasize each element.

In addition to the stricter rules set in place, all the programs receiving funding were required to abstain from providing any information on contraceptives. The creators of the MCH grant wanted to ensure the funds were not being given to programs that were solely targeting pre-adolescent populations. In response, the new definition for eligibility of funding from the grant required that the target population of the program included adolescents and adults within 12 through 29-year-old range.

Due to the new inclusion of adults in programs, states began to decline funding for abstinence only education programs. California was the first state to decline funding in 1998. Reports by Howell and Keefe from Advocates for Youth (2007) indicate that by 2007, eight more states had declined federal funding for abstinence-only education (i.e., California, Connecticut, Maine, New Jersey, Montana, Ohio, Rhode Island, and Wisconsin).

In another effort to increase funds for abstinence only education, in 1997 congress eliminated the division of funds stated in AFLEA and instead decided that all funds should be directed to adhering to the strict 8-point definition of abstinence only education. From then on, the funding for the program continuously increased. Advocates began to publish more research

on the lack of effectiveness of adhering to abstinence only education, but funding and support from the federal government prevailed. Due to the strict criteria defined, religious based abstinence only programs began to take advantage of this opportunity for funding. Abstinence only programs that had roots in religious beliefs were used as a tactic to shame adolescents into not participating in sexual activity. The curriculum adhering to the guidelines set forth by the MCH grant allowed abstinence only programs to include a framework of instilling fear into teens by teaching about sex being universally immoral and utterly shameful. Teaching about sex through an abstinence only lens tended to be distorted and skewed and was a contributing factor in promoting discrimination and stereotypes in gender roles and sexual orientation.

### **Sex Scandals, Drugs, and Epidemics**

Between the late 1980s through the 1990s, a few key events took place. President Clinton was in office from 1993 to 2001 and was being investigated for committing the crime of adultery. The country took this time as an opportunity to begin talking about sex and sexuality. Also, Viagra, a drug used for erectile dysfunction, began to explode on the market (Howell & Keefe, 2007). In addition, the breakout of the AIDS/HIV epidemic in America was now held as a public health issue and was no longer viewed as a question of morality. In response to this new information, in 2001, The U.S. surgeon General, Dr. David Satcher, called for more extensive research to promote a more holistic understanding and teaching on sex education and sexuality across the nation (FoSE; n.d.; "History of Sex Education", n.d.; Pardini, n.d.). In 2002, the Family Life Education Act (FLEA) was created by the federal government to establish sex education teaching standards that were empirically supported (Family Life Education Institute, n.d.).

The Community Based Abstinence Only Education (CBAE) program was created by congress in 2000 (FoSE, n.d.; Howell & Keefe, 2007). This program was funded by a grant under Title XI of the Social Security Act. The funding through the grant was allocated to private, public, and community based organizations, most of which were faith based. CBAE has intensely strict provisions through the grant including, but not limited to requirements that program target 12 through 18-year-old preteens and adolescents, teach the 8-point definition of abstinence only education and refrain from providing any information on contraceptive use or safe sex. Any sex education programs that promote any use of contraceptives will not be eligible for funding.

In response to these strict requirements, CBAE is known as the most restrictive abstinence-only funding program according to The Advocates for Youth (Howell & Keefe, 2007). There was much criticism that the program's curriculum was medically incorrect. In 2007, the grant responded by stating the program must teach medically accurate information, including the effectiveness or lack of effectiveness of condoms in preventing sexually transmitted diseases (FoSE, n.d.; Howell & Keefe, 2007).

Despite the abundance of evidence that abstinence only education is not effective in delaying the onset of sex or reducing the amount of teen pregnancies or sexually transmitted diseases, funding rates for this grant continued to grow exponentially. However, by the year 2009, 23 states and the District of Columbia rejected federal funding for abstinence only sex education programs (Appendix 1) (Boonstra, H., 2009).

### **A Push Towards Comprehensive Sex Education**

From the Reagan Administration in 1981 to the George W. Bush Administration in 2009, funding for abstinence only programs have grown enormously and to this date, over one and a

half billion dollars of tax payer money has gone to promote these programs (SIECUS, n.d.b). According to SIECUS (2010), change began when the Obama administration took office and congress and President Obama eliminated the two-thirds rule and conceded funding to be re-directed to programs that were evidence based. Under the HSS, Obama also signed the Consolidated Appropriations Act which created the President's Teen Pregnancy Prevention Initiative (TPPI) that included \$110 million towards funding solely comprehensive sex education programs for the first time in history (Lugo-Gil et al., 2016; SIECUS, n.d.b.)

The Office of Adolescent Health (OAH) released the Funding Opportunity Announcement (FOA) in 2010 stating that \$75 million would go to programs that were replicating proven effective evidence based programs (SIECUS, n.d.b). The Mathematica Policy Research conducts the TPPI evidence review under the funding of the Administration for Children and Families (ACF) (Lugo-Gil et al., 2016). After rigorous review, as of 2015, only 44 programs met criteria for having at least one significant impact on sexual risk behavior or reproductive health outcome of interest (Lugo-Gil et al., 2016). Efforts to provide more grants for programs to perform more extensive research and implementation of comprehensive sex education grew. However, despite the President's efforts to increase funding for comprehensive sex education programs, there is still a lack of research reviewing and assessing the effectiveness of sex education programs (Lugo-Gil et al., 2016; SIECUS, n.d.b).

In the year 2010, Congress passed the Personal Responsibility Education Program (PREP) which allocated \$75 million to evidence based research on various sex education programs' ability to decrease teenage pregnancy, risk of sexually transmitted diseases (STD), and the spread of HIV/AIDS. (Howell & Keefe, 2007; SIECUS, n.d.b). Under PREP, each state was allocated \$250,000 minimum to use to promote comprehensive teaching on sex education

for not only endorsing abstaining from sex until marriage, but also to include three of the “adulthood preparation subjects”: healthy relationships, adolescent development, financial literacy, educational and career success, and healthy life skills (SIECUS, n.d.b). Inclusion criteria for comprehensive sex education programs also began including the need to be medically accurate, age appropriate, culturally sensitive, evidence based, and include both abstinence and contraceptive teachings (SIECUS, n.d.b).

### **The Current State of Sex Education**

As of 2017, only 24 states and the District of Columbia mandate sex education to be taught with only 22 of these states including sex education and HIV education. According to The Guttmacher Institute (2018), 34 states and the District of Columbia mandate teaching about HIV and of these 34 states, 12 have programs that focus solely on HIV education. Only 26 states and the District of Columbia require that sex and HIV education be age appropriate, only 13 states require information to be medically accurate, only 8 states require that education cannot be biased to race, sex, or ethnicity, and only 2 states prohibit teaching about sex while promoting religion. 38 states and the District of Columbia require parental involvement in sex and/or HIV education, however, 36 of these states and the District of Columbia allow parents to remove their children from the programs.

In addition, 18 states and the District of Columbia require information about contraception be taught, 37 require information about abstinence be taught, 19 states require sex education be taught only in the context of marriage, 12 states require conversations about sexual orientation with 3 states requiring solely negative information on the topic, 13 states require the negative outcomes of teen sex and pregnancy, and only 28 states and the District of Columbia

require information be taught about healthy like skills such as avoiding coercion, healthy decision making, and family communication.

This section covered the significant historical accounting of sex education from the early 1900s to the present. The battle between abstinence only sex education versus comprehensive sex education had many contributing influences such as government policies and funding, national organizations, morals, and the changing cultural narratives of the public. These factors contribute to the implications of how parents, teachers and students have been affected. The perceptions of these groups impact the conversation surrounding the definition and implementation of sex education programs. This background of sex education impacts teachers, parents and students' perspectives.

### **Past Perceptions of Teachers, Parents, and Students**

This section provides a brief review of available research between the early 1900s and the 1980s that investigated past perceptions of teachers, parents, and students in regards to sex education programs. Additionally, this section provides a summary of the lack of research on teachers' perceptions. Finally, this section ends with a critique of the available research on past perceptions of sex education.

The narratives about the morality of sex education seems to fluctuate throughout history. However, research findings from various non-profit organizations dedicated to sex education research, such as Planned Parenthood and Advocates for Youth, indicated that most Americans have supported the idea of educating the youth about sex or sexuality. In the early years of sex education, the main discourse was that teaching youth about this intense subject matter should be left up to the church and families to discuss and not a responsibility of the school systems or

professionals outside the home (Huber & Firman, 2014). In addition, this narrative contended that teaching about sex would in fact cause early onset sexual activity amongst adolescents.

The 1920s began the notion of sexual freedom and there was a great push for men and women to have equal sexual rights. However, the belief of abstaining from sex until marriage was still the dominant discourse being spread throughout the country. A study conducted by Tolson in 1999 surveyed college educated women. Findings from Tolson's study (1999) indicated that 69% of those who were born after 1913 reported having sex before marriage. The findings from this research study draw the conclusion that despite the dominant discourse to withhold sex until marriage, young single people were still having sex and lacking the proper education to be well informed on their own sexual health and well-being.

With the increase of sexual freedom among the youth in the period between the 1920s and 1950s, the government's focus was to send a new message to the public: sexual activity after marriage would be more satisfying and fulfilling. The rising support of progressivist groups such as the NEA, Planned Parenthood, and NCFR transformed the idea that the purpose of marriage is for procreation to the idea that marriage is a companionship for life. ("History of Sex Education", n.d.; Howell & Keefe, 2007; Huber & Firman, 2014; Pardini, n.d.; Planned Parenthood, 2016; SIECUS, n.d.b).

According to the historical accounts of Huber and Firman (2014), the 1960s and 1970s were a time of freedom of sexuality. The culture of sex, drugs, and hippies was popular and the public was not paying mind to the government's efforts to enforce the idea that abstaining from sex until marriage would be more fulfilling. Even though monogamy and abstinence were still the primary beliefs for most Americans, social norms were constantly being challenged

throughout the country. There was a growing belief that sex was a natural part of life and should be practiced freely.

The 1980s opened a new door to the conversation surrounding the rapidly increasing rates of teenage pregnancy as well as the new AIDs epidemic. This led to more research aiming to dismiss the idea that sex education encouraged sexual activity. Advocates and educators used this time to try and create change in our policies and programs for the sex education of children, (Future of Sex Education [FoSE], n.d.). However, as numbers grew to support a more comprehensive sex education program in schools, support also grew to reinforce abstinence only education as well.

The battle between comprehensive sex education and abstinence was fought at the level of governments, national institutions, organizations, and communities throughout the country with moral underpinnings. Powerful mainstream values eclipsed the necessary education, research and conversation regarding how to advance our understanding of sex education. This lack of priority impeded the advancements of attempting to inform the design, implementation, and evaluation of programs and to train those who would implement these programs.

This section covered the perceptions of the public on sex education in the past. This section demonstrated the lack of data on the specific perspectives of teachers and focused more on the power and impact of governmental groups and national organizations. The absence of inclusion of these populations revealed our misunderstanding of the demands of sex education across the country. In addition, this section not only depicted how people were feeling, but also represented their lack of knowledge on the subject matter itself. Our emphasis on power and control made us fixed in our own western ideologies. This is important to understand the effects

of future sex education programs and trainings. The next section explores the current perceptions and implications of sex education on teachers, parents and students.

### **The Current Perceptions and Implications of Sex Education**

This section covers the impact of past sex education programs on the attitudes and awareness of sex education for young adults. This segment also includes the current attitudes of the teachers, parents and students on sex education and concludes with a summary critique of the research on implications and current perceptions on sex education.

### **The Impact of Sex Education Programs**

Countless studies about the discrepancies between comprehensive sex education and abstinence only education substantiated that teaching about sex does not increase the likelihood of sexually transmitted diseases or the early onset of sexual activity (Howell & Keefe, 2007; SIECUS, n.d.a). However, despite research efforts, a great number of American teens were taught about sex on the basis of abstinence only until marriage. The effects of these teaching are vast. First and foremost, it did not decrease the rapidly growing rates of STDs or teenage pregnancy rates, in fact, some studies revealed the opposite impact. For example, a study by Stanger-Hall and Hall (2011) reported that to this day, the United States is the leader amongst developed nations in teenage pregnancy and sexually transmitted diseases. These researchers reported that abstinence only education is positively correlated with teenage pregnancy rates and, moreover, abstinence only programs may be the strongest contributor to the spikes in teenage birth rates.

In addition to the extensive research opposing teaching abstinence only sex education in effort to prevent teenage pregnancy, sexually transmitted diseases, and early onset sexual activity, there is little knowledge on the effects of this teaching on teenagers' perceptions and

experiences. For example, a study by Gardner (2015) explored the impact of abstinence only sex education programs received by young adults in the southeastern United States. Researchers conducted in depth interviews of undergraduate college students. Approximately 50% of the respondents noted that the teachings of these abstinence based programs were “unrealistic” for teenagers and felt “pushed” by adults and authority figures without regard for what they themselves needed or wanted.

This study also explored how sex education affected subjects’ ideas and attitudes concerning virginity. Participants noted that virginity was contemplated in the framework of being either popular or unpopular amongst their peers. In general, most respondents concluded that the perspectives of their friends and fellow students were more influential than the ideals and information being presented by their teachers. Furthermore, many respondents also mentioned a certain pressure in the classroom when it came to the topic of virginity and a sense of ambiguity of what was desirable or not within their peer groups.

Another finding specific to this study related to the emphasis of using marriage as a determining factor for sex. Every respondent reported to some capacity that marriage was not interesting for the teens at the time and did not make sense because it was not something that was on their minds at that age. Despite the negative effects of abstinence only education, some young adults did note that education on STDs and human anatomy and physiology was particularly helpful. However, there was still an overarching theme of creating a negative perception of sexually active teens. It seems that the forced image of “being a sexually active before marriage is bad” did not match the reality of the teens themselves who were already sexually active. The “scare tactics” reported to prevent teens from being sexually active conversely seemed to

encourage teens to become sexually active due to a sense of wanting to see for themselves the impacts of sex (Gardner, 2015).

### **Current Perceptions of Sex Education**

The current state of sex education can be generalized to take place from the 1980s to the present day (Huber & Firman, 2014d). During this time, the HIV/AIDS epidemic, the rise in teenage pregnancy, and the increase in transmission of STDs gave way to states including more comprehensive education surrounding safety in regards to sexual activity. Despite this, the government did not dedicate specific funds to more comprehensive sex education (Pardini, n.d.; SIECUS, n.d.a). Regardless of the abundance of information and research that comprehensive sex education helped change behaviors and reduced teenage pregnancy and STD rates, and despite the growing support for comprehensive sex education from the public, the government refused to regard this matter as an issue that warranted federal funds (Howell & Keefe, 2007; SIECUS, n.d.a).

An article titled “The History of Sex Education” published by EBSCOHost (n.d.) stated that by 1988, more than 90% of schools in the United States were offering some sort of sex education, but there was still debate over the legitimacy of abstinence-only curriculum versus comprehensive sex education. People who believe that abstinence only programs are the best option argued that teaching comprehensive sex education will in fact encourage sexual activity. Supporters of abstinence only education programs rehash the idea that because teaching about sex will encourage teenagers to have sex, this also will increase the spread of sexually transmitted diseases and infections. Those who condone teaching comprehensive sex education often regard abortions and homosexuality as immoral and that comprehensive teachings undermine traditional family values.

The article also goes on to state that people who believe that comprehensive sex education programs are the best option argue that most young people in today's era will not wait until marriage to have sex. Looking at the history of the changing perceptions and attitudes of sex, it seems that the public has strayed from the moral argument about sex and has come to accept it as a personal choice (Howell & Keefe, 2007; Huber & Firman, 2014; Planned Parenthood, 2016; SIECUS, n.d.a). Therefore, the conclusion can be drawn that supporters of comprehensive sex education also believe that it is important to properly inform youth about how to have safe sex and prevent unwanted pregnancies and sexually transmitted diseases.

Those who disagree with abstinence only education also turn to research to support their claims. Research shows that providing teenagers with information about sex does not lead to increased rates in sexual activity amongst teens neither to an earlier onset of sexual activity. In addition, advocates also point out that research shows that abstinence only education does not decrease the age of onset for sex or decrease teenage pregnancy, in fact, the information provided in said programs tend to be medically inaccurate. ("History of Sex Education", n.d.).

### **Parents**

According to research from Planned Parenthood (2016), majority of Americans, primarily parents, have supported comprehensive sex education for the last few decades. This means not only teaching about the consequences of sex and STDs, but also communication and coping skills, birth control, sexual orientation, and emotional aspects of sexual relationships. Planned Parenthood's survey from 2012 concluded that 95% of the U.S. parents believed that information about healthy relationships, birth control, abstinence, and sexual transmitted infections should be taught at the Middle School level as well

Regardless of state mandates on what to teach regarding sex, it seems that approximately 90% of parents had the same opinion across the country; schools should be teaching sex education including both abstinence and contraception (Landry et al., 2003). For example, in 2006 in North Carolina, a state that mandates abstinence only education, a study done by Planned Parenthood (2016) stated that 90% of parent's support sex education in schools and furthermore, 89% of these parents wanted comprehensive sex education. An additional survey revealed that in 2011 in Texas, majority of parents said that they support sex education involving abstinence and contraception at the middle school level, however, about 75% of schools in Texas solely teach abstinence-only education regardless of the lack of efficacy.

Parents are overwhelming concerned about the safety and health of their teenagers, but there seems to be a disconnect on what the parents want for their kids and what they actually talk to their kids about. Despite a majority of parents talking to their children about sex, very few of them are talking about the more comprehensive discussion; how to say no, responsibility, contraception, sexual identity, etc. (Planned Parenthood, 2016).

In addition, there is a disconnect between what parents think they are talking about versus what the children are actually retaining from their parents. As reported by the Guttmacher Institute in 2017, about 70% of teens reported talking to their parents on at least one aspect of sex education. However, despite the declines in sex education in schools between the years of 2006-2013, there was no change in the number of teens talking with their parents about sex. Furthermore, even when parents are talking to their kids about sex, the information they are providing is often incomplete or inaccurate.

### **Teachers and Professionals**

In the United States, it is encouraged that health care providers take the time out of their regular appointments to talk with their teen patients about sex. However, if these conversations do take place, they are often brief, vague, and strained lasting roughly 36 seconds (Guttmacher Institute, 2017). In accordance with this belief, The Guttmacher Institute (2017) also revealed that health care providers report having apprehensions about talking to their teenage patients about sex and likewise, the teenagers do not feel comfortable disclosing information about sex to their doctors.

With only 7% of females and 13% of males receiving any sort of education on sex from their health care providers, and 70-78% receiving presumably inaccurate information from their parents about sex, where else are the teens obtaining their information (Guttmacher Institute, 2017)? As history displays, schools are assumed to be the place where a majority of sex education is being administered. However, similar to the disposition of parents and health professionals, a study by Williams and Jenson (2015) also found that teachers do not feel comfortable or well-trained enough for the job.

Landry and colleagues (2003) conducted a study surveying 1,657 sex educators across the United States. Of these sex educators, approximately 30 percent were health teachers, 28% were physical education teachers, 21% were biology teachers, 18% were family and consumer science teachers, and 3% were school nurses. Depending on the teacher's discipline, certain topics were taught more than other topics. Teachers in school districts who had little or no sex education policies were concerned about adverse community reactions and, henceforth, these teachers were not as likely to teach abstinence and discuss contraceptive methods.

The study done by Landry and colleagues (2003) indicated that what sex educators taught was dependent on what the community would deem acceptable. For example, educators in the

South, where abstinence only education was stressed, were comfortable with teaching about abstinence, but were apprehensive when teaching about STD prevention or pregnancy. This disparity in attitudes of these educators were due to the perceived potential for adverse community reactions.

In addition, this study revealed that schools with greater student enrollment, as opposed to smaller schools, were less likely to teach abstinence only and more likely to teach pregnancy prevention and provide more information on STD prevention and intervention. Poverty levels of school districts also played a key role in determining what topics teachers would include in their curricula. Schools that had 6-30% of students living in poverty were more likely to teach about proper condom usage and various options for birth control (Landry et al., 2003).

A study by Jensen (2012) interviewed sex educators in Indiana and examined their perceived self-efficacy in accomplishing their goal to inform students about sex education. According to this research, success in the classroom is directly determined by the ability for sex educators to develop an authentic communication style, their willingness to integrate developmentally and socially generation-oriented teachings, and their ability to hold a clear stance on what topics should be taught.

Psychologist Albert Bandura's social cognitive theory drew upon the idea that enactive mastery experiences are the most crucial to developing self-efficacy (Jensen, 2012). Bandura defined enactive mastery experiences as non-simulated events where an individual or a group directly experienced a sense of success that led to attaining an ultimate goal (Jensen, 2012). This study by Jensen provided that an educators own level of successful enactive mastery experiences positively correlates with his or her own level of self-efficacy, and, therefore, his or her own

success in teaching on sex education. However, of the 50 educators interviewed, only 32 had one enactive mastery experience and 10 reported having none at all.

### **Teens and Young Adults**

A study in 2016 by Planned Parenthood exhibited that less than half of girls and about one third of boys received any information on birth control before having their first intercourse. It is plausible to conclude that teenagers need more information about sex and much sooner. Research indicates that teens with a stronger sense of self-efficacy are better able to comply with and implement safer sex recommendations (Jensen, 2012). In addition, when teens feel more self-efficient, they also have an increased confidence in their ability to handle unwanted sexual advances (Jensen, 2012; Planned Parenthood, 2016). This calls for sex educators to begin to instruct and explain safe sex principles.

A study reported on by Kathryn J. Horton from ABC news in 2016 surveyed teens ranging in age from 10 countries, including the United States, regarding their views and attitudes on the current status of sex education in schools. The survey revealed consistent themes that sexuality is taught in a negative framework and topics overall were biased based on gender and in favor of heterosexuality. A majority of teens felt vulnerable in an academic setting while being taught about sexual health. Young men and women are afraid to disclose their ignorance to the subject in fear of being ridiculed or judged by fellow peers. In addition, teens reported being wary of the fact that their teachers who taught core curriculum classes were also educating them on sex.

Teens and young adults today seem to want teachers to have more objectivity when teaching about sex and sexuality. Students want more inclusion in their sex education; they call for a more realistic representation of sexual activity and sexuality. Teenagers and young adults

still desire sex to be taught scientifically correct, but they want to include emotional aspects of sex and an overall “bigger picture” of the effects of the choice between abstaining from sex or being sexually active (Gardner, 2015; Guttmacher Institute 2017; Jensen, 2012; Planned Parenthood, 2016).

This section covered the impact of past sex education programs and the current perceptions of sex education for parents, teachers and professionals, and teens and young adults. The implications of past sex education programs on the well-being of young adults demonstrates the need for more comprehensive teachings to promote healthy sexual well-being and self-efficacy. In addition, this section’s depiction of the current attitudes and beliefs on sex education programs portrays a call from the public and from teaching professionals to implement a more comprehensive sex education curriculum as well as more training to aid teaching professionals in dispensing the appropriate knowledge on sex education.

### **Background Implications**

Taken together, one can conclude that over the course of the history, more time was devoted to moral debates, funding allocations, and prohibitions and less time on educating those delivering the service, the evaluation of program design and informed revisions. This section provided information to demonstrate that despite the passing of time, there remains minimal focus on the importance of evaluating and implementing impactful sex education programs. Sex education programs need to be tailored to meeting the needs of a changing demographic landscape, diversified populations, and the current state of affairs in this crucial area. Regardless of the research that does not support current practices on sex education programs, there is no alteration of programs or trainings to support facilitators and there is no adjustment of the proliferation of knowledge throughout the public. Given where we are now and because of the

compelling research that informs the design and implementation of programs, we need to find wider community and family-based ways to move forward with an agenda to better educate youth on sex.

### **Purpose of Study**

Through the accounting of the contextual backdrop and the exploration of teachers', parents', and students' past and current perceptions on sex education, we can understand the critical implications of previous and current sex education programs. The United States is currently fixated on Western ideologies and to this day places primary emphasis on sex education as a moral conversation dictated by the government. Given the current state of affairs, it is imperative to address the Surgeon General's call in 2001 for mental health and health professionals to provide more extensive research on sex education to promote a more holistic understanding across the country in order to understand the current state of sex education in the United States recognized by the five core mental health disciplines (FoSE, n.d.; "History of Sex Education", n.d.; Pardini, n.d.).

The purpose of this study is to examine the degree to which and ways in which the five core mental health disciplines as identified by the HRSA within the HHS (i.e., marriage and family therapy, psychiatry, clinical psychology, clinical social work, and psychiatric nursing) are engaged in advancing theory, practice, research, and professional dialogues in the area of sex education (Heisler & Bagalman, 2015).

An initial exploratory investigation of the degree to which such work is being addressed within professions will contribute to advancing our understanding of the type and nature of any existing independent work that may already be underway and/or that could be undertaken to help aid in the instruction, training, and development of sex education programs. In addition, it is

imperative that we look at the notion of efforts beyond training and programs to explore the actual efforts to implement and change policy. It is clear through the accountings of our history that there is a need to implement more effective sex education in the U.S.

### **Research Questions**

To determine the prevalence and context in which these five professions are publishing about sex education, this study explores the major journals that coincide with each discipline. This analysis aims to analyze articles being published since the year 1998. Beginning with the Welfare Reform Act of 1998, many funds were appropriated for promoting abstinence-only sex education programs. The creation of these new funds was an attempt to persuade states to continue to support abstinence only programs in school systems disregarding the research supporting comprehensive sex education being published. Additionally, 1998 was the first year when states began to decline funding from the government programs.

Looking at what was being published from 1998 onwards gives us a perspective on how other disciplines and professionals were reacting to governmental policy and state reactions. Between 1998 to the present, the dominant narrative on sex education still seems to be saturated with discussions on morality and control. The research questions aspire to understand the participation of each of the five core mental health professions in progressing sex education. Therefore, the research questions guiding this analysis are:

1. To what extent and degree are the five core mental health disciplines addressing sex education program across school, organization, and policy levels?
2. To what extent and degree are the five core mental health disciplines contributing to research towards understanding the needs and advancements of curriculum for healthy and comprehensive sex education programs desired by parents, teachers, and

adolescents?

3. To what extent and degree are the five disciplines participating in the design, implementation, and evaluation of sex education programs?
4. To what extent and degree are the five disciplines exploring and participating in the design and evaluation of training for teachers who are implementing these sex education programs?

## **Methods**

### **Research Design**

This study aimed to explore what the five core mental health professions (i.e., marriage and family therapy, psychiatry, clinical psychology, clinical social work, and psychiatric nursing) have published regarding sex education in the United States from 1998 to the present. The research design for this study used the method of a thematic analysis in effort to identify and analyze themes and patterns that emerge within the articles.

Through the historical accounting of the history of sex education in the United States, it is evident that the discourse regarding the most beneficial sex education program has long been deliberated. Both abstinence only sex education and comprehensive sex education programs receive strong support from various groups along with supporters of programs along a continuum. Therefore, the researcher was extremely interested in understanding what the current state of sex education in the United States is. This thesis, being the first of its kind, aimed to conduct an initial exploratory analysis of available bodies of knowledge across health and mental health professions to determine how the current state of sex education programs in the U.S. is addressed. The use of a thematic analysis was chosen in order to gain an in-depth description of

the phenomenon of sex education in order to pinpoint and examine patterns and themes within the data.

### **Data Collection Method**

To investigate the current state of sex education in the United States within each of the five mental health professions, this study was conducted using the qualitative research design of a thematic analysis. A thematic analysis was used by the researcher because it focuses on exploring and analyzing emerging categories that are within each article and then establishes themes that are embodied across all of the data.

The first step in this process was to identify all official journals affiliated with each of the five professional associations. In locating relevant journals, the University of Connecticut (UConn) library's journal search database was used to obtain the description and mission statement of each journal. Inclusion criteria for journals consists of descriptions that described schools, education, sex, sexuality, gender, adolescents, or health. The researcher and coder separately chose a list of journals. Reflexivity exercises were used to reconcile differences and address bias. The readers practiced reflexivity by creating open critical dialogue about the data found. A total of 23 out of 122 journals were chosen. One journal that was chosen was not included due to researcher and coder not being able to obtain the journal in time.

After deciding on relevant journals, UConn library's journal search database was used to analyze the titles and abstracts within each journal between 1998 to the present. The research and coder separately compiled a list of relevant articles. Articles were chosen by title and abstract with the inclusion criteria focusing on sex or sexuality education (including comprehensive and abstinence based programs). The article had to be published in United States, and occur with the school systems in some capacity. Articles that neglected sex education, did not occur in the

United States, or did not focus on adolescents were excluded. Reflexivity exercises were then used to reconcile differences and address bias. A total of 11 articles were found.

The 11 articles were then thoroughly read by both the researcher and coder. The researcher and coder used inductive reasoning to infer various common elements found across and within each article. Together, the researcher and coder then participated in reflexivity exercises in order to create specific categories and subcategories that each of the articles encompassed. Finally, the researcher then searched for prevailing themes from the created categories and subcategories. Upon exploring the categories and subcategories established prior, the researcher was able to provide identifiable names to the themes which emerged.

### **Data Analysis**

The journals that were included in this study were from the five different professional associations that identified an interest in examining schools, education, sex, sexuality, gender, adolescents, or health: American Association of Marriage and Family Therapy (AAMFT), American Counseling Association (ACA), American Psychology Association (APA), National Association of Social Workers (NASW), and American Psychiatric Nurses Association (APNA). Only one journal, Journal of Marital and Family Therapy, was directly associated with AAMFT and was therefore, included in the study. Likewise, there was only one journal, Journal of American Psychiatric Association (JAPNA), that was affiliated with APNA, and was therefore included in the search.

Out of the 22 journals associated with ACA, 5 were chosen: Journal of Counseling & Development, Journal of Child and Adolescent Counseling, Journal of LGBT Issues in Counseling, Journal of Social Action in Counseling and Psychology, and Professional School Counseling. Out of 93 journals associated with APA, 12 were included: American Journal of

Orthopsychiatry, Clinical Practice in Pediatric Psychology, Clinician's Research Digest: Child and Adolescent Populations, Consulting Psychology Journal: Practice and Research, Developmental Psychology, Families, Systems, & Health, Health Psychology, Journal of Educational Psychology, Psychology of Men & Masculinity, Psychology of Sexual Orientation and Gender Diversity, Psychology, Public Policy, and Law, and School Psychology Quarterly. Unfortunately, the researcher and coder could not access the Clinician's Research Digest: Child and Adolescent Populations, and had to exclude this from the search. Out of the 5 journals from NASW, 4 were included: Social Work, Children & Schools, Health & Social Work, and Social Work Research.

From searching through the articles in each of these 22 journals from 1998 to the present, a total of 11 articles were chosen by practicing reflexivity exercise between readers. These 11 articles all were published in the United States, had some extent of a sex or sexuality education component, and aimed to explore the education system. 6 articles were found in NASW journals; 4 were from Children & Schools (Kernsmith & Hernandez-Jozefowicz, 2011; Rueda & Williams, 2014; Smith, Schwendinger, & Spaulding-Givensand, 2005; Zanis, 2005). 2 were from Social Work (Franklin & Corcoran, 2000; Weiss, Howard-Barr & Panella, 2010). 3 articles were from APA journals; 1 from Health Psychology (Zhang, Jemmott, & Jemmott, 2015), 1 from the Psychology of Sexual Orientation and Gender Diversity (Fulcher, 2016), and 1 from Psychology, Public Policy, and Law (Levesque, 2000). Finally, 2 articles were from ACA: 1 from Professional School Counseling (DePaul, Walsh, & Dam, 2009) and 1 from Journal of LGBT Issues in Counseling (Jennings, 2014).

The coder and researcher carefully read and analyzed each article, developing categories throughout the process. After multiple discussions, the researcher and coder summarized the data into the following three categories:

Category 1: The interrelationships among theory, research, review, and evidence based practices.

Category 2: The focus on the discourse regarding abstinence based sex education programs

Category 3: The wider and more contextual backdrop on sex education

There were various subcategories that arose out of these three main categories. From category 1, the two subcategories were 1) types of research and 2) funding. From category 2, there were 4 subcategories. These included: 1) focus on research, 2) the call for more comprehensive sex education, 3) behaviors versus attitudes versus knowledge increasing goals of sex education programs, and 4) abstinence is only effective at a young age. Finally, from category 3 there were 4 subcategories. These included 1) lack of emphasis on sexuality and diversity, 2) call for policy changes, 3) call for training, and 4) the targeting of specific populations.

The findings of the data analysis were classified into three major categories and included subcategories that are addressed in the following section. Subsequently, the researcher developed 2 major themes that emerged from the categories across the articles. The thematic conclusions provide narratives on what the current state of affairs is in regards to sex education in the United States.

## **Results**

This section provides an in-depth analysis of the three categories that emerged during data analysis. The three categories are: 1: The interrelationships among theory, research, review, and evidence based practices, 2: The focus on the discourse regarding abstinence based sex

education programs, and 3: The wider and more contextual backdrop on sex education. This section also goes further in exploring the subcategories found within each of the larger categories.

### **Category 1: The Interrelationships Among Theory, Research, Review, and Evidence Based Practices.**

The most obvious pattern observed while reading the 11 articles was categorizing them into their respective types of research. A majority of the articles were found to be accounts of research activity. However, some of the articles were also reviews of either books, policies, or evidence-based practices. Fulcher (2016) reviewed the book, “Evidence-Based Approaches to Sexuality Education: A Global Perspective”, in effort to summarize and better understand the implications of evidence based sex education programs in classrooms universally. On the other hand, Levesque (2000) reviewed policies on adolescents’ educational rights to sex education programs. DePaul, Walsh, & Dam (2009) chose to look at the conversation about how school counselors are addressing sexual orientation in schools. In addition, it was interesting to explore the origin of the funding within each type of research article in order to draw conclusions about the limitations that may be present in result. For example, studies that were funded by grants promoting abstinence only sex education were subjected to the limitation of solely analyzing the impacts of one specific type of sex education.

#### **Types of Research**

The most obvious theme that emerged was the 7 out of the 11 articles were research articles (Jennings, 2014; Kernsmith & Hernandez-Jozefowicz, 2011; Rueda & Williams, 2014; Smith, Schwendinger, & Spaulding-Givensand, 2005; Weiss, Howard-Barr & Panella, 2010; Zanis, 2005; Zhang, Jemmott, & Jemmott, 2015). Out of these 7 articles, 3 were qualitative

studies (Jennings, 2014; Kernsmith & Hernandez-Jozefowicz, 2011; Rueda & Williams, 2014). 2 of the articles were quantitative research (Smith, Schwendinger, & Spaulding-Givensand, 2005; Zhang, Jemmott, & Jemmott, 2015), and 2 articles were mixed methods (Weiss, Howard-Barr & Panella, 2010; Zanis, 2005).

It was interesting to note how these researchers operationalized how to measure and analyze sex education programs. A majority of the studies used a qualitative method relying on open ended interviews. However, most of the other studies relied on self-report questionnaires and surveys to provide data both pre-and post-interventions. This is important to note in order to understand how to operationalize the outcomes of sex education programs; it is not as simple as labeling good and bad outcomes. Corresponding to the history of sex education provided previously, it is evident that there are no agreed-upon goals of sex education in the United States.

### **Funding**

When looking at the types of research that was explored in these various articles, it was compelling to try and understand where the funding, or lack thereof, came from. Smith, Schwendinger, & Spaulding-Givensand (2005), Zanis (2005), and Zhang, Jemmott & Jemmott (2015), all received funding for their research through government programs dedicated to preventing teen pregnancy through abstinence education. These programs included funding from the Office of Adolescent Pregnancy Prevention (OAPP), the Temporary Assistance for Needy Families block grant, and using secondary data from a National Institute of Mental Health Study that solely focused on abstinence programs.

The funding provided by these organizations prohibited teaching anything beyond abstinence; funding was not available to school districts that included birth control in their curriculum. The remainder of the studies did not report on where they received the funding for

their research. It is imperative to look at where research is funded through in order to understand the limitations and constraints that are now put forth for the research. In this case, funding was only available to explore the effects of strictly adhering abstinence only programs. This leaves the question of why government programs are funding research on abstinence, and not as equally on other comprehensive sex education programs when countless studies conclude that teachers, students, and parents all call for more comprehensive and inclusive sex education programs.

### **Category 2: The Focus on the Discourse Regarding Abstinence-Based Sex Education Programs**

Based on the previous discussion of Category 1, it can be concluded that abstinence programs seemed to take precedence over exploring any other variation of sex education program. Regardless of the type of article, it can be drawn that each article had some sort of narrative on the effects of abstinence only sex education. The goal, however, of the various abstinence education programs seemed to vary regarding its target of behaviors, attitudes, or knowledge. A few articles highlighted the strengths of abstinence-based sex education, while some called for more comprehensive programs and displayed the narrow window of impact for abstinence-based sex education programs.

#### **Focus on Research**

Following the subcategory of funding and research, abstinence-based sex education programs seemed to be the overarching discourse. 5 out of 7 of the research articles looked to further evaluate abstinence-based education programs (Rueda & Williams, 2014; Smith, Schwendinger, Weiss, Howard-Barr & Panella, 2010; Zanis, 2005; Zhang, Jemmott, & Jemmott, 2015). Moreover, no article specifically looked at comprehensive sex education programs. This is important to point out because one can draw the conclusion that regardless of research stating

that parents, students, and teachers want more research and tools on comprehensive sex education, the mental health professions are still choosing to focus on the effects of abstinence only programs.

### **Behavior vs. Attitudes vs. Knowledge-Increasing Goals of Sex Education Programs**

Another subcategory that fell under focusing on abstinence-based sex education was that it became clear that research on abstinence-based sex education programs targeted specific goals to promote change for adolescents. What this means is that certain programs focused on promoting and facilitating behavioral changes, while others focused on changing and promoting attitudinal changes or promoting an increase in knowledge on sex.

When a program aimed to target behavioral changes, it was clarified that the programs' overall goal was to delay the initiation of sex. However, some programs also included reducing the number of sex partners as well. Four articles focused on creating and promoting behavioral changes (Franklin & Corcoran, 2000; Weiss, Howard-Barr & Panella, 2010; Zanis, 2005; Zhang, Jemmott, & Jemmott, 2015). In fact, a common ploy used to reinforce this behavioral change was endorsing fear. Zanis (2005) stated that a goal of their abstinence-based sex education program was to "help students maintain a stronger affiliation with values about sexual abstinence and to better understand the potential personal, health, and social consequences of sexual involvement." (p. 60).

Two of the articles that targeted behavioral changes in their sex education programs also targeted attitudinal changes (Zanis, 2005; Zhang, Jemmott, & Jemmott, 2015). In addition, one other articles also aimed to change adolescents' ideas about abstinence and sex (Smith, Schwendinger, & Spaulding-Givensand, 2005). In all 3 of these articles, it was reported that the goal was to change adolescents' perceptions in order to regard abstinence in a positive light and

that delaying sex promotes a healthier, safer, and happier life. Zhang, Jemmott, & Jemmott (2015) reported on the goals for their abstinence education program as follows:

“We considered two types of behavioral beliefs: behavioral beliefs about the positive consequences of abstinence and behavioral beliefs about the negative consequences of sexual intercourse. Programs to promote abstinence could target either or both of these beliefs” (p. 1176)

Kernsmith & Hernandez-Jozefowicz (2011) also looked to shift the attitudes of adolescents, but not in regards to sexual activity. These researchers aimed to explore and manipulate students’ views on sexual assault. Similar to the above articles, this program sequentially hoped to change the behaviors of students in order to decrease the frequency of sexual assaults amongst adolescents. However, this program did not specifically target sexual activity, rather, aimed to change the ways in which students view sex. Unlike the other studies, this article recognized that adolescents are sexually active, and instead of trying to change this already established behavior, the program aimed to create a healthier behavior pattern amongst adolescents.

Finally, three articles aimed to explore sex education programs’ goal in increase knowledge distribution regarding STD’s (Franklin & Corcoran, 2000; Weiss, Howard-Barr & Panela, 2010; Zhang, Jemmott, & Jemmott, 2015). In regards to including information on HIV/AIDs and other STD’s, it was framed in a way to emphasize the benefits of abstaining from sex in order to prevent obtaining an STD. Weiss, Howard-Barr & Panela (2010) explained why and how incorporating STD prevention into sex education curricula was largely uncontested because it still led to the same outcome of abstaining from sex:

“...because pregnancy is a normal, appropriate developmental stage under healthy circumstances, the need for prevention is temporary and intermittent, whereas HIV/AIDS/STID prevention is a life-long need. Teenage pregnancy prevention was clearly a moral issue for some participants, whereas the need for HIV/AIDS prevention was undisputed” (p. 22).

Abstinence-only sex education program developers recognize that teenage pregnancy prevention is a moral issue and a highly debated topic. However, promoting knowledge about STD's may make it seem like programs are becoming more comprehensive in nature by promoting topics that both abstinence and comprehensive sex education promoters agree should be taught. Nevertheless, the outcome in which programs spread this information is through the lens of concluding that staying abstinent is the sole answer to remaining safe and healthy.

Zhang, Jemmott, & Jemmott 's (2015) research on the comparison of different levels of sex education including both abstinence only programs and comprehensive programs came to the following conclusion regarding including information on condoms:

“...Our results are consistent with previous work suggesting that emphasizing potential benefits of condom use may be a more effective way to increase condom use than emphasizing the costs of not using condoms” (p. 1181).

This finding is detrimental when debating the efficacy of varying sex education programs. Despite the many abstinence-based sex education programs' negative “fear” approach on sex, this study highlights the effectiveness of changing adolescents' sexual behaviors by emphasizing the positive benefits of condom usage rather than solely drawing attention to the negative outcomes.

### **Abstinence-Based Education's Small Window of Effectiveness**

Another subcategory that emerged with respect to exploring abstinence-based sex education programs was that this curriculum was most effective only for individuals who were not already sexually active (Franklin & Corcoran, 2000; Smith, Schwendinger, & Spaulding-Givensand, 2005; Zanis, 2005). These studies indicated that abstinence programs are indeed effective in changing behaviors and attitudes regarding sex if implemented at a young age prior to becoming sexually active. When abstinence-based programs are introduced in later adolescents when a mix of students are both sexually active and abstinent, it becomes harder to be impactful due to students' already solidified behaviors and attitudes regarding sex. Zanis (2005) reported that a month after the abstinence-only education program was implemented, all students who had been sexually active before the study reported that they continued to engage in sex (p. 62).

### **Call for More Comprehensive Sex Education**

The final subcategory that fell under the emphasis on abstinence based sex education programs were that 6 out of the 11 articles reported on the need for more comprehensive sex education (Levesque, 2000; Franklin & Corcoran, 2000; Fulcher, 2016; Rueda & Williams, 2014; Weiss, Howard-Barr & Panella, 2010; Zanis, 2005). Franklin (2000), Fulcher (2016), Levesque (2000) all reviewed various sex education programs and concluded that healthier and positive choices about sex need to be included more as opposed to just abstinence; they need to stop focusing on prevention and dysfunction and start emphasizing the wide array of needs of adolescents who are both sexually active and not.

Rueda & Williams (2014), Weiss, Howard-Barr & Panella (2010), and Zanis (2005) all researched the outcomes of abstinence based sex education programs and came to the same

conclusion that a more comprehensive perspective on sex education needs to be implemented by the schools in order to be more effective. Zanis (2005) reported on a particular finding stating:

“Overall, sexually active teenagers expressed support for sex education, although the support was related to their desire for information about sexuality rather than support for an SAO [sexual abstinence only] program. Sexually active students wanted information about where to obtain contraception, how to use contraception, and more information regarding the effectiveness of contraception.” (p. 62).

Needless to say, students and parents alike want sex education, however, the information they are receiving is not comparable to the information they desire or need. Focusing solely on abstinence for adolescents only targets a small and decreasing population of students, and, therefore, is not an effective method on impacting the sexual behaviors and attitudes of adolescents as a whole.

### **Category 3: The Wider and More Contextual Backdrop on Sex Education**

Upon exploring the previous categories and subcategories regarding abstinence-based sex education and other sex education programs, it is apparent that there is a broader issue at hand regarding sex education: the question of abstinence versus comprehensive sex education programs is not the simple solution to the bigger question of an ideal sex education program. Four subcategories emerged when seeking to understand the answer to this question: lack of emphasis on sexuality and diversity, call for policy and program changes, call for training, and targeting specific populations. These areas are further explored in the following sections.

#### **Lack of Emphasis on Sexuality and Diversity**

Seven out of the 11 articles to some extent noted the need to not only emphasize the biological aspect of sex, but also incorporate identity, gender, sexuality, and assault (DePaul, Walsh, & Dam, 2009; Franklin & Corcoran, 2000; Fulcher, 2016; Jennings, 2014; Kernsmith & Hernandez-Jozefowicz, 2011; Levesque, 2000; Zanis, 2005). DePaul, Walsh, & Dam (2009) specifically state that not addressing sexual minorities in school is detrimental to students due to the high dropout rates and negative mental health outcomes. The study provides information on how the lack of promoting awareness about sexuality and gender identity can have extremely harmful effects on students' lives. In addition, Levesque (2000) indicates that sex education programs are mostly taught through a homogeneous perspective which is not the case and could unintentionally be promoting gender inequality and gendered stereotypes as well.

In addition, Franklin & Corcoran (2000) and Kernsmith & Hernandez-Jozefowicz (2011) recognize the need to include discussion on sexual abuse and assault in sex education programs. Myths and attitudes about sex strongly contribute to the rape culture that exists in the United States. Programs need to begin to create conversations regarding the attitudes about sex in order to change these rape behaviors. These articles declare a new perspective on sex education – one that incorporates sexuality, gender, and sexual assault into curriculums in order to impact changes in negative behaviors amongst teens such as sexual violence, rape, and bullying behaviors.

### **Call for Policy and Program Changes**

Many researchers believe that the changes in sex education need to take place on a higher level. Eight out of the 11 articles reviewed came to the conclusion that in order for change to happen in the classrooms, there needs to be change at the governmental level (DePaul, Walsh, & Dam, 2009; Jennings, 2014; Franklin & Corcoran, 2000; Fulcher, 2016; Kernsmith &

Hernandez-Jozefowicz, 2011; Levesque, 2000; Rueda & Williams, 2014; Weiss, Howard-Barr & Panela, 2010). A factor in attempting to understand how to implement the most effective sex education program needs to be accounting for the geographic location of the students, and disregarding the assumption that sex education can be homogenous.

Weiss, Howard-Barr & Panela (2010) report that, “An independent, professional countywide survey assessing attitudes about sex education within the public school system was necessary to bring about change” (p. 25). Without accommodating the needs of the individuals in the community, there cannot be an assumption that a standard sex education program will be impactful.

Following this point, research findings conclude that there needs to be an incorporation of outside factors when considering program changes. All of the articles indicate, in some manner, that programs need to take into account environment outside the classroom including, but not limited to, the perspective of parents, the media, and the political climate of the community. Many articles turned to social cognitive theory declaring that “an individual's behavior is motivated by, and changed through, interactions with his or her meaningful environment” (Kernsmith & Hernandez-Jozefowicz, 2011).

With this in mind, it is no wonder that many articles came to the conclusion that implementing more community-based and student led programs would be more impactful for adolescents (DePaul, Walsh, & Dam, 2009; Jennings, 2014; Franklin & Corcoran, 2000; Kernsmith & Hernandez-Jozefowicz, 2011; Weiss, Howard-Barr & Panela, 2010). Kernsmith & Hernandez-Jozefowicz (2011) went as far as drawing the conclusion that “youths often value the opinions of their peers and talk about issues of sexuality with peers before they will do so with adults, frequently citing discomfort about talking with teachers, parents, or other adults” (p. 48).

Therefore, it is not only a matter of educators feeling uncomfortable with talking about sex, but students consequentially feel the disparity in the confidence of the people who are proliferating the knowledge about sex and instead, they turn towards each other instead, further disseminating misleading assumptions about sex.

### **Call for Training**

In addition to highlighting the need for inclusion of sexuality and diversity as well as policy and program changes, studies sought to emphasize the need for training educators who are implementing sex education programs. Three articles explored the concept that educators did not feel comfortable and/or did not feel confident enough to be able to most efficiently teach and facilitate conversations surrounding sex education (DePaul, Walsh, & Dam, 2009; Jennings, 2014; Rueda & Williams, 2014). Rueda & Williams (2014) made an effort to explore the needs of social workers that are held responsible for teaching this subject matter. The researchers noted the desire for more collaboration amongst school personnel in order to design a more tailored curriculum to the needs of their students. Likewise, DePaul, Walsh, & Dam (2009) suggest that due to their systemic training, school counselors may be better suited to bridge the gap between the community, policy, and students' needs in order to facilitate training to teachers to help better implement more quality sex education programs. Therefore, not only does there seem to be a need for more training, but consequently a need for more collaboration within schools and communities in order to best serve adolescents sex education needs.

### **Targeting Specific Populations**

A final subcategory that emerged when analyzing articles' broader accounts was that some articles looked to target specific populations. In particular, 3 articles aimed to study the effectiveness of abstinence-only education on varying minority populations (Rueda & Williams,

2014; Zhang, Jemmott, & Jemmott, 2015; Zanis, 2005). Rueda & Williams (2014) targeted adolescents with disabilities, Zhang, Jemmott, & Jemmott (2015) targeted African American adolescents, and Zanis (2005) targeted adolescents in an alternative school setting for students with behavioral problems. All three of these populations were considered “at risk”, therefore, abstinence only education seemed to provide the best solution to the problem.

In addition to targeting minority populations, the article by Smith, Schwendinger, & Spaulding-Givensand (2005) aimed to analyze the impact of abstinence only education specifically with boys. This article leads with the conclusion that pre-intervention, boys are more opposed to abstinence, are less likely to seek out knowledge regarding sex, and feel more pressure to have sex than girls. Post intervention, it was measured that boys were significantly able to increase their positive beliefs about abstinence. The article suggested that sex education should be separated between boys and girls in order to be more effective due to the differences in incoming perspectives around sex. It is important to consider the other variables in the study including, but not limited to, the age of participants when the program was implemented as well as the community’s beliefs on sex. Abstinence based sex education programs fail to consider the countless other variables that can contribute to the status of an “at risk” population.

### **Discussion**

This study aimed to explore what the five core mental health professions (i.e., marriage and family therapy, psychiatry, clinical psychology, clinical social work, and psychiatric nursing) have published regarding sex education in the United States in their corresponding journals from 1998 to the present. The study implemented the use of a thematic analysis in an effort to identify categories and subcategories and further create and analyze themes and subthemes that emerged from the articles found. Through this data analysis, the researcher developed two major themes:

Theme 1: Abstinence Remains Predominant

Theme 2: Training and Collaboration are Insufficient

From these two themes, a total of 5 subthemes emerged. From theme 1, three subthemes developed: 1) good vs. bad outcomes, 2) lack of efficacy, and 3) deficit based approach. From theme 2, two subthemes developed: 1) lack of attention to the geo-political climate and 2) lack of collaboration both within the schools and across professions. This section will include a discussion of the resulting themes and subthemes, limitations, and implications.

### **Theme 1: Abstinence Remains Prominent**

Overall, it can be concluded that across all articles, there was a general emphasis on implementing and evaluating abstinence-based sex education. Even though many articles noted that research has stated that comprehensive sex education provides more favorable outcomes, studies still aim to focus on the effects of abstinence for general populations as well as specific groups. Many articles aimed to research and promote the efficacy of abstinence-based sex education programs instead of moving toward researching the benefits of more comprehensive based sex education. In addition to the focus on abstinence based sex education, these programs also tended to convey change through implementing fear in their curriculum as well as targeting “at risk” populations.

#### **Good vs. Bad Outcomes**

Through an analysis of the categories across the 11 articles, it is apparent that research predominantly focused on abstinence based and abstinence only sex education programs with a lack attention paid to any programs that moved toward a more comprehensive curriculum. Additionally, researchers operationalized the outcomes of sex education programs by labeling results good and bad. The results were categorized as good and bad through the lens of the

researchers, consequently, imparting their own biases onto the favorable outcomes of sex education programs. Nevertheless, the history of sex education provided previously indicates that there is not a transparent conclusion on the goals of sex education in the United States. Rather, the conversation about the goals of sex education remain to be focused on a moral perspective of right and wrong. On account of this, there seems to be no unambiguous way to define what a good versus bad outcome of a sex education program should entail.

### **Lack of Efficacy**

Analysis of the categories and subcategories of these 11 articles indicated that when abstinence-based programs are introduced to a mix of students who are both sexually active and abstinent, it is increasingly harder for programs to be impactful. Students who are already sexually active seemingly have already established their beliefs and attitudes regarding sex. Despite the research that states that abstinence-only sex education can be effective for younger adolescents who have not become sexually active yet, focusing solely on abstinence for adolescents as a whole only targets a small and historically decreasing population of students who are not already sexually active. Accordingly, implementing abstinence-only sex education programs are not an effective way to influence the sexual behaviors and attitudes of the entire adolescent population.

There is an overall call for more comprehensive programs in order to expand the reach to a more inclusive population of adolescents. In spite of this lack of efficacy, it is apparent that researchers from various professions are still attempting to promote the adequacy of abstinence based sex education programs because it caters to the desired results of decreasing sexual activity, despite the lack of long-term effectiveness and solely being impactful only when targeting of a small window of the population.

### **Deficit-Based Approach**

This subtheme offers insight into a common trend that is emulated throughout abstinence only sex education programs; the idea of imparting fear of negative consequences in regards to any sexual activity is used extensively. Whether a program aims to target behaviors, attitudes, or knowledge, the way in which the ideals are implemented are to instill that abstinence is the best and safest choice by emphasizing that sex involves nothing but negative consequences. This seemed important to note because it highlights only one side of the metaphorical argument of engaging in sexual activity. Thus, the way in which abstinence based sex education promotes change is seen in a deficit based manner, presenting only the negative outcomes of sex and headlining only the positive outcomes of abstinence.

Taking this into consideration, it can also be alarming that the efforts of abstinence-only education programs focus on minority populations because they are considered more at risk than the majority. This is curious when seeing that the goal of abstinence-only educations is to prevent sexual activity and behaviors until marriage. It seems that a conclusion can then be drawn in stating that abstinence programs want to focus on preventing the sexual rights and behaviors of minority groups. In addition, articles tend to ignore the resiliency of these populations and solely emphasize the shortcomings.

### **Theme 2: Training and Collaboration are Insufficient**

The second theme that surfaced through analysis of categories and subcategories was that the educators providing sex education to students felt both insufficiently trained in the subject area and felt the lack of attention to address the political climate of the geographical landscape they were in. Educators and community members emphasized the impact that the community's collective attitudes and beliefs about sex impact and constrain educators from appropriately and

adequately teaching about sex. Educators also noted that they felt they lacked skills necessary to facilitate appropriate conversation and inform students on the topic.

### **Lack of Attention to the Political Culture**

Evidently, the climate of the community in which sex education programs are implemented within is essential to consider in order to determine the impact the program will have. Research has established that the geographic location of the students is crucial to consider, and programs need to eliminate the assumption that sex education can be homogenous across all landscapes. Disregarding the individual needs of each community and the individuals that it is composed of will not serve a positive influence on the effectiveness of highly generalized sex education programs. Henceforth, it can be concluded that the government needs to step away from funding generalized programs and focus more of their efforts to evaluating the needs of certain geographic locations in order to create more effective sex education programs.

Further, it is evident that programs need to be sensitive to external factors beyond the classroom. This means that programs need to bear in mind not only the political culture of the community, but also the media and the lifestyle of the adolescents themselves. Many articles noted that individual's behaviors and values are driven, motivated, and changed through their social interactions. Henceforth, it would be significantly beneficial for programs to initially understand and pay close attention to the social network within the community. Despite the age of the adolescent, the amount of connection the individual has with the school, the peers, and the community will greatly impact the influence a sex education program will have. Therefore, it is reasonable to state that more community based and community involved sex education programs will hold more value than a standardized program.

With this in mind, it is valid to state that the federal government that promotes the funding for implementing these programs should also take into consideration enforcing research in order to understand the culture of the community they are targeting. This is important not only to ensure the most effective impact of the sex education program, but also to safeguard a smooth transition for students, teachers, parents, and all community members involved. Considering the climate of the community when creating a sex education program will aid educators in feeling more at ease and comfortable with teaching subject matter without outside stressors.

### **Lack of Collaboration Both within Schools and Across Professions**

Similarly, the training and comfort levels of the sex educator need to be taken into consideration as well. With many of the educators noting they do not have the proper training and do not feel knowledgeable on the subject, the dissemination of information regarding sex to the adolescents will undoubtedly be confounded by bias and misguided information. Creating more training for educators will help check and control the biases that may be held and, in turn, construct a more unified and neutral voice.

It is also apparent that educators are calling for more collaboration both within the school as well as from professionals and agencies outside of the education system. Creating these partnerships can enhance the knowledge that is being instructed to adolescents. Working together with teachers, nurses, school social workers, and other professionals within the school system can lend greater insight to the needs and interests of the adolescents. Likewise, cooperating with professionals outside of the education system who specialize in the field can supplement information and strengthen already established programs.

Nevertheless, it seems to be clear that the call for more comprehensive and inclusive sex education programs are needed. Abstinence-only sex education may be effective, but only for a

small group of people. Incorporating more diversity of topics into programs can help change the attitudes and behaviors of adolescents entirely. Providing education through instilling fear highlights only the negative effects of sex and does not cater to the entire population of adolescents. Programs need to be able to both highlight the negative and positive aspects of sex while incorporating topics such as gender, sexuality, and violence in order to reach a broader population regardless of age. In order to do so, more collaboration both within the school and across the community need to develop to facilitate more impactful sex education programs.

### **Limitations**

This review aimed to encompass the relevant journals and articles regarding sex education in the United States by using inductive reasoning. Including well established journals and magazines from professions, regardless of description, was considered but presented the problem of not having clear inclusion and exclusion criteria and could have created unclear goals. The researcher concluded that limiting journals to only those that are directly affiliated with each profession and have a description of including research on sex, sexuality, gender, adolescents, and education would best serve the purpose of this study.

Another limitation that emerged was that choosing to not include all major journals may have disregarded areas of collaboration within and across disciplines. However, the researcher concluded that in order to understand the collaboration within the professions, one must first recognize the current state of affairs specifically addressed within each discipline in order to interpret how each profession is partitioned. It is also beneficial to understand each professions' strengths and weaknesses in order to move forward in promoting and creating collaboration across disciplines.

### **Implications**

The findings from this thematic analysis may have practical implications that can enhance sex education programs' design, evaluation, and implementation. Just as the perspectives of teens, parents, and educators are changing and evolving across history, so should the design of sex education programs. The United States has been using the same program designs for sex education for years that were based on the premise of morality, yet, what worked for the demographics and perspectives of the United States citizens then, may not adhere to the demographics and perspectives of the United States now. As the debate on comprehensive versus abstinence education evolves, so should the way in which our education system addresses it. Henceforth, it may be beneficial to note that creating homogenous programs to implement in various locations across the United States will most likely not be as effective across the board. It would therefore be more beneficial to recognize and understand the cultural of each community in order to better comprehend how to promote the best sex education program.

In addition, policy change at the federal and state levels need to adhere to the changing political landscape as well. It is not enough to encourage abstinence only education programs across a state just because it was shown to be effective in one community. Additionally, educators need help to increase their confidence in teaching about this information; if the community disagrees with the curriculum, then teachers will not be as impactful due to fear. Thus, it could be profitable to have policies that encourage the collaboration of communities and schools as well as collaboration with various professions within the schools. Supporting collaboration may also help cover a wider range of topics, which in turn is what students are asking for. Covering a broader range of material will help reach a broader range of students as well.

### **Conclusion**

The purpose of this study was to be the first of its kind to conduct an initial exploratory thematic analysis of available bodies of knowledge across health and mental health professions to determine the degree to which and ways in which our current state of sex education programs in the U.S. is addressed. Given the implications, it is incumbent upon us to understand ways this gap, and attempts to bridge this gap, are revealed in bodies of literature that exist within the five core mental health disciplines. Using a thematic analysis, the researcher was able to locate relevant journals affiliated with each profession that are target education, adolescents, and/or sex and locate articles of relevance from 1998 to the present.

Overall, the study suggests that there is a disparity between what the federal and state government believes sex education should be, versus what adolescents, parents, educators, and community members desire from sex education. Additionally, it seems that despite the compelling research to promote more comprehensive sex education programs, the federal government is still advocating for the implementation of abstinence only sex education programs. This ideology is still to this day entrenched in the belief that sex education is a moral debate of what is the most favorable outcome. Therefore, in order to sustain this dogma, the federal government continues to promote abstinence based sex education programs.

Consequently, adolescents, communities, and educators are suffering due to the division of enforcing strict sex education curriculum while ignoring the needs and comfort levels of said persons. Analyzing how these systems can come together to address the dilemma and implications of sex education programs in the United States can inform collaboration both within the school systems and across disciplines in order to better serve the needs of adolescents' sexual health.

Based on this conclusion, I offer two recommendations. First, I believe that the five core mental health disciplines should address this gap by promoting collaboration both within and across disciplines. Each profession is situated in a way that allows them to impact change at both the state and federal level. First, I believe each profession needs to recognize their visibility and contribution in the research and implementation of sex education. Each profession is placed in a way that allows them to impact change on a systemic level. Marriage and Family Therapy is placed in a space to impact families and communities. Psychiatry and clinical psychology have historically created such a strong influence in research, emphasizing and encouraging research on sex education programs could help close this gap. Social work has an incredibly apparent role within school systems such that they can truly give insight to the current status of sex education, but also be the ones to implement change in the most effective way possible. Psychiatric nursing's high status in the medical field can also help implement change at the medical level encouraging medical professionals to help properly promote accurate sex education. With each field recognizing their strengths, they can then collaborate in order to help enhance one another's level of impact.

In order to influence change in research, the federal government needs to begin to allocate more funds to researching comprehensive sex education programs. In order to do this, I believe we need to bridge the gap between the federal/state government and the needs and wants of the American public, communities and school systems. The public's voice needs to be more empowered to advocate for change. The boards of education need to help voice the needs of their respective communities. The voices of the teenagers, parents, and teaching professionals can only be so loud given their lack of systemic power. Therefore, it is up to the professionals with greater influence to begin to advocate for their communities. Broad and generalized sex

education programs will not be equally effective for every community; as this thesis depicts, the efficacy of sex education programs is highly dependent upon the community's culture. In saying so, it is imperative for the systems that represent these communities to support and promote their needs by campaigning at the state level. Creating a bottom-up processing, as opposed to a top-down approach, allows for the voices of the members of the community to be heard and allows for the most compelling ways to bridge the gap in sex education.

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Appendix 1

**States that rejected federal funding for abstinence-only sex education programs in 2009**

(Boonstra, 2009)

