

## Informal sexuality education in schools: Student sexuality-related questions asked of public school personnel

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### Abstract:

Sexuality education occurs both formally and informally in the public school system. This study sought to assess sexuality education in Indiana public schools—the classroom curricula as well as students' sexuality-related questions. Data were collected from teachers, nurses, and counselors (N = 399) pertaining to the inclusion of specific topics in sexuality education courses; sexuality-related questions received from students; and reported feelings of comfort and confidence answering the questions. Findings suggest that students' questions address topics not always included in traditional sexuality education curricula. These informal interactions present "teachable moments" where school personnel can provide information that may positively impact students' healthy sexual development.

**Keywords:** adolescents | curriculum | sex | sex questions | sexuality | sexuality-education | teachable moments

### Article:

## INTRODUCTION

Sexuality-related information is delivered to young people through a variety of avenues, including parents, friends, churches, the community, the Internet, and schools, with often varying content and messaging (Bay-Cheng, 2001). As an institution, most public schools are charged with providing health education, including sexuality education, to students. Recent reports suggest that the majority of Americans support comprehensive sexuality education in schools and believe that young people should be given information to protect themselves from unplanned

pregnancies and sexually transmitted infections (Yarber, Milhausen, Crosby, & Torabi, 2005; Sexuality Information and Education Council of the United States [SIECUS], 2001).

Research suggests that increased access to accurate information and comprehensive sexuality education is helpful for adolescents to avoid the potential negative consequences of early sexual interactions. The current trend for providing sexual health education in schools, however, continues to emphasize abstinence, despite the fact that the effectiveness of these programs is yet to be firmly established (Dailard, 2000; Kirby, 2000; Kirby, Short, & Collins, 1994). Much of the research examining the status of sexuality education in public schools has focused primarily on the content of the sexuality education curriculum used in the classroom (Polivka, 1996; Klein, Goodson, Serrins, Edmundson, & Evans, 1994). This work suggests that there are a number of topics not receiving as much attention as others in the formal curricula, such as sexual orientation, masturbation, and sexual dysfunction (Darroch, Landry, & Singh, 2000; Yarber & Torabi, 1997). Given that there are gaps in the types and depth of information that is disseminated to students through formal in-class instruction, it is reasonable to consider whether students remain curious and confused about sexuality topics. This is particularly an issue for those topics that are not given emphasis or that are not discussed at all in the context of abstinence-focused education.

A limited amount of research has sought to understand the nature of sexuality-related questions that are introduced by students within the school environment. One study assessed elementary teachers' techniques in responding to students' sexuality-related questions in the classroom (Price, Dake, Kirchofer, & Telljohann, 2003). The most common sexuality-related questions posed by students in this study included those addressing STDs, puberty, sexual orientation, and pregnancy, and were described as often being divergent from the topics covered in the curriculum. While teachers reported feeling mostly comfortable answering these questions, they indicated they would not answer questions that dealt with more sensitive issues, including abortion, masturbation, and sexual orientation. Relatively few teachers, only 34%, reported receiving formal sexuality-related training. (Price et al., 2003).

Another study in this area examined the types of questions posed by teens to a nonprofit organization's Web site. This study found that most questions referred to "pregnancy and childbirth," "sexual behavior," and "reproductive health" (Flowers-Coulson, Kushner, & Bankowski, 2000). A similar study of sexual health questions submitted by teens to a Web site found that most questions either directly or indirectly asked about "sex behavior," "body," "contraception/protection," and "pregnancy" (Vickberg, Kohn, Franco, & Criniti, 2003). While the Internet may be an increasingly accessible mechanism for accessing sexuality-related information, disparities continue to exist in adolescents' access to the Internet. This is particularly true of the extent to which they may be able to access sexuality-related information in the public spaces that provide Internet access to individuals without such access in the home. To that end, it is likely that many students will turn to trusted authority figures in the public school system to ask questions related to sexuality issues.

Sexuality-related questions posed by students may be an important indication of the need for additional or more specific information on a range of topics. Particularly within the context of low-resource regions of the United States that lack community-based resources to address

sexuality in adolescence, the public schools may continue to serve as one of their most accessible resources.

This study sought to expand the understanding of the nature of sexuality-related questions that are asked in the public school system by exploring sexuality-related interactions that occur both within the context of the traditional classroom between student and teacher, but also by exploring questions that students ask of other school personnel, particularly school counselors and nurses. Furthermore, it explored the questions that are posed outside of the classroom interactions between students and teachers.

While not necessarily bound by the guidelines of the formal curricula that are used to frame the type of sexuality information provided in public institutions, student-initiated interactions with school personnel may be important opportunities for the provision of accurate information about sexuality that otherwise would not be made available to students. This study examined the types of questions that students pose to school personnel in the state of Indiana, a lower-resource state with a sexuality education policy that emphasizes abstinence. The following research questions were used to frame this study:

1. What are the most common sexuality-related questions that school personnel (teachers, nurses, and counselors) receive from students?
2. How comfortable do school personnel describe themselves as being when faced with these sexuality-related questions?
3. How confident are school personnel that they have the knowledge and skills to respond to the sexuality-related questions of students?
4. Do the types of questions asked by students correspond to the extent to which some information is reported by teachers as not being included in the sexuality education curriculum?

## **METHODS**

### ***Participants***

Data were collected from 399 Indiana public middle and high school teachers, nurses, and counselors using an Internet-Based questionnaire. Potential participants were identified using the Indiana Department of Education Web site; those included in the initial pool of potential participants included those who taught health and physical education or were counselors or nurses for public middle and high schools in Indiana. Recruitment postcards, which clearly indicated that the study would deal with the topic of sexuality, were sent to all potential participants, inviting them to participate in the study. As an incentive for participation, respondents were eligible to win one of ten \$50 gift cards from a large national retail store.

### ***Measures***

School personnel were asked to respond to a range of questions about their roles in the school and their demographics, the types of sexuality-related questions they received from students, and to provide details about the topics covered in their routine classroom sexuality education.

*Demographics.* Demographic items included age, gender, race/ethnicity, parental status, level of education, and religiosity and spirituality.

*Topics addressed in the classroom.* Teachers were asked to report whether or not they included an array of specific sexuality-related topics, for example puberty, pregnancy, contraception, and sexual abuse.

*Students' sexuality-related questions.* Via an open-ended item, all participants were asked to report the three most common sexuality-related questions they were routinely asked by students in their school. Respondents were then asked to rate their level of comfort and confidence in replying to each of those questions. Comfort was assessed using a 5-point Likert-type scale with response options that ranged from very comfortable (5) to very uncomfortable (1). Confidence levels were assessed using an item for which the participants reported whether or not they believed they had the knowledge and skills to answer each of the three reported questions. Response options included: having both the knowledge and skills, the knowledge and not the skill, the skill and not the knowledge, or neither knowledge nor skill. As these measures were completed for each of the three questions reported as being most frequently asked, allowing for an analysis of comfort and confidence for each type of question.

### ***Coding***

A total of 492 most frequently asked questions were reported by the study participants. Preliminary question categories emerged after a comprehensive examination of the 492 questions by the authors. Questions were then independently coded by two of the authors and two independent consultants. The questions coding inter-rater reliability was high with 91.3% having at least three raters coding it into the same category. The final coding classification categories included: "pregnancy and contraception," "HIV and other sexually transmitted infections (STIs)," "sexual behavior," "relationships, gender, and identity," "values and morals," and "general health."

Following methodology used by other researchers (Flowers-Coulson et al., 2000; Vickberg et al., 2003), each question was assigned to one primary category, which represented the main focus of the question. In addition, a secondary category was assigned to those questions that addressed more than one topic. Questions were only given multiple codes if there clearly was more than one issue to be addressed in the question. For instance, the question "Why do I need to worry about HIV, I am not gay?" received a primary code of "HIV and other STIs" because the student is clearly interested in HIV, but it also received a secondary code of "relationships, gender, and identity" as it introduced a specific sexual orientation into the discussion. Of the original 492 questions, 247 received an additional secondary code, resulting in the analysis of 739 categorically assigned question topics.

## **RESULTS**

**Table 1. Participant Characteristics (N = 400)**

Participant Characteristics	n	%
Personnel Type		
Teacher	175	43.8
Counselor	163	40.8
Nurse	28	7.0
Combined	33	8.3
School		
High	162	40.6
Middle	144	36.1
Both	93	23.3
Gender		
Female	274	77.4
Male	80	22.6
Ethnicity		
Caucasian	332	94.3
African American or Black	12	3.4
Hispanic or Latino	4	1.1
American Indian	2	0.3
Asian or Pacific Islander	2	0.3
Age		
50+	126	35.6
44-49	60	16.9
33-43	65	18.3
21-32	68	19.2
Parental Status		
Have child(ren)	252	73.2
Do not have child(ren)	92	26.7
Religiosity		
Very	90	36.6
Somewhat	114	43.6
Slightly	32	13.2
Not at all	7	2.8
Importance of Spirituality		
Very	59	64.9
Somewhat	68	27.8
Slightly	12	4.9
Not at all	5	2.0

### ***Demographic Information of Participants***

Only those participants who reported at least one sexuality-related question were included in the analyses. Participants included 399 Indiana public school personnel, who described their roles as health science/physical education teachers (n = 175, 43.8%), counselors (n = 163, 40.8%), nurses (n = 28, 7.0%), or combined, individuals who reported a dual role, for example a teacher and a counselor (n = 33, 8.3%). Participants were fairly evenly divided between the high school level (n = 162, 40.6%) and the middle school (n = 144, 36.1%) with an additional 23.3% (n = 93) working at both the middle and high school level.

Most of the participants were women (n = 274, 77.4%) and identified as Caucasian (n = 332, 94.3%). However, there were also 3.4% (n = 12) who identified as Black or African American, 1.2% (n = 4) who identified as Hispanic, and 1.2% (n = 4) who identified as American Indian, Asian or Pacific Islander. In the overall sample there were 5.8% (n = 20) of who identified as

non-white, with 4.2% (n = 8) of teachers indicating such; this is comparable with statewide trends for Indiana teachers where 4.9% identify as non-white (Indiana Department of Education, 2005). Over half of the respondents were over the age of 44 (n = 186, 52.5%) and 73.2% (n = 252) indicated that they had one or more children. Overall, the sample considered themselves religious and spiritual, with 82.9% (n = 204) indicating that religion was very or somewhat important to them and 92.7% (n = 127) considering themselves to be very or somewhat spiritual. Demographic characteristics of the participants are summarized in Table 1.

### *Sexuality Education Topics*

Teachers were asked to report on the extent to which they included a variety of sexual health and sexuality-related topics in their formal sexuality education courses. There were a variety of sexual health topics that were reported to be used, including: HIV/AIDS (n = 85, 48.7%), other STIs (n = 73, 41.7%), pregnancy (n = 62, 35.5%), contraception (n = 37, 20.9%), and condom use (n = 12, 6.9%). Additionally, other sexuality-related topics were included in course curricula, for example relationship issues (n = 76, 43.4%), sexual decision making (n = 59, 33.7%), and sexual orientation issues (n = 14, 8.1%). Table 2 summarizes the topics that were reported as being included in formal courses.

**Table 2.** Sexuality-Related Topics Addressed in the Classroom (N = 175)

	Sexuality-Related topics	
	N	%
HIV/AIDS	85	48.7
Relationship Issues	76	43.3
STD	73	41.7
Body Image	73	41.7
Female Puberty	67	38.0
Anatomy	65	37.1
Pregnancy	62	35.5
Male Puberty	62	35.5
Sexual Decision Making	59	33.7
Self-Exams	44	25.3
Contraception	37	20.9
Boundary Negotiation	32	18.2
Abortion	21	12.0
Sexual Orientation Issues	14	8.1
Condom Use	12	6.9

### *Question Codes*

The 492 sexuality-related questions largely addressed the issues of pregnancy & contraception (n = 157, 31.4%), relationships, identity, and gender (n = 94, 18.6%), and sexual behavior (n = 80, 16.0%). The pregnancy and contraception category included questions referring to issues associated with pregnancy, including, “What do I do if I think I am pregnant?” and “Can you get pregnant when using a condom?” Other questions in this category included eliciting information about condoms such as “Is two condoms better than one?” and abortion, including “Should I have an abortion?”

Participants also reported that students routinely asked a number of questions about relationships, identity, and gender, including questions about how to deal with sexual pressure from a partner, “What should I do when my boy/girlfriend are pressuring me to have sex or to go further than I am comfortable?” as well as issues around sexual orientation, for example “How do I tell my parents I am gay?” and “How do I deal with my gay friends?”

Questions in the sexual behavior category included specific questions about sexual intercourse, oral sex, and sexual assault. Some examples of these questions included: “Is oral sex, sex?” and “What do I do if I feel I’ve been molested/taken advantage of/raped?” Students less frequently asked questions that fell into other categories including HIV and other STIs and morals and values. Some examples from the “HIV and other STIs” category included: “How is AIDS transmitted?” and “How do I get an HIV test?” while examples from the morals and values category included: “Is it wrong to have sex with my boyfriend?,” “Is it OK to think about sex a lot?,” and “Should I have an abortion?”

Many of the questions that students asked of public school personnel did not fit into just one primary category, highlighting the complex nature of the questions, and were therefore placed in two secondary categories. Almost half of the questions (n = 220, 44.7%) received at least one secondary code. The addition of a secondary code illustrates some of the underlying messages in questions, for example, the question that asks if one can get pregnant from oral sex illustrates a concern about pregnancy (primary) and a lack of knowledge about sexual behavior involved in conception (secondary).

The examination of questions solely from the primary codes indicates the following proportion of topics: pregnancy and contraception (n = 157, 31.9%); relationships, gender, and identity (n = 94, 19.1%); sexual behavior (n = 80, 16.3%); HIV and other STIs (n = 69, 14.0%); general health (n = 60, 12.2%); and values and morals (n = 32, 6.5%). When considering the secondary coding of questions, this distribution changes somewhat, with most questions referring to sexual behavior (n = 194, 26.2%), followed by pregnancy and contraception (n = 165, 22.3%); relationships, gender, and identity (n = 123, 16.6%); values and morals (n = 110, 14.8%); HIV and other STIs (n = 77, 10.4%); and general health (n = 70, 9.4%). The sexuality-related question categories, including the primary, secondary, and combined categories, are summarized in Table 3.

**Table 3.** Sexuality-Related Question Categories (Total N = 739)

	Question Categories					
	Primary (N = 492)		Secondary (N = 247)		Combined (N = 739)	
	n	%	n	%	n	%
Sexuality Behavior	80	16.3	114	46.2	194	26.2
Pregnancy and Contraception	157	31.9	8	3.2	165	22.3
Relationship, Gender, and Identity	94	19.1	29	11.7	123	16.6
Values and Morals	32	6.5	78	31.6	110	14.8
HIV and Other STI	69	14.0	8	3.2	77	10.4
General	60	12.2	10	4.0	70	9.4

***Questions by Personnel Type***

Questions regarding pregnancy and contraception were the most frequently reported by all school personnel. Nurses were more likely to report being asked general sexuality-related questions (n = 14, 31.8%), for example about menstruation and puberty, while teachers were more likely to report being asked questions about HIV and other STIs (n = 45, 22.7%). Counselors were more likely to report being asked questions relating to relationships, gender, and identity (n = 65, 29.7%) than either teachers (n = 18, 9.1%) or nurses (n = 8, 18.2%). Counselors were also asked more questions about morals and values (n = 24, 11%) in comparison with teachers (n = 7, 3.5%) and nurses who were not asked any questions in this category. Primary categories for questions by personnel type are summarized in Table 4.

**Table 4.** Primary Question Categories by Personnel Type (N = 492)

	Teachers		Nurses		Counselors	
	n	%	n	%	n	%
Pregnancy and Contraception	64	32.3	14	31.8	65	29.7
HIV and Other STIs	45	22.7	3	6.8	16	7.3
Sexual Behavior	32	16.2	5	11.4	39	17.8
General	32	16.2	14	31.8	10	4.6
Relationships, Gender, and Identity	18	9.1	8	18.2	65	29.7
Morals and Values	7	3.5	0	0	24	11.0

### *Questions by School Level*

Questions varied little for school personnel working at the middle or high school level. At both the middle and high school levels, personnel were most likely to receive questions about pregnancy and contraception (n = 43, 25.9%; n = 71, 32.7%, respectively). The middle school personnel reported the next most common questions included questions from the following categories: sexual behavior (n = 39, 23.5%), general health (n = 31, 18.7%), and relationship, gender, and identity (n = 13.3%). High school personnel’s most common question categories, included: relationships, gender, and identity (n = 55, 25.3%), HIV and other STIs (n = 35, 16.1%), and sexual behavior (n = 31, 14.3%). A summary of the questions by school level, middle school, high school, and combined, is reported in Table 5.

**Table 5.** Primary Question Categories by School Level (N = 481)

	Middle		High		Both (middle & high)	
	n	%	n	%	n	%
Pregnancy and Contraception	43	25.9	71	32.7	40	40.8
Sexual Behavior	39	23.5	31	14.3	9	9.2
General	31	18.7	15	6.9	12	12.2
Relationships, Gender, and Identity	22	13.3	55	25.3	15	15.2
HIV and Other STIs	21	12.7	35	16.1	10	10.2
Morals and Values	10	6.0	10	4.6	12	12.2

The questions received by the high school personnel were more sophisticated than the questions received by the middle school personnel. The pregnancy and contraception questions posed to middle school personnel, for instance, focused much more on the biology of reproduction including: “Can you get pregnant before you have your period?” and “Can you get pregnant swallowing sperm?” The high school personnel’s questions more frequently referred to the self and specific actions, for example: “I think I’m pregnant, what should I do?” and “What types of contraception are available to me?” The high school personnel also received more questions

about sexual orientation than the middle or combined personnel. Questions posed in the relationship, identity, and gender category to high school personnel included questions “related to the possibility of being homosexual or bisexual,” “How can people think it is okay to be gay?” and “I am gay, how can I deal with it?”

### *Comfort and Confidence*

Overall, school personnel reported high levels of comfort and confidence in answering the sexuality-related questions posed by students. The majority of teachers (n = 142, 73.2%), nurses (n = 29, 65.9%), and counselors (n = 112, 51.9%) reported that they felt very comfortable addressing students’ sexuality-related questions. Additionally, the vast majority of school personnel, over 80%, reported they had both the knowledge and skills required to answer students’ sexuality-related questions. Reported levels of comfort and confidence separated by school personnel type are summarized in Tables 6 and 7.

**Table 6.** Comfort Levels in Answering Sexuality-Related Questions (N = 454)

	Very Comfortable		Comfortable		Neutral		Not Comfortable		Not at all Comfortable	
	n	%	n	%	n	%	n	%	n	%
Teachers	142	73.2	41	21.1	8	4.1	0	0	3	1.5
Counselors	112	51.9	86	39.8	13	6.0	5	2.3	0	0
Nurses	29	65.9	12	27.3	1	2.3	2	4.5	0	0

**Table 7.** Confidence Levels in Answering Sexuality-Related Questions (N = 454)

	Both Knowledge and Skills		Skills, Not Knowledge		Knowledge, Not Skills	
	n	%	n	%	n	%
Teachers	181	92.8	5	2.6	9	4.6
Counselors	194	90.2	13	6.0	8	3.7
Nurses	31	83.8	4	10.8	2	5.4

## **DISCUSSION**

This study reports the range of sexuality-related questions most commonly asked by students, as reported by school personnel. The questions most frequently reported related to sexual behavior, pregnancy and contraception, and relationships, gender and identity. These topics were less frequently reported as part of the sexuality curriculum, with less than 10% (n = 14) of teachers reporting discussions about sexual orientation issues and condom use and only 20.9% (n = 37) of teachers reporting the inclusion of other contraception information. This inconsistency in topics that are addressed in formal curriculum and the questions that students are asking suggest that these informal interactions may play a key role in the dissemination of sexuality-related information to students. In addition, the variety of sexuality-related questions asked of all school personnel indicates that nurses and counselors, as well as teachers have an essential role to play in the healthy sexual development and decision-making ability of students.

Students are frequently asking bold questions about topics that appear to be “avoided” in the classroom. While this study indicates that biological and disease-related issues are being addressed in the classroom, some of the other socio-cultural issues are often not included. This discrepancy may potentially influence the extent to which these topics are the subject of the

interactions between students and school personnel. Many of the questions asked were about issues surrounding pregnancy, while there were much fewer about HIV and other STIs, suggesting that this may be a neglected area in the official school sexuality education curriculum. However, this could also indicate a lack of understanding of potential long term consequences of sexual behavior whereas pregnancy is a much more salient issue for adolescents and young adults. In addition, while there were relatively few questions about HIV and other STIs (n = 77, 10.4%), students showed a high interest in specific sexual behaviors (n = 194, 26.2%), including many questions related to oral sex. This is not likely a subject discussed by teachers in the classroom, however, school personnel who are comfortable and confident addressing these types of issues may be a much more reliable and appropriate source of information about these sensitive issues than the students' peers.

Initially, many of the students' questions seem basic and straightforward; however, they may present a significant challenge for school personnel. For example, when a student asks "Can you get pregnant from oral sex?" the obvious answer is "no" but by saying "no" could it be perceived by some that this individual is condoning oral sex as an acceptable or alternative sexual behavior? Similarly, if a student asks about the effectiveness of condoms and the school personnel responds in a medically accurate manner that condoms can be a highly effective means of preventing pregnancy and reducing transmission of sexually transmitted infections, could it be perceived that they are supporting sexual intercourse for the student? The variety of issues interwoven in the questions makes answering them a much more complex task than initially perceived.

In addition to the complexity of students' questions, the similarities and differences between questions posed at different school levels pose a unique challenge in how to respond to school personnel's needs. The consistency of question topics across school levels may speak to developmental issues as the content of the older students' questions become more sophisticated. This suggests a need to include the basic physiology and anatomy topics in trainings for all levels of school personnel but also to address the more sensitive issues of sexual orientation and contraception so that school personnel are adequately prepared for the full range of multifaceted questions that students may pose.

Adolescents' questions about sexuality present "teachable moments" for school personnel. These moments can help provide students with important information about sexual health issues as well as potential negative and positive sexual health outcomes. These informal interactions place public school personnel in a unique position to offer students accurate sexuality-related information that can potentially positively impact their sexual health, including the avoidance of potential negative health outcomes as well as addressing positive emotional and physical issues. However, sexuality education remains a controversial topic and other issues are often raised. It is essential to address issues of the professional preparation of school personnel, legal issues, and the policies and beliefs of the school and community in order to support the school personnel in disseminating sexual health information. School personnel are asked to provide so much already, therefore, it is critical to support them, including providing adequate and frequent sexuality-related training.

### ***Limitations***

While this study elicited very useful information, it may have faced particular difficulties above what is expected with public school personnel-based research given that it dealt with sexuality-related topics and individuals vary greatly in their overall comfort with the topic. It is highly likely that there are important differences between those who were willing to participate in comparison with those who chose not to participate. This is especially true since all of the responding teachers indicate that they taught sexuality education in public schools. The inclusion of private school personnel might also distinctly change the trends of reported answers. Additionally, the study was conducted in Indiana, an important venue as a lower-resource state, but the results may not be generalizable to other higher-resource areas. Although the sample was similar to the Indiana teachers that identify as non-white (Indiana Department of Education, 2005), states outside of Indiana may differ significantly in terms of demographics, including race, ethnicity, and gender which may also impact results. The Internet-based methodology obviously resulted in some school personnel being excluded from the opportunity to participate given that their school may not have access to the Internet. However, the opportunity was offered, although not accepted, to use a paper-based questionnaire if the Internet was not available to them.

## **CONCLUSIONS**

This study illustrates that young people are actively seeking sexuality-related information that they may or may not be receiving in the formal curriculum and they are doing so with varying types of school personnel. On the surface, some of these questions may appear to be fairly simple. However, when considered within the context of a one-to-one interaction between school personnel and a student, some questions, as a result of their content or the situational nature in which they are presented, are rather complex and may present school personnel with unique challenges for which little guidance or training has been made available. Overall, teachers, nurses, and counselors reported feeling comfortable and having the knowledge and skills necessary to address the sexuality-related questions that students ask of them.

### ***Recommendations***

These findings indicate that there still exists the need to support school personnel in addressing the complex sexuality-related questions through specific sexuality-related training, not just on subject material but also for skills to answer difficult, sensitive questions. Additionally, the nature of these questions and the challenges they may present to some suggest the need for sexual health professionals to work with school systems to also develop protocols for referral to community-based resources that can provide education, counseling, or other sexuality-related services. The fact that students are asking difficult questions indicates that they are actively seeking information from a source that they see as reliable; therefore, it is essential that school personnel feel prepared and supported in providing this information.

Schools and school personnel have significant levels of responsibility for the healthy development of today's youth and it may be unreasonable to expect them to have the resources, knowledge, and skills necessary to be sufficiently responsive to the diverse range of issues presented by students as they develop sexually. To support them, community-based sexual health

organizations and academic institutions may be valuable partners in helping them to address topics or by serving as referral sources for those issues that prove too challenging for a particular employee in the school system.

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