

Pittsburg State University

## Pittsburg State University Digital Commons

---

Electronic Theses & Dissertations

---

2014

### Are teachers prepared to teach sex education?

Adrien Stolifer

*Pittsburg State University*

Follow this and additional works at: <https://digitalcommons.pittstate.edu/etd>



Part of the [Communication Commons](#), and the [Education Commons](#)

---

#### Recommended Citation

Stolifer, Adrien, "Are teachers prepared to teach sex education?" (2014). *Electronic Theses & Dissertations*. 136.

<https://digitalcommons.pittstate.edu/etd/136>

This Thesis is brought to you for free and open access by Pittsburg State University Digital Commons. It has been accepted for inclusion in Electronic Theses & Dissertations by an authorized administrator of Pittsburg State University Digital Commons. For more information, please contact [digitalcommons@pittstate.edu](mailto:digitalcommons@pittstate.edu).

ARE TEACHERS PREPARED TO TEACH SEX EDUCATION?

A Thesis Submitted to the Graduate School  
in Partial Fulfillment of the Requirements  
for the Degree of  
Masters of Communications

ADRIEN STOLIFER

Pittsburg State University

Pittsburg, Kansas

April 2014

ARE TEACHERS PREPARED TO TEACH SEX EDUCATION?

Adrien Stolifer

Approved:

Thesis Advisor

\_\_\_\_\_  
Dr. Joey Pogue, Communications

Committee Member

\_\_\_\_\_  
Dr. Troy Comeau, Communications

Committee Member

\_\_\_\_\_  
Dr. Becky Brannock, Psychology

## ARE TEACHERS PREPARED TO TEACH SEX EDUCATION?

An Abstract of the Thesis by  
Adrien Stolifer

This thesis explored the history of the United States and its complicated relationship with sex, and how this relationship correlates back to the individuals who are responsible for teaching it to students. History was gathered beginning at the late 1800's up to current national standards. Seven teachers from three schools around the Pittsburg KS area, including elementary, middle/junior high and high schools, were interviewed and asked what they thought about their experience teaching sex education. Through these first hand experiences, key elements surfaced of communication between teacher and student, disproving that all sex education communication is negative.

## TABLE OF CONTENTS

### Chapter

I.	Introduction .....	1
II.	Finding A Beginning .....	4
	Comstock Law .....	5
	Social Purity .....	6
	Free Love .....	8
	Social Hygiene .....	9
	Ella Flagg Young And The Chicago Experiment.....	11
	World War I.....	13
	The Flapper .....	15
	Birth Control.....	17
	The Great Depression .....	18
	World War II.....	20
	1950s.....	22
	1960s.....	23
	1970s.....	26
	1980s.....	28
	National Standards And Guidelines .....	31
	The Problems Teachers Face .....	33
III.	Methods.....	36
	Grounded Theory.....	39
IV.	Results.....	41
	Education Preparation .....	42
	Building Their Program .....	43
	Resources Used For Class.....	44
	Notable Differences From The First Year Teaching To Now.....	46
	Parental Involvement.....	48
	Program Effectiveness .....	49
	The Age At Which Sex Education Is Most Effective .....	52
	How Often Should Sex Education Be Discussed In Schools? .....	54
	How Does It Feel When Students Ask You Questions? .....	55
	How Does It Feel To Teach Sex Education? .....	58
	Learned Experiences From Teaching Sex Education .....	59

V.	Discussion.....	60
	School Differences .....	60
	Communication With Parents.....	62
	Communication With Students.....	63
	The Program.....	64
	Problem Areas.....	65
	Openness .....	66
	Previous Research .....	68
	Significance .....	70
VI.	Conclusion.....	72
	Limitations.....	72
	Future Research .....	73
VII.	Summary .....	75
	References.....	77
	Transcriptions.....	87
	A1 .....	87
	A2 .....	95
	A3 .....	104
	B1 .....	109
	B2 .....	116
	C2 .....	123
	C3 .....	132

## Chapter I

### INTRODUCTION

Out of the industrialized countries, the United States has one of the highest teen pregnancy rates. According to the Center for Disease Control (CDC), in 2006 there were an estimated 435,427 births by females ages 15-19—four of the five pregnancies were said to be unintended. When pregnancy is prevented, sexually transmitted diseases (STDs) are still of great concern. The United States is facing STDs that are currently one of the most significant health challenges with an estimated 19 million new infections each year (Southall, 2008). And even though 15-19 year olds make up one quarter of the population, they are contracting nearly half of the STD cases: equaling to one in four sexually active teens (NSESCC K-12 Advisory Committee, 2012). The three most common STDs, Chlamydia, Gonorrhea, and Syphilis, have been on a steady increase over the last 20 years. It is estimated that most cases of infection go undiagnosed. To make matters worse, more and more strains of Gonorrhea are being reported as becoming resistant to treatments.

These issues stem from the fact that humans are naturally sexualized creatures. According to Maslow's hierarchy of needs, sex is as significant to the human population

as air, food, shelter, and sleep. Even though sex is a major part of our existence, it was not until recently that we developed stigmas and taboos on sex that spun the issue into that of moral and political controversies. We as a culture have developed unconscious reservations when talking about sex. Whether it is personal or cultural, sexual conversations are typically seen as an embarrassing and uncomfortable topic.

Be that as it may, we still need to talk about sex. It is important for us to approach sex education to the very best of our ability. Consequently, secondary schools are faced with the challenge to provide students with the knowledge and awareness necessary to approach sexuality in a responsible manner. However, because there is an abundance of moral and political controversies between parents of students and school administrators; unrestrained talk about sexuality as well as teaching sexuality is authentically restricted and comprehensiveness is often avoided. In our highly sexualized and undeniably desensitized world, there is undoubtedly a degree of anxiety at the thought of teaching sex to students. And even with the expected amount of college education there are some things that just do not get covered. Therefore teachers who are responsible for going into the field and actually teaching sex education may feel, quite understandably, apprehension, fear and a sense of inadequacy about completing the tasks that lie before them.

In order to gain insight on this real-world problem, this thesis will involve an qualitative study of sex education teachers in the field in an attempt to determine how adequately prepared these individuals actually feel about fulfilling the duties of their profession. While the individuals that will be investigated may represent those who



have been formally trained at a collegiate level from classes and designated electives as education majors; the main focus of this research will be less concerned about how these instructors were conditioned by curriculum requirements. Instead, this study will go beyond the standard requirements of certification and involve the gathering of accounts by subjects “in their own words” about the reality of teaching sex education. As data is gathered from the accounts these individuals provide, a methodical analysis will be conducted in order to provide awareness and raise consciousness about the challenges teachers face while emerged in the task of instructing students about a very sensitive and controversial communication phenomenon.

## Chapter II

### FINDING A BEGINNING

Before asking the main questions, it is important to understand why exactly these questions are even being asked. What and how teachers feel when talking about sex is asked because of the North American view of sex, and to completely understand how society affects a teacher's decisions, it is important to understand the historical background and beginning of these views.

The rapid growth of the United States population was a result of industrialization, which gave new life to complex movements that significantly changed the course of society (Perez-Selsky, 2013). While the term sex education is a relatively new term, what it stands for is something that has existed prior to the industrialized world. With fewer resources having been written about it prior to the late 19<sup>th</sup> and early 20<sup>th</sup> centuries, sex education within the public community was not openly discussed. When individuals who saw the need for a change tried to educate others, it sounded vulgar and what Morgan (2007) referred to as "sexual anarchy."

Less than 100 years after seceding from Great Britain, American citizens were taking full advantage of developing their own views on controversial topics under the new democracy. Jenson (2010) expressed four major views that influenced the start of

a sexual revolution by battling each other in the sexual arena: (1) Comstockery Law, (2) The Social-Purity, (3) Free Love, and (4) Social Hygiene. These four represented ideologies are the basic building blocks to any sex education view.

#### COMSTOCK LAW

Comstock Law represents a group of religious individuals with very strict guidelines about sex, and when it is appropriate. Anthony Comstock grew up in a devout Christian household in New Canaan, Connecticut (Trumbull, 2013) where between school, church, and helping out on the family farm, he lived a sheltered childhood (Thompson, 2001). It was not until he joined the Civil War that he really gained insight into how individuals took part in immoral activities. It was his Christian duty to help his lost brethren and guide them back to righteousness and he did so by joining the Army's Christian Commission and the Young Men's Christian Association (YMCA) (Fuller, 2003).

Comstock, as many young men did after the war, moved to cities in search of work. Free from parental control, big cities like New York City offered new vices like prostitution, drinking, and gambling to the young and inexperienced (Thompson, 2001). It was not uncommon for materials like postcards that often used images of exotic and naked women (Burton, 1999) and medically significant literature on sexuality to circulate through the streets of the Big Apple. Disturbed by the ease of their distribution, Comstock began working closely with the YMCA tipping off police and making citizen arrests (LaMay, 1997). Regardless of their efforts, they were no match for companies and individuals who had ties throughout the city (Trumbull, 2013). Seeing the need for drastic action, Comstock marched to Washington D.C. with the financial aid

of the New York chapter of the YMCA. There he lobbied for a bill that would put a stop to the circulation of pornographic materials (Beisel, 1998).

Congress passed the bill, outlawing the distribution, publication, and possession of any materials resembling lewd literatures, abortion pamphlets and/or contraceptives through the mail (Thompson, 2001). The bill became known as Comstock Law. Its passing sent the message that because of naturally tempting qualities, all information regarding sexuality no matter its intention, was lewd and subject to prosecution. Anybody caught violating the law would receive a maximum of a five year jail sentence as well as a \$2,000 fine (Comstock Act, 2013). Moral shaming and fear of legal action drove people away from learning the truth about their sexuality. Unfortunately, Comstock Law devalued medical information, like pamphlets on venereal diseases and information on sexuality, to the same level of scum and debauchery as pornography (Jensen, 2010.)

#### SOCIAL PURITY

Next were the social purists whose views of sex were more concerned with the power struggles it played in society. Consisting of religious idealists and feminists, they believed that sexual double standards between men and women strained certain aspects of society. Together they fought to raise the legal age of consent with hopes of reducing the number of young working class females that fell into the life of prostitution (Messerschmidt, 1993). Social purists gained their voice speaking of unlawful sex in the same context as danger, disease, and death (Jensen, 2010). By eliminating female sexual humiliation and giving every woman the right to resist sexual advances and dominances

by men, they believed that they could impede prostitution by reeducating society (Joiner, 2013).

While giving women the power to say no, it was also important to challenge men to take more responsibilities over their sexual habits (Messerschmidt, 1993). Activists pushed to increase the legal actions taken on clients of prostitutes, where before some would receive nothing more than a slap on the wrist while the prostitute would be sentenced to jail (Tierney, 1999). It was also argued that by jailing and locking prostitutes in hospitals that this ultimately had no effect on any of the problems with prostitution. Significant change would only occur if prison conditions and rehabilitation centers were improved, in addition to providing other activities to help restore healthy moral decisions to the women affected (Hapke, 2002, & Bristow, 1977).

Although activists of social purity supported women's rights, there was still resistance when it came to a woman's advancement in society (Tierney, 1999). Abortion and contraception were still opposed by the majority of social purists, with the belief that sexuality needed to be regulated (Bristow, 1977). Some advocates even went as far as stressing that the regulation of sexual activity needed to be between couples who were already married (Jensen, 2010).

Several groups and laws were established and enacted such as: The National Vigilance Association which enforced laws to improve public morality; The Criminal Law Amendment (CLA) to help women and young girls refrain from a life of immorality/prostitution; The Mann Act which made it illegal to transport females across

state lines for immoral purposes; and, last but not least, increasing the legal consent age for girls from thirteen to sixteen (Morgan, 2007).

## FREE LOVE

Free Lovers believed that everybody has the right to express their love for one another and in some cases to multiple people, the sanctity of marriage having no validity other than for legal and social acceptances. The foundation for their argument stemmed from the essential belief that men and women had a human right to engage in sexual and emotional relationships with one another without interference from society, religion, or the law (Hayden, 2010).

Throughout history there have been multiple societies that have practiced and shared forms of Free Love. The movement in the U.S centered on the idea that sex was not intrinsically moral or immoral (Jensen, 2010). Free Lovers like Ezra Heywood, Francis Berry and Victoria Woodhull believed that marriage should be more than just sex for procreation; it should be a consenting decision between a man and a woman forged from love. It was also believed that sometimes the love an individual could give was not satisfied by only one individual, and that putting legal stipulations, such as marriage, on one's love could inevitably damage their love and affection (Spurlock, 1994). They believed that the sanctity of marriage was being misused and could be seen as a form of "sexual slavery" (Hayden, 2010). Francis Berry went as far as declaring marriage for women nothing more than a system of rape. Metaphorically the end of the line, after marriage women would lose many of their legal rights (Spurlock, 1994).

Wanting equalization in every spectrum, Free Lovers like Woodhull fought to give women back the rights to their own bodies. Their driving force was that if women had control over their bodies they could choose who they shared offspring with, or even conceiving offspring at all. Woodhull was an advocate for eugenics, selective breeding for human improvement, where a woman's choice of her partner was the controlling factor for the fate of society (Perez-Selsky, 2013).

#### SOCIAL HYGIENE

Last were the social hygienists who took the medical stance on sex, stressing that only accurate information was acceptable. Being able to show that there was a scientific link between sexual activity and STDs was a major key. At the end of the 19<sup>th</sup> century, the field of medicine made large strides with cures and treatments for a number of diseases. Social hygienists consisted of professionals who discovered that, with the proper information and medical treatment, issues caused by sexual intimacy could be decreased significantly. Charles Eliot expressed that "among contagious diseases the most destructive of the white race are the diseases called venereal... [and] are caused and spread by vices and animal gratifications in which both men and women have part" (1914).

To rationalize putting sexual discussions in the public arena, social hygienists kept their ideas scientific and objectively based. Their arguments acknowledged that it was ignorance to pre- and extramarital sexual relationships that caused people to act in unhealthy manners, not because of malicious or evil moral intent (Jensen, 2010). Several problems occurred in finding ways to reach out to the public. Due to the societal spiral

of silence, the common public had no idea that sexually transmitted diseases were not normal. There was also an abundance of pseudo doctors who dabbled in sexual health practices without having accurate training (Jensen, 2010). The progression social hygienists fought for were being stymied by these doctors. “To damage the fake doctor business was therefore a necessary beginning of our campaign of public education” (Foster, 1916). Elliot (1914) backed up the issue that, as long as society believed STDs were unpreventable, there was no reason to accept validity in any prevention methods at that time.

Social hygienists fought to change the laissez faire attitude by providing their new knowledge on these issues and pushing the reality that these ways of thinking would no longer be acceptable. Finding that adults were firmly set in their ways in regards to specific bad habits, they focused on younger individuals rationalizing that, hopefully, they would catch the children before bad habits set in (Jensen, 2010). Keeping sexual discussions “public and frank” as well as free from suggestion without causing excitement in sexual experimentation was the way they intended to educate children (Eliot, 1914).

Social hygienists’ state,

...[W]e advise that an attempt should be made to give children a frank, unashamed, and reverent outlook on the essential facts concerning the continuance of life. Care must be taken not to anticipate interest, not to excite, not to say what is untrue, not to teach what will have to be unlearned afterwards, not to make false mysteries (such as dusting a



stigma with a pollen-laden feather might dispel), not to deal with the pathological, not to frighten, not to pretend that men and women are angels; and, above all, not to say too much. (Geddes & Thompson, 1914, p. 169)

#### ELLA FLAGG YOUNG AND THE CHICAGO EXPERIMENT

The Chicago Experiment was the first time anyone tried to adopt a sexual health program into a district (Moran, 1996). Dr. Ella Flagg Young became the superintendent for the Chicago school district in 1909, carrying a strong conviction that a successful education system leads to citizenship with every single child being accountable for his or her learning habits (McManis, 1916). Teachers would need to be the ones to direct their students on how to live healthy, productive lives given that students did not inherently know how to care for themselves and appropriate information was being neglected at home (Jensen, 2010).

Rising prostitution and STD rates united others towards the idea of instructing students in such matters, despite the Comstock Law being in full effect (Moran, 1996). However, caution was still needed when talking about sex and discussion was still limited to pertinent biological information. Bringing sexual health into schools meant providing information to students that would most likely help them abstain from sexual temptation, as well as properly protecting themselves from STDs (Jensen, 2010).

Dr. Young was an important figure in the history of sex education because of her foresight that boys and girls would encounter immoral situations inevitably. This set her apart from her peers at the time. Dr. Young backed her techniques with science. She

argued that a child “is told in school that if he doesn’t keep his skin clean, his system will fill up with poison, if he abuses his stomach, he’ll suffer with indigestion, if he gathers the contagion of tuberculosis, he’ll die of consumption,” but when it came to sexual health, schools never provided the issues of “a world of sex organs and the terrible cost of [their] abuses” (Jensen, 2010, p. 52).

She proposed a series of three lectures to Chicago high school students during the 1913-1914 school year about physical facts, venereal disease, and abstinence until marriage (Moran 1996). Education about the sex organs and how they can be abused would be looked at no differently than other health topics like bathing and digestion. She affirmed that their morals in teaching would be inconsistent if the education system did not also see value in teaching appropriate sexual hygiene (Jenson, 2010). Students from the first program were eventually surveyed about how effective they found the program; with 90% agreeing that lessons were overall helpful and “worth continuing in the future,” (Jensen, 2010).

Despite the success and high approval from students, the Chicago Experiment did not last. The disapproval from the city government and the public argued that sexual health education should be left up to the home and church for instructing, not public schools (Carter, 2001). They feared that speaking so openly about the issue would awaken unhealthy curiosity and destroy innocence of the youth (Jensen, 2007).

Nevertheless, Dr. Young’s Chicago Experiment was not in vain. After hearing of its results, numerous high schools began to offer their own sexual hygiene courses without permission from their school boards. In 1920, 40% of high schools claimed to

offer some sort of sex education. By 1927 45% of high schools offered sex education; 29% of which had a fully developed integrated program with personal and social adjustment, character and mental health, as well as the standard physical health (Carter, 2001).

## WORLD WAR I

During the First World War, there was an increase in government involvement in conjunction with sexual health. When the United States entered the war, males from across the country were sent to training camps where they discovered a new culture among their peers. The excitement of leaving home left many soldiers with newborn courage to experiment with activities that may have tugged at their moral boundaries (Luker, 1998). These training camps were nothing new to American society.

However, over the years growing concern focused in on soldiers that were being exposed to demoralizing influences, such as excessive drinking and prostitution. An investigation by the Secretary of War found that soldiers with too much leisure time got into compromising positions, suggesting that agencies were needed to help fill that time and in order to deter immoral activities (Lynch, Weed, McAfee, 1923). From its first introduction in 1909, the campaign against venereal diseases was passed on from one officer to their successor with help from a committee of appointed administrative personnel (Callender, 1923). The Commission on Training Camp Activities (CTCA) was appointed by the Secretary of War to assemble a comprehensive plan consisting of recreational and educational activities that assisted in directing the troops' moral compass. CTCA gained assistance from private agencies such as the Young Men's

Christian Association, Knights of Columbus, Jewish Welfare Board, American Library Association, Salvation Army, War Cam Community Services, and Young Women's Christian Association (Lynch, Weed, McAfee, 1923).

The existence of these agencies was critical as statistics showed that venereal disease was the second greatest cause for military disability next to actual casualties of war (American Social Hygiene Association, 1918). Committee members formulated three key techniques to attack venereal disease: (1) increase healthy social actions to reduce sexual temptations, (2) educate soldiers and civilians in regards to venereal diseases and the moral hazards related, and (3) provide medical care and treat individuals infected with venereal disease as early as possible. Informative literature in pamphlets and posters was the government's main focus for their attack (American Social Hygiene Association, 1918).

Many of the pamphlets were used to establish two facts (1) chastity and masculinity could coexist, and (2) if proper instruction on social hygiene was not followed, imminent mental and physical pain would ensue (Jensen, 2010). Pamphlets entitled "Venereal Diseases, Facts Every Soldier Should Know," and "Keeping Fit to Fight," were published and distributed by the Office of the Surgeon General of the Army with aims to appeal to patriotism, chivalry and prudence of the soldier (Clarke, 1918). Other tools used in the education process included stereopticons (a slow image swapping projector), stereomotographs (based on the stereopticon, slides were automatically rotated through), as well as films such as "The End of the Road," and "Fit to Win".

Although, at first applications were funded through requests of War Department funds, due to the complexity and size of the new program, thereafter, there was not one sole government agency responsible in funding the program (Callender, 1923). Different agencies were responsible for carrying out different phases of the program.

What military concerns achieved in their battle against STDs was a significant motivator for schools as they began to implement their own sexual health education curriculum aimed toward tackling sexual issues. Over the next three decades sexual health education steadily increased; The U.S. Office of Education published materials to train teachers, and by the 1940s-1950s, human sexuality courses started to appear on college campuses (Cornblatt, 2009).

#### THE FLAPPER

Previous to the 1920s, the All American Woman was depicted as the embodiment of stability, a woman of beauty, charm, and health (Yellis, 1969). Graphic artist Charles Gibson's illustrations of these ideal women became famous for their portrayal of harmony, and were frequently referred to as Gibson Girls (Collier's Weekly, 1903). The Gibson Girl was sweet, had long hair, was busty with a narrow waist (the hourglass figure) thanks to corsets (Moore, 2011), but most importantly, her body was well covered (Yellis, 1969). However, during the 1920s the number of cultural experimentation increased, propagating tension between generations by challenging traditional norms (Warner, 2009). The intense and brazen introduction of new cars, music, art, movies, and fashion against previous standards caused such strife that the

decade is referred to as the Roaring Twenties. The Gibson Girl image had a new adversary, she became the Flapper.

The original meaning of where the slang term Flapper comes from is disputed between different theories (“Flapper”, 2014). However what the Flapper stood for during the 20s is irrefutable. She was a woman of confidence; she bobbed her hair, dieted her body down to the new fashionable thinness, and exposed her skin in leggy dresses (Yellis, 1969). The Flapper was a name for the new progressive woman. She was seductive, insatiable, intelligent, unattainable and all the while enthralling (Moore, 2011). Many women began to abandon their roles of passivity in economic, social, and sexual arenas (Yellis, 1969).

The Nineteenth Amendment was ratified, giving women the right to vote and amplified their independence. The number of women working outside the home significantly increased (Presley, 1998), adding to the freedoms women had over their fathers and husbands (Yellis, 1969). There was an increase in consumerism as society found the pleasures of indulging in the nicer things (Sharot, 2013). Education on female health centered on exterior issues such as hygiene and appearances, rather than on fertility (Noel, 2000). There was also a raise in attendance at speakeasies and saloons by both men and women, where drinking, smoking, and swearing was customary (Presley, 1998).

Women fought to present their bodies however they pleased. The desire for the Flapper was propel to the mainstream with the help of the movies. Where motherhood was once the ideal aspiration, the female protagonist’s image was replaced with a

flapper or “erotic wife” (Latham, 2000, p10). More females started to join their male counterparts in pre-marital sex. This increased the use of contraception among women who refused to be subjected to the naivety and femininity like generations before them (Yellis, 1969).

## BIRTH CONTROL

Individuals like Margaret Sanger pushed for the production and distribution of contraceptives, using their own experiences to fight for women in all societies. This milestone would help aid in providing them with information on how they could keep themselves healthy in all aspects surrounding pregnancy. Sanger’s mother, for example, experienced eighteen pregnancies, eleven of which came to full term (Hampton, 2004).

Huber (2009) also noted that another significant factor for Sanger was her stance on eugenics; that not everyone in society should bear children. Moving to France where contraception was openly discussed, she educated herself over medical aspects that were not available in the U.S. (Yasunari, 2000). The U.S. at that time was still under the Comstock Law. Once Sanger returned to the States she began writing information outlining methods of contraception, traveling the country speaking of the values of using birth control (Hampton, 2004).

In 1921 Sanger started the American Birth Control League to help mainstream the birth control movement (Hampton, 2004). The American Birth Control League would later become Planned Parenthood. By 1936 increasing support caused the U.S. Court of Appeals to exclude birth control products and materials from doctor to patient under sanctions of Comstock Law (Huber, 2009). A decade later research biologist Gregory

Pincus developed the first prototype birth control pill, and in 1959 Enovid was introduced to the public (Lawrence, 2008).

The landmark case *Griswold vs. Connecticut* in 1965 ruled in favor of granting married couples legal access to contraceptives (Planned Parenthood, 2009). Six years later unmarried women gained access in the case *Eisenstadt vs. Baird*. It would not be until 1977 that minors would have access to contraceptives (*Casey v. Population Service International*, 1977).

#### THE GREAT DEPRESSION

Events leading up to the Great Depression climaxed on October 1929 when the United States stock market crashed, throwing America's financial affairs into a downward spiral. The economic hardships affected most people, forcing many to cut back on the luxuries they indulged in during the last decade. Families who struggled prior to the 1930s found their hardships amplified, as the Great Depression only intensified the hard times they had suffered (Bolin, 1978). Even those who sat comfortably in the middle-class found themselves pulling from their life savings in order to keep up the lifestyle they had become accustomed; when that was not enough, wives, children, and other family members began working to add to the household income (Sharot, 2013).

Cutting back on expenditures happened throughout all aspects society (Bolin, 1978). Households understood the financial importance of having smaller families, causing another surge in birth control. Courting, where a couple with the intention of marriage is informally monitored by parents and the community to deter sexual



behavior (Lloyd, 1991), was replaced by dating, a paring of peers for socializing more for entertainment and pleasure, and was not supervised by parents (Whyte, 1992). With the increased ownership of family cars, dating teens could now escape even their peers in public places (Hill, 2008). They would find secluded spots, sometimes referred to as Parking or Lover's Lane, to experiment romantically and physically starting with kissing, and sometimes leading up to sexual intercourse (Whyte, 1992). Nonetheless, not everything was as carefree as teens indulging in the family car. The adverse economic conditions seemed to destabilize many of the social advances that were made the decade before (Hollingsworth & Tyyska, 1988).

Everything the Flapper image stood for during the 1920s seemed to disappear, as their image was portrayed as conniving, using their sexuality to climb over their male counterparts on the social ladder; advertisers replaced them by promoting healthy and happy women as mothers, nurturing their children and dependent on men (Post, 2012). What were known as traditional gender norms were brought back into the public arena. Men were the head of households and breadwinners, while women were in charge of taking care of the home and managing the budget. If a married woman and her husband both had good jobs, some believed that she needed to be let go from her position in order to free up a spot for an out of work man (Mcguire, 2008). A woman's role was to find a way to make her husband's pay check stretch to cover all their household essentials.

Single women or women whose husbands were unemployed found themselves faced with the proposal of prostitution. The offer was less than desirable, but to utilize

their bodies for food or shelter was enough to force women into semi and full time prostitution (Post, 2012). Sadly if that was not enough, in some instances both mothers and daughters were to engage in prostitution in order for the family to survive (Hollingsworth & Tyyska, 1988). When what little appeal of the profession diminished, the realization that their bodies were their only saleable asset was sobering (Post, 2012).

## WORLD WAR II

WWII is said to have had a profound effect on sexuality and sexual attitudes not only within America, but across the world as well (Hill, 2008). Officials of the general public, in addition to the military, tried to work together amicably to find the best possible solutions for protecting all citizens (Oviedo, 2003). As was the case during WWI, once wartime struck, the likelihood of prostitution would rise and sequentially bringing the increase of STD cases (Esselstyn, 1968).

Officials began to understand that it was not possible to completely eradicate prostitution or STDs; their only hope to overcome the blight was to slow the spread (Oviedo, 2003). Unlike WWI, not all sexual encounters were prompted by traditional prostitution. The term Patriotute emerged during the war; a girl wavering between patriotism and prostitution in service of the men fighting for their lives (Hegarty, 1998). These women traveled to military bases, indulging themselves on transient erotic encounters with service men as a sort of entertainment and act of patriotism (Hill, 2008). Sometimes also referred to as Victory Girls, these ladies supported their troops in the way society persuaded them to.

In the beginning, organizations like the Red Cross, YMCA, and United Service Organizations trained women to host parties for men on military bases (Hill, 2008). This innocent camaraderie between men and women soon became mixed with sexual exploitation. On the one hand, a woman had the opportunity to do her country a service by providing service men with companionship and boosting their morale. She was urged to cater a special kind of sexualized support a man needed to confidently fight a war (Hill, 2008). Yet on the other hand, any woman involved in prostitution and promiscuity was called a sexual deviant (Hegarty, 1998). These women's actions during wartime threatened the safety of individuals involved, gambling with the exposure of STD contamination, yet they were perceived as necessity for the war effort (Hegarty, 1998).

In cases of prostitution and promiscuity outside of what the military supplied, officials pressed the importance to upholding a healthy moral code (Oviedo, 2003). If sexual intercourse were inescapable, they stressed the use of condoms and regular STD testing. Laws that made engaging, soliciting, or supporting prostitution a federal offense were heavily enforced and punishable by imprisonment. The government then focused on rehabilitation; providing access to sexual health education services and addressing the psychological issues associated with prostitution (Oviedo, 2003). In the end, it was found that men stationed away from home were more likely to engage in pre- and extramarital sex (Hill, 2008), and as a result, more than 300,000 children were born outside of marriage.

## 1950s

The 1950s was a turning point that would ultimately lead to the cultural eruption of the 1960s. Although popular media portrayed the decade filled with individuals like Ward and June Cleaver, the financially stable husband and doting housewife, there was a great deal of disorder happening in the background.

The American public recoiled from WWII by adopting practices of domesticity and suburban lifestyles that idealized the middle class nuclear family (Mendes, 2010). Attributing the change on family togetherness, once again, there were specific gender roles designated for men and women (Hill, 2008). This new ideology seemed to help discern the effects of war-time separations, economy, and anxieties, including coping with understanding that U.S. was now in possession of a weapon that was capable of incomprehensible devastation (Neuhaus, 1999).

On the outside, traditionalism philosophy became the new standard for a gratifying lifestyle. It was important for women to get married, have children, and stay at home; otherwise they would be taking jobs away from more deserving men (Dempster-McClain, Miller, & Moen, 1991). Even fashion trends helped emphasize that a woman's place was in the home (Vaughan, 2009). When it came to sex and sexuality, a housewife was allowed to explore her own identity and sexual desires, as long as they were bound within her home in a heterosexual, monogamous relationship (Mendes, 2010). However, a husband would have already experimented with his sexuality prior to marriage (Dorr, 2008). His sexual gratification reinforced his masculinity; a wife was

encouraged to accept and nurture the inequality (Dorr, 2008). This fortified the double standard between men and women.

Not all women were comfortable with the lifestyle presented to them; the discontent that domesticity was to be their sole focus in life (Dempster-McClain, Miller, & Moen, 1991). They believed that there was more to life than marriage and motherhood. As women began to mingle in the world of men, there was an increase in female sexual expression (Schwartz, 2006). Divorce rates began to rise (Mendes, 2010), causing the disruption of stability that some had worked so hard for after the war. The push for monogamy, marriage, and traditional gender roles increased (Dorr, 2008).

The culture of dating changed as a result of the turmoil surrounding the decade. The aspect of dating, as in seeing multiple individuals casually, changed to going steady; starting as early as junior high, boys and girls would enter into exclusive relationship for an undetermined amount of time (Dorr, 2008). Attributed to security in an uncertain world, peer-pressure, or sometimes frankly pure laziness, going steady provided the dependability of one individual for another (Dorr, 2008). This caused concern with the development in sexual experimentation within relationships. Social scientist began to recast sexuality within the social structure as cultural relativism (D'Emilio & Freedman, 1988).

#### 1960s

Before the 1960s, sexual health education debates were fairly tame considering what they would soon be. Turmoil over the Vietnam War, civil rights, and women's rights spawned a number of subcultures within the population that began to stir the

societal pot (Huber, 2009). Each subculture grew throughout the decade offering open conversations and debates over current issues that went against some of the traditional Victorian religious values and beliefs. The decade's views on sex and sexual health were swept into public affairs along with the other controversial issues at the time. These issues created organizations that would help promote the importance of factual information to society. All together these factors caused this decade to be considered the start of the sexual revolution.

Sexual health education was yanked into the political arena by religious conservatives who saw the use of sex education as immorally enticing, unchaste, and encouraging promiscuity (Cornblatt, 2009). Supporters of sexual health programs countered that all they wanted was to inform students on how to stay healthy. Their programs used practices on how to prepare students to stay safe during any kind of sexual encounter, if one should occur. Conservative groups challenged safe sex programs with abstinence only, offering to equip students with skills on how to avoid sexual interactions altogether (Donovan, 1998).

Dr. Mary Calderone used her experiences as the medical director of Planned Parenthood to push for more information to the public on healthy, mature, and responsible attitudes about sexual health (Haffner, 1998). A significant supporter and influential member in the fight for sexual health education gave Calderone's position firsthand accounts on how little information about sexuality was available to the public. Dr. Calderone viewed American society as being in a constant struggle between "saturation" and "starvation"; her generation never fully taking responsibility for their

exploration in sex, at the same time denying their children important information on sexual topics (Haffner, 1998). The Sexuality Information and Education Council of the United States [SIECUS] was founded by Dr. Calderone and a group of like-minded individuals in 1964 (Mary, 2013). Their goal was to teach the world that sexuality was a healthy and natural part of life. SIECUS opposed sexual ignorance and guilt while advocating knowledge on sexuality and sexual pleasure by understanding the facts (Irving, 2004). In a special report, SIECUS outlined their aspirations for the field of sexuality:

To establish man's sexuality as a health entity: to identify the special characteristics that distinguish [sexuality] from, yet relate to it, human reproduction; to dignify [sexuality] by openness of approach, study and scientific research designed to lead towards its understanding of its freedom from exploitation; to give leadership to professionals and to society, to the end that human beings may be aided towards responsible use of the sexual faculty and towards assimilation of sex into their individual life patterns as a creative and re-creative force." (The SIECUS Purpose, 1965)

Publishing a number of books, journals, and educational resources, SIECUS became a recognized leader in the field of sexuality and its education (History, 2013).

Understanding the importance of maintaining amiable relationships within the community, SIECUS wanted to keep everybody on the same page by making the integration of sex education as uncomplicated as possible (Irving, 2004). Dr. Calderone

and her associates fought to create stable foundations on sex education within community's religious denominations, medical agencies, and schools (Anonymous, 1998).

By 1967 Patricia Schiller, an active leader in SIECUS, branched out and formed the American Association of Sex Educators and Counselors and Therapists (AASEPT). Her hope was to provide training to sex educators with the most up-to-date standards in sex education (Huber, 2009). Following in SIECUS's footsteps, AASEPT tried to reach out to as many people as possible with accurate and credible information. "AASEPT affirms the fundamental value of sexuality as an inherent, essential, and beneficial dimension of being human," opposing anything or anyone that would restrict, interfere, or abuse one's sexual health and/or sexual freedom (AASEPT, 2013). Within a year, the U.S. Office of Education funded the development of a graduate program at NYU in the training of sex-education teachers for educational specific programs (Cornblatt, 2009). Many of these graduates would then become SIECUS consultants. By 1969, a number of school districts used these consultants to help develop their own sex education courses (Moran, 2000).

#### 1970s

At the start of the decade, Congress passed Title X of the Public Health Service Act: a national family planning program giving all American women, regardless of age, marital status, health insurance status, and economic welfare access to comprehensive voluntary family planning services and assistance (Bailey, 2012). Essentially created for low-income women, Title X hoped to lower rates of birth, intended and unintended,



that had been adding to the population of poverty (Forrest, Henshaw, & Hermalin, 1981). Each individualized service was completely voluntary, giving every contraceptive method option available without judgment or guilt (Gold, 2001). Abortion was not included as a contraceptive method available under Title X funding.

In 1973, “Jane Roe,” an alias for Norma McCorvey (McBride, 2008), challenged the state of Texas to grant her a legal abortion without prosecution even though her life was not at immediate risk (*Roe v. Wade*, 1973). Taken all the way to the Supreme Court, she defended her right as an American citizen stating that her ninth and fourteenth amendments protected her against prosecution. Using the previous court cases, *Griswold v. Connecticut & Eisenstadt vs. Baird* to set the stage for the ruling, the court ruled in her favor. A woman’s right to privacy under the constitution was broad enough to cover the right to choose to terminate her pregnancy for personal reasons. However, once the second trimester of pregnancy starts, if the fetus has any chance of sustained survival outside the womb, a state may prohibit abortion (Pichler, 2006). While the act was still prohibited from funding abortions, the Title X added pregnancy termination counseling and referrals to the program (Gold, 2001).

The ruling of *Roe v. Wade* caused Medicaid, a joint federal-state program, to provide low income women with healthcare coverage that would now include abortion with no restrictions for the first time in history (Public Funding for Abortion: Medicaid and the Hyde Amendment, 2006). However, Republican Congress member Henry Hyde countered this decision with a bill that would restrict Medicaid from funding abortions

(McBride, 2008). The Hyde Amendment was effective in nearly eliminating federally financed abortions (Cates Jr, 1981).

### 1980s

During the 1980s, there was a shift in interest in sexual health education courses. The differences of the two sides on the subject began to polarize as more issues were taken into the public arena. Reports came out dismissing previous ideas that sexual health education caused teens to experiment in sexual experiences (History of Sex Education, 2012). Another big influencer was the discovery of Acquired Immune Deficiency Syndrome (AIDS).

Between 1980 and 1981, five Los Angeles homosexual males were hospitalized for an illness called *Pneumocystis carinii* pneumonia [PCP] (Fan, et al., 1981). Each male was considered to be in good physical health prior to his admittance, and no evidence was found on how they became infected. Through cross examination of all five men, doctors deduced that the infection was spread through sexual contact. A report was sent out to the CDC who ultimately sent out a team of researchers to investigate and within 18 months the CDC found all major risk factors for AIDS (CDC, 2001). The CDC (2001) reported that after the first reported case of AIDS, the number of cases rapidly increased. With no cure, the virus was ultimately a crushing death sentence (Huber, 2009).

The debate on sexual health education began to split significantly into two sides; abstinence-only and comprehensive sexuality education. One of the few things members from each side could agree on was that, in premarital sexual situations,

abstinence was a better option. Abstinence-only supporters expressed premarital sex under any circumstance was wrong. Their programs focused on self-discipline, explaining why it was important to wait until marriage to participate in sexual relations. If an abstinence-only program did happen to discuss contraception, it was limited to the failure rates, confirming that abstinence was the only safe option (Wiley, 2002). Comprehensive education supporters on the other hand understood that not everyone abstains from these situations (Bevan & Haskins, 1997). Those individuals need to know how and why it was important to correctly use contraception.

Agents of abstinence-only gained an upper hand when President Reagan signed the Adolescent Family Life Act (AFLA): Title XX of the Public Health Service Act. This new act would now endorse abstinence-only education with federal funding (Saul, 1998). Prevention methods were set in two stages. First and foremost, eliminate the risk of unwanted pregnancies. If the first stage was breached, the second stage would help ease the burden of pregnancy by providing “care services” and/or adoption options (Mecklenburg & Thompson, 1983 ). Overseen by the Office of Adolescent Pregnancy Programs, AFLA was set to prevent premarital pregnancies ultimately through self-control, chastity, and shame (*History of Sex Education, 2012*). Abstinence-only supporters promoted the act to the public as a way to help strengthen family values through morality and family involvement (*Saul, 1998*).

When the bill was passed, abortion was an option given to women. However, it was still not covered financially by Title X clinics. That was until lawmakers enacted regulations known as the “Gag Rule” that restrict clinics receiving Title X funding from

providing abortion related information to their patients (Title X 'Gag Rule' is Formally Repealed, 2000). Programs that received funding through Title X were closely monitored (Napili, 2013).

The entire country was overwhelmed by the AIDS epidemic by the end of the 1980s. President Reagan's reputation as "The Great Communicator" was based on his ability to rally citizens with patriotism for America's prominence in past, present, and future accomplishments (Dionisopoulos & Perez, 1995). Yet his prolonged silence over the AIDS epidemic set a precedent for the entire country that a spiral of silence was acceptable (History & Successes, 2013). When the details about AIDS started circulating, public fear of the disease caused a push for the increase in sexual health education policy changes, training, and extra resources. The hope was that an increase in sexual health policy would impede the outbreak of the AIDS virus (Cunningham, 1999). Financial and technical assistance provided by the CDC was dispersed throughout the country in order to help agencies, organizations, and institutions identify AIDS education programs in schools (Donovan, 1998).

In June of 1989, SIECUS published "*Sex Education 2000: A Call to Action*," outlining thirteen objectives comprehensive sex education courses should teach all children by the end of 2000. Within two years SIECUS released the first addition of *Guidelines for Comprehensive Sexuality Education: Kindergarten-12<sup>th</sup> grade*. These guidelines constructed a model that educators could use to evaluate current programs and create new ones (National Guidelines Task Force, 2004). They also served the

students by describing tangible expectations for different areas of importance in schools.

#### NATIONAL STANDARDS AND GUIDELINES

There have been a number of standards and guidelines that different agencies have implemented in order to assist health-enhancing behaviors in students. State legislatures were targeted by abstinence supporters challenging abstinence-only-until-monogamous-marriage education be the standard for all public schools, because it should not be left up to personal opinion (Donovan, 1998). The welfare reform in 1996 sanctioned new laws distributing federal and state funding to abstinence-only based education programs (Santelli, 2006), including a list of eight descriptions that outlined what an acceptable abstinence-only program should cover (Social Security Administration, 2014). These new regulations pressed that sex outside of marriage would more than likely result in harmful physiological and psychological effects (Engstrom, et al., 2002), to which abstinence was the only comprehensible option. The law aimed to provide government grants to the most at-risk areas with high birth rates out of wedlock, typically lower income communities. Only schools that agreed to limit sex education to abstinence-only would have access to the \$50 million in government funds, and money is a striking incentive (Stover, 2007).

There have been two editions of The National Health Education Standards that summarize the basic understanding of health promotion and disease prevention for students (Centers for Diseases Control and Prevention, 2013). SIECUS published two editions of the *Guidelines for Comprehensive Education: Kindergarten – 12<sup>th</sup> Grade*; an

outline of what each student should learn by the end of specific grades including issues on sexual harassment, computer and online services, gay and lesbian rights, as well as new contraceptive options (Cunningham, 1999). Six concepts were made into working models that were designed to be integrated into communities producing individualized programs, giving specific values, goals, and fundamental principles that are important for sexuality education (National Guidelines Task Force, 2004).

In January of 2012, the Journal of School Health printed a special publication on National Sexuality Education Standards (NSES) that students K-12 should know by the end of specific developmentally appropriate grades: 2<sup>nd</sup>, 5<sup>th</sup>, 8<sup>th</sup>, and 12<sup>th</sup> (NSES Advisory Committee, 2012). NSES established national resources that any educator could easily access for philosophies and theoretical frameworks to incorporate into their curriculum.

Even with set guidelines, there are other issues that a teacher must face individually. Some research examines the ethical issues teachers faced regarding classroom discussions on sex (Lee, Marks, & Byrd, 1994). Issues can sometimes be avoided through simple practicalities within lecture outlines and the relationship between teacher and student (Lincoln, 1998). Lee, Marks, and Byrd (1994) referenced a theory called *engenderment* that focused on the aspect that schools can reflect the surrounding society, leaving it up to those involved to either accept or reject specific gender systems. This would play a part in the way districts would incorporate different guidelines for their schools.

## THE PROBLEMS TEACHERS FACE

The bottom line for these standards and with any sex education course is to provide students with the skills that will hopefully adopt healthy behaviors to their personal and social lifestyles. With each new standard improving the discussion of sex in an academic setting, the sheer rate of progression can be understandably intimidating. Intimidation comes from debates of what is right and wrong to teach on sex education, personal views and feelings, preparedness of the program, and many other factors that are sometimes not mentioned when accepting a sex education position. Although specialized training and preparation for sex education courses is available, SIECUS found that most teachers did not have any specific training and preparation as a sexuality educator (Dake, Herr, Price, & Telljohann, 2012).

Stover (2007) makes the connection that the American public has majorly favored promoting abstinence in schools. Telling kids to refrain from sexual activity is not where the controversies typically come from. The problems come from whether abstinence should be accompanied by other information on sex, such as contraceptives, sexual orientation, and sexuality. Talking about these topics openly cultivates a deep fear that students will think about sex too much and it will lead to experimentation. This debate, as it has been throughout the last 50 years, is made up of two sides that feel so strongly about their opinions that it has turned into one of our country's most debatable topics. Studies have found that teachers are less likely to teach controversial issues successfully if they do not feel confident teaching it (Dake et al., 2012).

Taking a step back and looking at the program as a whole, sometimes the topic is only a part of the problem. Gelperin & Schroeder (2008) found that often teachers are left on their own to find materials and develop lesson plans for their classes. Confidence in their ability to be a good or qualified teacher, which some research suggested is based on the credentials one has attained (Eckert, 2013), can be affected by the overwhelming freedoms given to build a program from scratch. Adding that within every school is an ethos that provides each individual his or her own identity that will generate influence towards specific values of behaviors (Ng, 2006), ultimately affecting his or her teaching habits.

School policies and state and national mandates guide educators, along with their own judgment and experiences, to produce appropriate information to students. The amount of experience has a direct correlation with a teacher's confidence and is an important factor for outcome and efficiency expectations, barriers, and attitudes (Dake et al., 2012). Two philosophies that come into play are teaching morally and teaching morality.

Fenstermacher, Osguthorpe, & Sanger (2009) identify the basic explanation of the difference between the two. Moral teaching indicates an individual will uphold honorable ethics in regards to their class. It is the standards that one holds his or her own self to. Morality teaching, on the other hand, signifies what individuals will teach to others on how they can uphold honorable ethics. They are conveying standards to another person.



So the question then comes down to whether teachers should use their own moral values when teaching their classes. By building their own programs, developing their identities within their schools and using past experiences to navigate the murky waters of the controversial issue of sex education, would it even be possible to eliminate their moral values? When looking at effectiveness of a sex education program, Dake et al. (2012) reiterates that focus is usually drawn to curricular components, policy requirements, and course outcomes. The fact is that there are few studies that examine the qualitative aspect of how teachers feel under these conditions.

## Chapter III

### METHODS

In order to answer the research question “Are teachers prepared to teach sexual health education,” I compiled information from the literature review and produced a variety of questions that answer this question. Throughout the interview process additional questions surfaced that was not part of the original list. These were then asked as follow up questions. After each interview the audio would be transcribed within two days of the initial meeting, in order to keep information and mannerisms fresh for coding.

I contacted teachers from three different schools around the Pittsburg, Kansas area. Each teacher was given the option to pick a time and place to meet at his or her convenience. I interviewed each teacher one-on-one in order to gain first-hand accounts of what it is like teaching sex education. Before each interview, each teacher was asked permission to have the conversation recorded in order to accurately transcribe the interview afterwards. Upon being granted permission, the questioning started. All interviews were conducted from Monday through Thursday between the hours of 8:00 a.m. and 12:00 p.m., with the exception of one individual who requested

to meet at 6:00 p.m. All interviews took place in each teacher's school; three interviews were held in their offices, two were held in their classrooms, one in a conference room, and one in the school library. Each interview varied in time ranging from at least 15 minutes to no longer than 35 minutes. The entire interviewing process began in September of 2013 and concluded in February of 2014.

At the beginning of this process, information was gathered on the background of sex education to provide a stable reference base. This would present information that would help answer my research question. The literature review was organized using journal articles and books from the Pittsburg State University library database. There were also a few official websites that were used from the Internet. Most credible resources lead to other supportive resources that were then implemented into the literature review.

The next step was to find a research sample to interview. Three school districts within the general Pittsburg, Kansas area were selected, consisting of two public schools and one religious private school. Each school had three school levels: Elementary – Kindergarten through 5<sup>th</sup> grade, Middle/Junior high – 6<sup>th</sup> through 8<sup>th</sup> grades, and High school – 9<sup>th</sup> through 12<sup>th</sup> grades. I selected a teacher from each school who was associated with each one of the different grade levels. The identities of the interviewees was kept anonymous in the study with the hopes that they would feel more at ease to open up about how they personally felt concerning different issues. Each school was given a letter: A, B, or C, and each teacher was given a number depending on their grade level: 1 - Elementary, 2 - Middle/Junior high, or 3 - High school.

Searching each school on the internet for their employee directory, teachers who were listed and associated with the health program were contacted by email. The email outlined a basic breakdown of the research being conducted, that a teacher involved in teaching any aspect of sex education was needed to answer questions that would be kept anonymous. A few introductory questions were given to prepare them for what they could expect in the interview, such as: How did you come to teach the health program? How long have you been teaching this program? What resources do you use for this class? Within three weeks this method exhibited insufficient results due to lack of response. At this point, an administrative assistant from each school was contacted by email asking to provide the contact information for individuals who would be best to interview for this research. After acquiring this new contact information, this second group was sent out the same email as the first group of teachers.

Again, this method of data assembly exhibited insufficient results and the process slowed drastically. The rate of responses ranged from a couple of days to no responses after a few weeks. The two individuals that responded set up interviews with no problem. For those who did not respond within two weeks, a follow up email was sent out asking if they had received the last inquiry. Two more responded, one of which was no longer in charge of the sex education program due to the class being relinquished to different teachers and the school nurse. The other interviewee hesitated feeling that they were not suitable to be interviewed. After explaining the range of data needed, this individual agreed to participate. However this individual became busy with work and was unable to schedule an interview time.

At this time in the semester, Thanksgiving and Christmas break were right around the corner, and teachers became busy trying to get caught up before the end of the semester. Inquiries were halted until the start of the next semester. When the spring semester finally resumed, a courtesy two week buffer was given before contact began. At this point emailing did not provide the intended results, so the data assembly method switched to physically entering each school office and asking for individuals in charge of conducting sex education classes. It was at this point that three different principals sat down and listened to what the research was seeking. They gladly gave their permission to interview teachers, and took it a step farther by letting these teachers know that they would soon be contacted for an interview.

Another round of emails was sent out with each of the new contacts. The email consisted of a shorter explanation of the research, and no introductory questions were given. Out of the six individuals contacted, every single one responded. Interviews were conducted and data was received.

#### GROUNDED THEORY

This research did not begin by using a theory. Instead, the Grounded Theory Method was used to formulate similarities and deviations on each one of the participants throughout the interview, transcription, and coding processes. Grounded Theory Method identifies that in some research a theory can be generated from data collected throughout the research process (Zarif, 2012). By using selective coding, data was gathered, compared, and constantly being refined into different appropriate categories (Babb, Cenkenr, Neal, Purk, & Sidell, 2010). Theoretical sensitivity was used to

find conditions that would differentiate significant data and originate a theoretical hypothesis.

## Chapter IV

### RESULTS

- 7 teachers were interviewed
  - A1, A2, A3. B1, B2. C2, C3.
- 7 attended college and received a degree
  - 6 received their degree from Pittsburg State University
- 6 took courses specifically related to science such as biology and anatomy
  - 3 attended college with the intention of receiving a degree in teaching P.E and Health.
  - 1 received a Health Education minor
- 5 are certified in various subjects related to teaching health
  - 1 was not required to be certified for their position
- Years of experience:
  - B1 - 3
  - B2 - 6
  - C2 - 7
  - A1 - 10
  - A3 - 14
  - C3 - 20+
  - A2 - 26

## EDUCATION PREPARATION

Each teacher was asked if they received any specific courses during their collegiate career that prepared them to teach their sex education classes. The majority stated that they did not take any special courses. This did not seem to affect the way they taught.

*As far as being prepared in college...everything's related to health, that's the bottom line. So I had had some courses that went towards that but none that specifically[were] for sex education...I don't want to say winged it because you're very prepared but still, nothing in particular that trains you for it. - A2*

Just like A2, other teachers confessed that even though they never took classes on how to teach sex education, the classes that they did take for their undergraduate degree in some ways pertained to that specific area. The overall consensus was that not having these classes did not seem to have an outright effect on teaching classes.

*I mean I don't feel like I'm any farther behind then a teacher that would come out of the program. I don't feel like that at all. And I kind of think, you know, that having the science background, I think that makes it easier for me....I think that because I have so much science and all of that I think it was just, kind of an easy jump for me, I guess.- B2*

Teachers were then asked if taking these courses would have had any impact on the way they teach. *"I mean, yeah of course, I think more education is always helpful....I mean, we don't always get that luxury but yeah I do think so."*- C2. Again, the majority of teachers agreed that more education is always helpful. *"It can't hurt to have a little more training...I've always been open about stuff like that..."*- C3. One teacher expressed their thoughts on why anybody who is thinking about becoming a health, physical education, or science teacher should look into taking specialized courses.



*...if they had a specific health education class ...the reality is you're probably going to be teaching it and I don't know anyone... all of us in the building are all Pitt State grads, and none of us have a minor or any special training with it. So, it definitely would help. - A2*

#### BUILDING THEIR PROGRAM

When asked how they started their programs, there were a variety of answers on how each program was built over the years. C2 mentioned, *"I had to start from scratch,"* when they took over the class, basically building their own individualized program to fit how they wanted to teach. They were then asked if the individual who held the position before them left any materials for them to use for building the class. Some expressed that there were materials left for them, *"She left me everything that she had."*- B2. However that did not mean that the materials were useful, *"I mean some of the stuff she had was from like 1990. So I don't really use any of it... I basically have done my own thing in that sense."* – B2

Just because up-to-date materials were left didn't necessarily mean they would be used. One teacher alleged that the material left behind was not as prevalent as their own experiences and education. *"I had a lot of experience coming in and I knew what I wanted to do, so... She may have left me some stuff but I didn't look at it."* - C3. Then there were those who were lucky enough to converse with their predecessor before taking over the program completely.

*Well the guy I teach health with has been here for many years, and we kind of worked together on how we wanted the program set up... We kind a talked a lot on it during the summer before I started and even throughout the semester and stuff... - A3*

But even if they were left on their own to create the program, they could always ask for help from other individuals in the school.

*The way I remember it, is that I knew my curriculum and that's what I did. Now I'm sure I probably asked them questions and things, but I think I pretty much set my own tone for how I was going to approach it and teach it... - A2*

One teacher disclosed their thoughts on why it is so important to communicate with other individuals associated with the program. *"We still talk and it's kind of a... it's ever changing even now because different things change, new information."*- A3. After the program was initially built, that did not mean that the communication between teachers stopped because new information never stopped increasing.

#### RESOURCES USED FOR CLASS

When asked what resources they use for their classes, there were a range of answers. A few teachers mentioned the more conventional resources, *"We have a recent book, a textbook that we use..."*- B3. But even with access to textbooks, some reveal that they did not make use of them for various reasons. *"We don't really use a [text]book... because there's so many other resources."* – C3. One teacher makes reference to advancing technologies, *"I have a textbook also that I truthfully don't use that much because "boom" their outdated in no time or there is something new that the kids need to know about."* - A2.

Other resources used in classes come from a number of credible places that compile their own information both locally and nationally.

*...I use the CDC information I use for stats or for new things that have come up. I use a lot of the health department, they have resources that they have given me ... [Pittsburg State University] had like an entire*

*program that they had put together so I use bits and pieces of that... a lot of it's from community groups and things that have programs ... - A2*

There are also a number of foundations associated with sex education. Many of these hold conferences that teachers are able to attend. *"I go to the Regional Aids Awareness conference in Kansas City in the summers, and it's very good for as far as activities towards teaching sex ed and things like that..."- A3.*

But the most frequently used resource tends to be computers, *"We use the computers a lot."* - B2. Online resources are becoming more prevalent for when teaching classes. *"...I use a lot of internet resources."* - C3. All but one teacher stated that they use online research actively. *"I will get online. I always try to find a credible source and get online to see what else I need to know about something..."* - A2. With the endless amount of information available online, it is very important to make sure that the information is reliable. Not every website about health is accurate.

*I get a lot of stuff off websites. But even with health ... you can't just look at any websites. Websites like WebMD and stuff like that that are credible...I rely a lot on the librarians for some resources that they look up on websites. I can come to them and say hey this is what I'm looking at. And they will do stuff, [like] design a webpage and all that kind of stuff for the kids to go in and do. - A3*

Once a trustworthy site or sites are found, they can be used in more entertaining ways than a regular textbook might be. Sometimes it does not matter what the information is, it is all about keeping students attention. *"I do like to try and mix things up and keep things current, you know, that's why I like to do little video clips and stuff like that catch the kids attention and get them thinking..."* - C2

Regardless of the resources used, one teacher expressed that the importance lies within repetition of information.

*[The kids] have to create a brochure over teen pregnancy, you know like something they would find in a doctor's office or something like that, so that way they are not only hearing it from me, but they are seeing statistics online. And then they have to present their brochure to the class. So I mean, they're really hearing the information, once from me, they're seeing it once from statistics online and then from the 40 different kids in the class. B2*

#### NOTABLE DIFFERENCES FROM THE FIRST YEAR TEACHING TO NOW

Each teacher has different accounts of how things have changed from their first year teaching to how they teach currently. *"As a teacher, just as I became more experienced I became, aware of the resources better...I also do see this being an area where there is more resources being produced all the time."* - C2. A few teachers see a difference in the way students are learning. *"The questions have been different, even in the last 10 years"* - A1. Students are exposed to more, which causes them to need to know more.

*I think kids are more open about it now than they used to be. I mean certainly when I was a girl, I mean my mother talked to me about it, but it was hush hush, you know...you didn't talk about stuff like that at all, and you know you look at television, the commercials nowadays. My gosh, I mean they talk about anything and everything on those commercials, so sure the kids, I think have more exposure to that and they're gonna be more inquisitive. - B1*

The influence that media has on children is being questioned more and more. *"...a lot of the questions they ask are pure myths..."* – A3. A few teachers express concern on how some media outlets are showing a warped sense of reality that kids do not understand is not normal. *"...they can't tell truth from reality sometimes and you*

*hope that it doesn't desensitize them. I think it has a big impact."* - A1. One teacher takes extra steps to help reduce the inaccurate information students could be learning from media sources. *"...that's the first thing we talked about in my classes, is validity and reliability and things like that, and knowing what's true and what's not true."* – B2.

Because the media glamorizes real world issues, it is hard for anybody to see that these are real "struggle."

*Teen Mom is a show on MTV... this girl who was a teen mom is pregnant again with her second baby and she's driving this brand new Yukon around...I'm like this is why kids think it's ok for this to happen. They don't realize struggle, or the true financial struggle. - B2*

On the other hand, one teacher expresses that even though these things are going on outside the classroom, their students are not affected. *"...I guess they are pretty straight laced... They seemed pretty... the word repressed comes to mind. But I don't mean that in a bad way. I mean it in kind of, maybe a self disciplined...."* - C3.

In the case of C3's classroom, they convey that their students understand that their classroom is not the time or place for those types of discussions.

*Our whole focus on sexuality here is, in keeping with the church's teachings of sex as being a gift from God, and that gift is a beautiful thing, and it's used between two people who are married, who love each other...they have this great gift of being able to bring a new living human being into the world with an immortal soul. That will live throughout all eternity, you know, and maybe someday be in heaven and happy with God. When you talk in terms like that. The place for [people like] Miley Cyrus is in the trash, you know...In our classroom it's all about, you know how can we serve God, and how can we use our gifts to honor him...And I'm not saying that they always live that way or that we always live that way. But it is our mission and our focus. And we just work hard at it all day long... - C3.*

## PARENTAL INVOLVEMENT

For four teachers, the first step of tackling the sex education class is to send a note home to inform parents of what their child is about to learn. *"We do write up a consent form and that is sent home with the girls a week before, and if the parents do not want them to attend, they need to sign it and return it."* - B1. All four of these teachers have the option for parents to opt their child out of the class. *"...I always give them a little note to take home. And it's an opt-out, they can opt-out anybody"* - A2. It is a decision each parent has to make for their children.

*Last year I did have a parent call and I just, like I'm telling you, what we went over. From there she decided that she didn't want her daughter to attend. So the little girl didn't come to school that afternoon.* - B1.

Even with the opt-out option, the number of parents who are actually omitting their children out of the class is significantly small. *"In 10 years I've had one student opt-out...It was a choice their parents had to make... and they educate the way they thought they should be educated."*-A1.

Not every teacher sends a note home. If any parent expresses concerns or even a general inquiry about the class, teachers are open to discussing any of the issues or questions they have. *"They can call me anytime and ask me."* - B1. Generally, parents do not express much concern about the program. One teacher mentioned an isolated incident where they had a confrontation with a parent due to miscommunication.

*... We started our sex ed unit and I gave them the note [which should have been given out a week prior]...This little girl...she went home and told mom that I was telling them how to have oral sex, anal sex, whatever it was, and this was like the third day we had talked about it and the little girl had never taken this slip of paper home... So mom wanted to have a*

*meeting with me and I guess mom was all riled up... ..But when I spoke to her in person she was wonderful... - A2.*

Teachers believe that parents overall do not have a problem with the way their children are being taught.

*...in 14 years, I think I've only had two parents ever email me or call me, just asking me information about it and how it was taught and stuff. And then when I explain it to them and they really don't have concerns about it. - A3.*

Sometimes the circumstances that a parent might contact a teacher are for other reasons. *"This year I had one parent email me back and thank me for doing it." - C3.*

Some parents have expressed gratitude towards teachers for starting discussions that sometimes are hard to have.

*I got a really nice email from a parent last year, and I'm still happy about it, she actually took time to send me an email and thank me because her daughter who's a really neat girl and pretty quiet went home and it opened up a conversation with her mom...So the mom actually took the time to send me a nice email thanking me because she wasn't sure how to get that convo started. - A2.*

Then there were those teachers who have yet to be approached in any way by a parent. *"The parents have nothing to say." - C3.* One teacher believes that it could be because they have not been with the program long. *"Not yet. Like I said I'm pretty new to it, so, I mean. I'm sure maybe at some point they might, but I haven't had to experience that yet" – B2.*

#### PROGRAM EFFECTIVENESS

Overall teachers believe that the sex education program is an effective program to have. *"Oh yeah, oh my gosh yes. I do. I really do." - C2.* While there could be more, for what national and state standards require, the program does its job. *"For what we*

*have for standards and what the standards want; yeah I think it's effective."* - A1. One teacher gives some insight on why this program is so useful.

*...I mean it brings it out in the open, and you know. The girls understand by the time we are done how they can get pregnant, but in a very...what's the word I want to use, simple way.* - B1.

A few teachers expressed some concerns about how to judge the program's effectiveness. In some instances, it is left up to the students to make the connections that would deem a program effective. *"I hope at some point it clicks in their mind."* - B2. Sometimes it depends on how open the children are to learn.

*I wish I knew the answer to that. I see the light bulbs going off...Does it stick? I hope so...I hope that they have enough of a general knowledge that they pause and think about it for a little bit...I mean you give them a test or whatever, but is it still in their head a year or six months from now.* - A2.

In the more popular subjects like math and reading, administrators rely heavily on testing scores. Because subjects like these are covered every year, test scores might more accurately show information learned. However because sex education is not covered every year, gauging the information learned by testing scores may not be as precise. One teacher brings up how these tests or quizzes can sometimes add uncertainty.

*I wonder about it sometimes. Because it's one of the things they are interested in, but when it comes down to taking a quiz or test, not always do they do that well. Like the first quiz they take over it, I bet I had 35-40% of the kids bombing it.* - C3



Even though it is a hard topic to teach, the program is invaluable. At a time when students are beginning to mature and go through emotional and physical changes, it is important to help them understand what is happening.

*I think the girls at this age...they are trying to fit in, they're trying to be popular, you know, they're in love, and things like that. So, we kind of talk about that, and emotions, and you know how sometimes kids can get caught up in, just because they think they're in love and they think that they should be taking part in sexual activity and things like that. I feel like it's almost becoming a norm for kids to think its ok to be doing it. And I feel like the age is getting younger and younger and younger, which is really scary. - B2*

Most schools offer a sex education program. When individuals argue that this is not a subject suitable for a public school setting, it is important to not only look at the progress rate of those schools who offer it, but look at the schools that do not. The teachers in this area had a firsthand experience with one of those schools. The program's effectiveness really hit home.

*Labette county school district didn't even allow sex ed to come into the building. It was not taught, it was nope we're not touching it with a 50 foot pole... Until suddenly they had 15 teen pregnancies one year and they decided maybe we should start doing this. And that was three years ago...I think some people are starting to realize it's [sex] there and it's got to be addressed. And you just have to give the opt-out and if the parents chose to not have them than that's their choice, but obviously something's going on. - A1*

If sex education is looked at for what it truly is, a biological necessity for the human race, there should be no reason that every single person on this earth should not know the facts. Children are taught how to eat, how to walk, how to talk, all improving their chance of surviving in the world. Sex education can be seen as being no different than these necessary needs.

*...I think people, everyone, should know the facts about their own body, but most especially about their reproductive body. Because, you know, it's a big part of our lives, everybody's lives, is knowing how the reproductive parts work. And it kind of eliminates some of the anxiety maybe, or, mystery. You know, sexuality is a whole lot different than biology. But if you know the biological facts and you feel confident in them, then you can have some sense of security, you know in your own body... - C3*

#### THE AGE AT WHICH SEX EDUCATION IS MOST EFFECTIVE

Asking what age sex education is most effective is a complicated question. There are a number of different factors that contribute to an answer. *"Sex education honestly just starts with body education. I mean, I have a four and six year old and they know the proper terms for the body parts, but not every kid does."* - A1. But the age in which students truly start learning about sex differs between teachers. *"3<sup>rd</sup> grade probably."* - A1. Some teachers base the age off of the grade students are in or going to be entering. *"I think 5<sup>th</sup> grade's a good [place to start], because I mean... they will be moving on to junior high..."* - B1. *"Honestly, I think 7<sup>th</sup> grade, that's just my opinion..."* - C2. One teacher believes that sex education should start in the home at whatever age a parent should see fit, but when brought to a classroom setting, the later in age, the better.

*I think that as a sophomore that is a great age for a discussion in the classroom. I don't think it could be any earlier as far as actually reproductive parts...saying the words involved. Vagina, penis, and all that kind of stuff. - C3*

Starting in 4<sup>th</sup> or 5<sup>th</sup> grade,

*... you could give them some basic stuff and gradually work them through...I mean not actually the same stuff that we [in high school] do, because we get pretty deep into what we talk about, and they don't need that...they need to learn more about their bodies as they get older. And especially when their bodies are starting to go through the changes... - A3*

The problem that teachers face with starting sex education at a younger age in class is whether or not the kids are mature enough to appropriately handle that kind of information. *"... [The] maturity level I don't think is ready, I mean they think it's funny when you say the word butt. It's just...The maturity level [is] not there for the subject."* - A1. When discussing the subject, it is always important to use caution when handling the classroom. *"...I do think you have to [use] prudence and wisdom on exactly what you talk about. Because...some kiddos are still very naive and you don't want to ruin their innocence. And some aren't..."* - C2. But that does not stop outside world influences from affecting students in ways that teachers and parents are not prepared for. *"I'm almost not sure that they don't need to start hearing about the things we talk about, like the transmission of STDs, even younger [than 7<sup>th</sup> grade]."* - A2

While some students may need this information by the time they enter middle/junior high and high school, the reality is some students will not need the kind of information they are covering until they graduate from high school and move out into the world. The importance of discussing the dynamics of sexual health will ultimately prepare students for encounters that will inevitably come.

*... [B]y communicating over and over through the years, they have the opportunity to really understand and also to form...their own consciences, their own minds, their own intellects...they can really know, ok what do I believe by the time I leave high school... This isn't an issue like all of a sudden like, now I'm in college and I have to deal with these issues, but it's like I've really thought about it.* - C2

Arguments for what age sex education should start center on how the students will receive the information given. The question lingering is whether or not a student would have even thought about sex if not for being subjected to the subject in class. *"...*

*[I]f it's introduced to them they're going to think about it. It really bothers a lot of people. They wouldn't have thought about it if you wouldn't have started teaching it" -*

A1. The sad truth being that sometimes information is not received soon enough.

*I mean the thing where I kinda get upset about it is, or kinda makes me sad is when I have 9<sup>th</sup> graders who are coming up and coming to my health class that are already pregnant.... they haven't really had sex ed. - A3*

#### HOW OFTEN SHOULD SEX EDUCATION BE DISCUSSED IN SCHOOLS

It is hard for teachers to give a specific amount of time as to how often sex education should be discussed. *"I think the more you can talk about anything, the better off the student is going to be...I mean, you have to continue to build on their knowledge..." - B2.* For A3's school, high school students get a semester of sex education, which A3 thinks is minimally sufficient. *"Even a year would be good, I mean there's a lot of stuff that I would like to let them know, but we just don't have the time to really get in there." - A3.* The bottom line being that with any subject covered in school, *"... [U]ltimately that would be the best thing if they have more of it." - A2.* Not just throughout the year, but through all 12 years a student is in school, especially when puberty begins to be a factor.

*I think if you skip a year especially in high school, that's almost like a lifetime, you're missing out on a lot personal growth maturity and a lot of just formation of the person. I mean kiddos can change so quickly, so I think, that's my thing I think you need to have them constantly thinking about this, and I know that may be a weird thing it's like you constantly want them to think about sex? Well in the positive way, yeah I absolutely do, because we would say your sexuality stems from you as a person, as female and a male, and yeah I think you should always be thinking about how I'm becoming a better women and what does that mean and what am I... I mean yeah the whole package. - C2*

However not all of the teachers thought more sex education was necessary. B1's class on sex education lasts for two hours and is covered in one afternoon. They believe that even this amount of time is sufficient.

*I think I cover the basics, so I feel like if they have more questions, then they can come and see me later, or they can go ahead and ask [their parents]. You know and talk to [your parents] about it. - B1*

If these programs are allotted extra time, this just means that there is another subject that will be losing time. No teacher wants to lose the time on their own subjects because in different ways, they are all important. *"I hesitate, because I wouldn't want them to lose their physical education and activity, that's always our thing, they need both..." - A2*

#### HOW DOES IT FEEL WHEN STUDENTS ASK YOU QUESTIONS

When one first becomes a teacher, answering questions can sometimes be difficult. *"...especially as a new teacher. You're hesitant on a lot of things, you're just pretty insecure."* - C2. Getting use to talking and answering questions in itself can be difficult as a new teacher, not necessarily because of content.

*I was nervous yes. Not the subject matter, it was just, I think more the first time with the girls...So you walk in a room and you have all these 5<sup>th</sup> grade girls and oh my gosh, what am I getting myself into. - B1.*

As a teacher, it is quickly ascertained that it is part of the job description to answer these tough questions. If there is hesitation, it does not last long, because ultimately it cannot.

*...I'm like listen, if you're going to ask these questions, I want you to ask them to someone who really cares about you and wants to tell you the truth. So sometimes I think that helped me push through maybe anything that I felt uncomfortable with...but I don't think I'm terribly*

*uncomfortable about it because a student could ask me, and they have, some very blunt questions. - C2*

The common response of the teachers was that after a few years, talking to the class and answering questions comes naturally.

*...But nowadays, I'm just, used to getting all kinds of questions...they throw questions out there that are to try and stump you, or, get you to say something that they find funny or whatever... I've done it so many times it doesn't bother me. - A3*

While it is important for teachers to feel comfortable answering questions, a few teachers make the important connection that it is more important to make students feel comfortable so they might ask those questions. *"... [I] let them ask questions. [I] get them to a comfort level where they feel like they can ask you a question... [I]f they do ask a pertinent question, many times I will try to answer it..." - B1.* One teacher feels pride in the comfortable atmosphere they provide their students. *"I do and I'm always really proud of them when they do ask me, especially in class, I always, my big thing, personally, is always try and make it comfortable." - A2.* And when students do start to ask questions, they can range anywhere from inquiries about the material being covered, *"...[I]f it's a short question I try and address it right away" - C2,* to more in-depth questions that may need to be answered in a one-on-one meeting, *"...[S]ometimes a student will be like can I come and talk to you after school...A lot of times we will meet here you know, and as long as I can, it will be confidential, according to state laws..." - C2.*

Overall teachers seemed to be very open to answering any questions a student might have.

*...my rule is, if you have a concern and you have a question, you can ask it, because obviously it's going to affect you in the long run if its sitting there weighing on your mind or whatever. I just tell them, try and use proper terminology...If you can't, I will help you learn the proper terms... I told them I don't know the answer for everything, if I don't, I will try and find out the answer for them. - A3*

Teachers understand that it may not be easy for students to always ask these questions, even in a comfortable atmosphere. While some may never feel that kind of comfort, it is important to listen to the questions fellow students are asking.

*Even though the things we talk about are not easy to talk about and make you uncomfortable. We just, I just throw it out there at the beginning... And over the years I have had girls come to me scared because someone had talked them into oral sex or some other form of sex and they didn't know they could get STDs. The boy just told them that they can't get pregnant so, anyway, you can see, and the hands start flying. And once and awhile there's some goofy question, but most of the time, and I've learned too, I mean it's such a broad spectrum...It's just so important... I always want them to have their ears open, even if they don't want to respond in class, I want them listening. - A2*

B2 takes the questioning a step farther and sometimes will actively seek out students who they believe could use a little guidance. They do not have a problem with pulling students aside and making sure their students are being safe and healthy.

*... [J]ust seeing her with her boyfriend in the hall way or things, seeing the way their relationship is, I don't think that it is healthy. I have pulled a couple kids aside, in that instance and said, you know what would you think if your best friend was being treated like this or, you know, do your parents know these things are going on, or you know just if I see some unhealthy things going on in the hall way or at a game, or you know on the phone, I have done that before. - B2*

## HOW DOES IT FEEL TO TEACH SEX EDUCATION

Those who have taught sex education have come to understand the importance and appreciate sex education and their position within it. *“I think that it’s so important to know about life, and how life works. I mean... if I didn’t have my science background I wouldn’t have the faith that I do.”* - C3. Before this connection is made, sometimes it can be hard keeping poise when teaching such a controversial subject.

*You have to teach a subject like this with confidence. You know, you have to fake it until you really do feel confident. Because ... they are already feeling uncomfortable and awkward, they don’t want their teachers looking like she feels that way too...But the subjects are getting harder and it’s really scary...over the course of time huge changes with everything, media and all that stuff, [its] totally different...you have to be prepared and confident.* - A2

Sometimes once a teacher feels confidence in teaching his or her class, the next issue to worry about is how others outside the classroom will respond to what he or she is teaching these students. Regardless of how it feels to teach students, sometimes the worry comes from how others perceive the class. Whether or not parents or other administrators will see the classroom content as appropriate can weigh heavy in the back of a teacher’s mind. *“If I sit there the whole time worrying, if anyone heard the conversation the girls and I are having, and the questions they’re asking out of contexts, it would sound awful.”* - A2. What can really make the job worthwhile can come from the littlest things. When a teacher realizes that the job they are doing is really making a difference in students’ lives.

*I had one girl my first year, she has a family that is split, she lives with dad. Mom is really not so much in the picture, so she came to me and she was pretty upset. So her and I sat down and we talked. And she came in the next day, we talked a little more, and as I turned my back she came*



*around my back and gave me a big hug. You know, and that means a lot. So she felt like she could come over and just discuss anything with me, and...we did. - B1*

#### LEARNED EXPERIENCES FROM TEACHING SEX EDUCATION

Teachers experiences different things in each of their classes. C3 learned the importance of teaching to a student's learning process. Having hands-on activities throughout a lecture is one way to engage students in class.

*...when they're actually writing terms in blanks and they're doing something with their hands and stuff while I'm lecturing. It really helps...It seems like, having an activity for them like that during lecture kind of alleviates some of the nervousness... - C3.*

Another aspect important in teaching sex education is letting students know that while there are negative consequences in sex, there are also positive ones. And to C2, it is important to let students know that.

*I would start at the beginning and saying how beautiful, really trying to make sure that I start right at the beginning and like presenting it in a very beautiful, hopeful, joyful manner, like, make sure I preface it [because it is easy to get caught up in] clinical [terms]. - C2*

## Chapter V

### DISCUSSION

The interviews completed in this study shed some great insights on different aspects of teaching the sex education program that are not easily available in research. Each teacher had his or her own perspectives on the programs that were taught, all together linking key issues that are important when looking at how to improve society's problems associated with sex.

#### SCHOOL DIFFERENCES

There were some differences in the way the two public schools taught sex education compared to the Catholic school. Primarily, the Catholic school did not have a designated class or period where they taught sex education. Both public schools had a designated time and grade that they would teach sex education to their classes. According to state standards, each school must teach a course in sex education before

students leave 5<sup>th</sup> grade. A follow up course is given sometime between 6<sup>th</sup> grade and 8<sup>th</sup> grade. The last required course needs to be given before graduating the 12<sup>th</sup> grade; usually students complete this requirement in 9<sup>th</sup> grade. The Catholic school did not have the same standards. Students do take a biology class where they learn about human reproduction. This class does not go beyond biological terms and functions. Through their Diocese, students are required to take a Religions course every year K-12. Students are taught lessons on human actions and how they correspond with God.

It is in these Religion classes that the moral aspects of sex education are covered. One of the Catholic teachers explains their religious ideology perfectly. Their whole focus on sexuality is that sex is a beautiful gift from God. It is used between two people who are married and in love. These two individuals are given the ability to bring a new living human being into the world with an immortal soul. This immortal soul will live throughout all eternity and maybe someday be in heaven and happy with God. This Catholic school teaches students that sex is an act that goes beyond the physical being. If a student believes in the church's teachings, the magnitude of creating an immortal soul that will last throughout all eternity places a little more pressure on sex than just the physical implications. It is also noteworthy that these Religion classes do not necessarily teach the morality of sex every year specifically, but is always something that is covered.

There are differences in the two methods of teaching sex education, but both seem to incorporate useful ways to instruct students. On the one side, public schools give more detailed aspects of the biological issues associated with having sex, such as

pregnancy and STDs. While they advocate abstinence, they also understand if sexual activity does happen the students should know how to keep themselves protected with contraceptives. On the other side, the Catholic school addresses the emotional ramifications of premarital sex and teaches their students to really think about what they are doing. If both of these sides could come together, students would really be getting the best of both worlds.

#### COMMUNICATION WITH PARENTS

The majority of teachers send home consent forms for parents to sign. Parents have the option to opt their child out of the class at their discretion. The media can sometimes give the impression that parents are not happy with the school teaching their children about sex. The assumption then would be that a significant number of parents would opt their children out of the sex education class. However, that is not what this research found. In the classes where the opt-out option was given, combined, there have only been three students taken out of the class. One of those teachers has been teaching for 10 years. This data shows that not only are parents okay with their children learning about the basics of sex and biology from school, it may be something they would have issues doing themselves. Two different teachers have received emails where a parent expressed their gratitude for teaching their children about sex. One parent admitted that they were not sure how to start a conversation with their daughter; after the course it made it easy to talk about the subject.

Yet there are those times when parents do express concerns, though they are few and far between. Most of the concerns parents have are about what their child will

be learning. After the teacher explains the outline of the program and some of the information they will be teaching, parents do not usually have any problems. And there were even some teachers who had never heard anything from parents. Regardless of the reason, any time parents have a question, they are more than welcome to ask. It is important to have this open communication between teachers and parents; each side must feel comfortable to talk to the other so that they can work together in the best interest of the children. When communication shuts down the dynamics of the relationship are put in jeopardy. If lines get crossed when talking about sex education, it being such a sensitive topic, good intentions can be misconstrued negatively and can disrupt the classroom setting. From the interviews, these realities became apparent.

#### COMMUNICATION WITH STUDENTS

It is noteworthy to understand that teachers believe not all students are as naïve as they once were at certain ages. Younger and younger children are being exposed to materials that are causing them to think and act at a more physical and emotional maturity level. Technology can be seen as playing a considerable role in this matter. Television shows like *Teen Mom* show the glamorous side of teenage pregnancy. One teacher expressed that it is shows like these that desensitize kids, making them think issues like these are normal and socially acceptable. Access to the internet can generate an overwhelming amount of inaccurate information and some kids do not know how to sift the true from the fiction. In conjunction, some adults are having the same problem. It is an information overload. Teachers need to help instruct students how to find validity and reliability in resources so they can become educated adults.

It is important for teachers to be open to their students if they ever have questions. It is part of their job to make students feel comfortable, and all the teachers stated that their students do. If a student could ask a question, turn around and take the newfound information back to a misinformed parent, in theory, it would help stop the spread of unawareness.

The common rule with most teachers is that whenever questions are being asked; make sure the proper scientific terms are being used. If it is a serious question that the teacher may not know, a few stated that they would research it and get back to the students. They all seemed open to answering any questions any student might have. A few teachers mentioned that if it was a question they thought parents should know about, they would tell them to ask their parents; but would never turn away a student.

#### THE PROGRAM

Is the sex education program ultimately effective? Everyone interviewed was asked that question, and the answers were comparatively similar. No one answered no. The program that all three schools incorporate into their classroom brings sex out into the open, making it something that over time can easily be talked about. And with communication and openness, students can really start to form their own opinions on issues. There were a few who said the answer was not so simple and they hoped that the program was effective.

The light bulbs are going off. But the question is does it stick? Students generally seem interested, but will it be in their minds six months after the class is over? Another issue to consider is outside influences. A student's knowledge and feelings on sex that

form throughout their family life can sometimes override a teacher's position of control before the class even starts. In this instance, the program can be seen as ineffective. But these few who questioned the program all seemed optimistic that this program is something that every student needs.

#### PROBLEM AREAS

The question, "where the problems with sex education arise," was never asked during the interviews. Nevertheless, that did not stop teachers expressing some issues that they see as contributing. The first comes from one of the high school teachers who every once and awhile will have an incoming freshman take the health class who is already pregnant. The fact is that they have not received a real detailed sex education course yet. It is not something that happens often, but it still happens. The question would then come back to at what age do students really need to learn about sex.

The second issue brought up is the polarized views on having children. Another high school teacher explained how there are a lot of emotions about having children, and this can lead to making some bad decisions. Either someone absolutely *does not want children* or it is the opposite; they want children at any cost, both sides in some instances expressing emotions over logic. This teacher mentions that they see these people are actively avoiding important information. All it would take is a little bit of information and clear thinking without emotions, and this teacher feels that it would change the way a lot of people look at having children. Incorporating this theory to a larger scale, if children and adults were not only taught to identify the basic physical functions of sex, but to then also look within themselves and ask why they personally

would or would not want a child. This could help eliminate warped views on pregnancy. If children grow up hearing that they were a mistake, they might associate children with being a burden, in turn choosing to not have children and possibly missing out on a true life changing experience. Again, on the other hand, if a child grows up with a parent that has a number of children that they are not able to take care of physically, emotionally, or financially, that may be saying something drastically different to the child. They may see having multiple children not as being responsible but as a generational social burden.

This assumption ties in the third issue that one of the elementary teachers sees on an everyday basis. There is a problem that stems from poverty level households and how they teach their children. Just to be clear, this does not mean that living in a poverty level household makes those individuals any less susceptible to the information than those living above poverty level. But in some instances there are households that overlook basic habits, such as hygiene, education, and for the purpose of this argument, sexual health. If parents' do not teach their children how to keep themselves healthy and educated, by example alone, it can make it difficult for children to overcome their own poverty. While these three arguments make a connection on how to solve some of the problems our society has with sex, they are only theories until they can be tested or implemented.

#### OPENNESS

The biggest result that surfaced after all interviews was each teacher's openness to discuss sex, not only to myself, but to their class, and their classes' parents. Every



single teacher interviewed seemed to genuinely care about the wellbeing of their students. The way they answered questions with such awareness illustrated that they had more invested in their classes than just a pay check.

When asked how they felt the first time teaching sex education to their classes, a few teachers mentioned a feeling of hesitation or anxiety. It was fairly unanimous that these moments were fleeting and they overcame any anxiety rather quickly. Reasoning for this came from different theories. A few teachers chalked it up to being new at teaching, because once they had a few classes under their belt, there was no hesitation. One teacher overcame their apprehension by focusing on being able to help their students to get accurate information from a trustworthy source. There were three teachers who did not feel uncomfortable at all. This all adds up to how the topic of sex is presented to the students. Teachers set the stage for how a class will feel about specific topics. If the teacher is uncomfortable, it could compromise students' abilities to learn because they in turn might feel uncomfortable.

The next question presented would be if any additional training on how to specifically teach sex education would help any of that initial anxiety. Only one teacher interviewed had received this kind of training. They were one of the three that did not feel uncomfortable when taking over their position. Some of the teachers expressed that having additional training may have helped, but they did not feel like it would make a major impact. All but one teacher received degrees where multiple science classes, like biology and anatomy, were required to graduate. Because of this, many teachers feel that it gave them enough scientific knowledge to back up their confidence during

the sex education portion of class. The one teacher who did not have a scientific background was not teaching sex education from a scientific standpoint. It was taught from a morality standpoint, which coincides with the teachings received to get a Master's in Theology. The conclusion gathered from these interviews unveiled that teachers put into the position as sex educators are not just thrown into them without any experience. Even though there is no specific training undergone, each of the teachers are adequately qualified to teach sex education.

#### PREVIOUS RESEARCH

Some of the previous research was accurate in conjunction with the findings of this study. Research found that the majority of Americans agree sexual abstinence should be taught to students. Teachers interviewed in this current study all seem to hold the same notion, deterring students from sexual activity was appropriate.

Sex education's history, while strained and murky, did not seem to have a great effect on the teachers' approach to their program. They seemed genuinely interested and concerned for their students in the areas of sexual health. All but one teacher has never had specialized training or preparation to be a sexuality educator, which coincided with previous research. However it did not seem to make a significant impact on the teacher who did not receive training.

This brings up the first disagreement between previous and current research. Prior studies found teachers were less likely to teach sex education if they do not feel confident. Despite these findings, data from this study presented that even if a teacher is less confident about that class, they persevere until they gain their confidence. This

was expressed throughout some of the interviews when teachers admitted that because of other duties in the job, the dispersal out a course load can help diffuse some of the tension due to the lack of confidence. It was found that because teachers work in the fast-paced atmosphere of a classroom, it helps that their classes are not focused specifically on the negative aspects of teaching sex education. While a teacher's confidence may falter slightly, it is usually quickly regained.

The majority of the teachers were left to their own devices when building their programs. Many of the teachers were taking over a position that was completely vacated, and while they had guidelines and sometimes past coursework, they had to make their own lesson plans. A few were fortunate enough to have other individuals within the school whose background somewhat tied into that academic area, where if they had questions they could go ask them fairly easily. For the majority of them, they were in charge of coming up with a detailed program on their own.

One of the most significant details found was the fact that all teachers felt more comfortable in teaching after each year of experience was gained. It was a year to year battle, but after each year, the feeling of accomplishment and comfort outweighed lingering doubts about the program. Eventually, all doubt for them was practically expelled. In doing so, teachers in this study did use a certain amount of their own moral values to instruct their classes. While they were required to teach the basic guidelines given by the school and state, many would go above and beyond to help their students if need be. This was seen by the way teachers would pull students aside to talk about

issues they saw, or by explaining that certain things can and should be talked about at home.

#### SIGNIFICANCE

The answers from this study drew some great conclusions on the relationship between teacher and their sex education program. However, I believe that these findings only scratch the surface on whether teachers are adequately prepared to teach sex education. The theme that has emerged after collecting this data is that individuals entering the teaching field generally have some sort of insecurities regardless of the subject. Being responsible for a classroom of students can be a daunting task. It is the notion that student successes and failures in some ways reflect back on teachers' abilities to instruct their classes. These insecurities are usually solved after teachers' gain experiences. The teachers in this study expressed that they were more apprehensive about teaching, but only because they were new at teaching. Once they had a few years under their belts, they felt comfortable and confident to instruct their classes. The theory is presented that regardless of the amount of schooling received and preparations made by an individual, the reality of teaching a classroom is unknown until it is experienced firsthand.

The next issue of concern was society's taboos and stigmas on sex. Data from this study provided reassurance that teachers of the sex education program, regardless of negative affiliations, were open and willing to communicate with their students. More importantly, they pride themselves on staying factual and honest with their students. Not one of the teachers seemed to have negative feelings of talking about sex

with their classes. They were genuinely concerned with their students' well-being and are optimistic for their success.

## Chapter VI

### CONCLUSION

#### LIMITATIONS

Every research study has its own set of limitations. The first restriction comes from the demographics within the sample group. Six interviewees were white females, and the seventh was a white male. According to the City of Pittsburgh's official website on general characteristics of demographic statistics, 89.7% of the community identifies themselves as white. The next race that makes up 3.8% of the population is Hispanic/Latino. In a city of 19,243, this 3.8% is only made up of 722 individuals. If minority individuals were in the position of teaching sex education, there may have been a wider variation in comments on questions.

The next limitation came from the sample size. The study was effective in the fact that conclusions were drawn and the research question was answered. However, the three districts used in this study have a combined total of 12 schools from elementary to high school throughout the area. If the sample size was increased to every individual involved in teaching the sex education program, it may have uncovered

information that could have helped generate more patterns to draw conclusions from and diversified the views.

Only one individual had taken a special course directed at sex education. There was no way to really compare data to see if taking specialized courses has any effect on a teacher's ability to teach a course. However, every teacher with the exception of one has a relatively extensive background in biology that enables them to have an advanced knowledge of factual information for facilitating productive classes. So are specialized courses even necessary?

#### FUTURE RESEARCH

This research only scratches the surface of what could be uncovered in this study area. Adding to the data could provide deeper understanding regarding the different feelings involved in teaching sex education. If continued, one factor that could provide an interesting outlook is the number of pregnancies in the student bodies compared to the length of time a teacher has been the sex education instructor. Looking at those records could present correlations between the different programs and their effectiveness. This could also illustrate the effect teen pregnancy has on a teacher's attitude about their program.

Another direction where additional research could possibly go is by looking at the amount of support by a community for their school's sex education program. The small area in which this research was conducted seems to have widespread community support. This can be seen by the amount of community programs teachers have access to and the information system they shared with one another. It would be interesting to

see how different communities react with their own school sex education programs. For example, inner city communities are being affected by poverty and disinvestment, causing a hit on the school system's teachers and students (Glickman & Scally, 2008). Depending on the issues they face, it would be possible to say that this atmosphere could change the way a teacher interacts with their students, as well as their feelings about it.

Last but not least, it would be interesting to see how much education preparation actually affects a sex education teacher's ability to teach their class. If two people were brought into the same sex education classroom to teach, one with a background in health science, and the other with a background in business marketing; after a few years of experience, would they both be equal in ability and confidence to teach? The results from this research shows that, while a background in health gives that extra confidence boost when entering this field, it is the experience gained in the field that most teachers endorse as being essential.



## Chapter VII

### SUMMARY

American history's evolution of sex education had uncovered struggles and stigmas that are not easily forgotten. It is a loud minority within our population that finds faults and imposes a religious way of thinking onto current issues. Because they come with such force, it would be hard for any one person to take a stance against them. Nonetheless, there are individuals and agencies that believe that the religious standpoint on sex education is not the most effective way of handling this topic. It is a battle that even today still makes a significant media headline.

This research does not uncover all the issues our society faces with the topic of sex. No one study could ever do that. It is important to build on the research given, and no matter how small a concept or theory, interpret that to our society. It is possible to say that we will never be finished researching sex and the way we educate ourselves on the topic. As we evolve as a human race, the way we learn will also evolve. One of the teachers said that more education will always be helpful, and in the aspects of growing as a society, that is absolutely right.

The research question that was presented at the beginning of this paper asked the question, "Are teachers prepared to teach sex education?" This study of the Pittsburg, Kansas area school districts provided a clear answer of yes. Teachers that come into their positions for this area felt adequately prepared enough to teach sex education to students. However, this question as it relates to other school districts is not as clear due to the lack of research, for there is no quantifiable correlation between Pittsburg teachers and teachers across the country who may or may not be deemed as "good" or "qualified." While the qualifications on what makes a "good" or "qualified" teacher are not standardized nationally, standards are individualized per program. Each sex education program is its own little ecosystem that is reliant upon key concepts; community support, funding, and teachers' abilities to teach the topic while connecting with their students. All must work together to successfully impact students to make positive choices when dealing with sex in the future.

## REFERENCES

- History of Sex Education*. (2012). Retrieved from Future of Sex Education:  
<http://www.futureofsexed.org/background.html>
- "Flapper". (2014, July 19). Retrieved from Academic Dictionaries and Encyclopedias:  
<http://etymology.enacademic.com/15611/flapper>
- "Flappers". (2004). *Fashion, Costume, and Culture: Clothing, Headwear, Body Decorations, and Footwear through the Ages*. Retrieved July 19, 2014, from  
<http://www.encyclopedia.com/doc/1G2-3425500477.html>
- AASECT. (2013). *Vision of Sexual Health*. Retrieved from American Association of Sexuality Educators Counselors and Therapists:  
<http://www.aasect.org/vision.asp>
- Alexander, R. M. (2001). *Make Love Not War: The Sexual Revolution; An Unfettered History*. Oxford: The University of Chicago Press. doi:10.2307/2693071
- American Cancer Society. (2013). *National Health Education Standards*. Retrieved from American Cancer Society:  
<http://www.cancer.org/healthy/morewaysacshelpsyoustaywell/schoolhealth/national-health-education-standards-2007>
- American Social Hygiene Association . (1918). A Symposium on Venereal Disease Control In The Army, The Navy, and The Civilian Community. *Journal of Social Hygiene*, 4(38).
- Anonymous. (1998). SIECUS Cofounder Mary S Calderone Inducted into National Women's Hall of Fame. *SIECUS Report*, 26(6), 24.
- Anthony Comstock*. (2004). Retrieved from Encyclopedia of World Biography:  
<http://www.encyclopedia.com/doc/1G2-3404701479.html>
- Babb, T. V., Cenkner, L. A., Neal, K. A., Purk, J. K., & Sidell, N. L. (2010, Fall). The Wisdom and Vision of Older Adults: Changes in Childcare since the Great Depression. *Sociological Viewpoints*, 26(2), 53-62.
- Bailey, M. (2012). Reexamining the Impact of Family Planning Programs on US Fertility: Evidence from the War on Poverty and the Early Years of Title X. *American Economic Journal*, 4(2), 62-97.

- Bashford, A., & Strange, C. (2004). Public Pedagogy: Sex Education and Mass Communication in the Mid-Twentieth Century. *Journal of the History of Sexuality, 13*(1), 71-99. doi:10.1353/sex.2004.0037
- Beisel, N. (1998). *Imperiled Innocents: Anthony Comstock and Family Reproduction in Victorian America*. Princeton, New Jersey: Princeton University Press.
- Benson Gold, R., Boonstra, H., Finer, L., & Richards, C. (2009). *Abortion in Woman's Lives*. Guttmacher Institute.
- Beshers, S. (2007, 11). Abstinence- What? : A Critical Look at the Language of Educational Approaches to Adolescent Sexual Risk Reduction. *The Journal of School Health, 77*(9), 637-639.
- Bevan, C. S., & Haskins, R. (1997). Abstinence Education under Welfare Reform. *Children and Youth Service Review, 19*(5/6), 465-484.
- Bolin, W. D. (1978, June). The Economics of Middle-Income Family Life: Working Women During the Great Depression. *The Journal of American History, 65*(1), 60-74.
- Bristow, E. (1977). *Vice and Vigilance: Purity Movements in Britain since 1700*. Dublin: Gill and Macmillian.
- Buhi, E., Daley, E., Mahan, C., Perrin, K., & Vamos, C. (2011). Approaching 4 Decades of Legislation in the National Family Planning Program: An Analysis of Title X's History from 1970 to 2008. *American Journal of Public Health, 101*(11), 20.
- Burton, A. (1999). *Gender, Sexuality and Colonial Modernities*. London: Routledge.
- Calderone, M. S. (1969). Special report SIECUS in 1969. *Journal of Marriage and Family, 31*(4), 674-676.
- Callender, G. (2010, 5 03). *Section II, Chapter IX: The Division of Infectious Diseases and Laboratories*. Retrieved from U.S. Army Medical Department; Office of Medical History: <http://history.amedd.army.mil/booksdocs/wwi/VollISGO/Sec2Ch09.htm>
- Cannonier, C. (2012). State Abstinence Education Programs and Teen Birth Rates in the US. *Review of Economics of the Household, 10*(1), 53-75.
- Carey v. Population Service International, 431 U.S. 678 (1977).
- Carter, J. B. (2001). Birds, Bees, and Venereal Disease: Toward an Intellectual History of Sex Education. *Journal of the History of Sexuality, 10*(2), 213-249. doi:10.1353/sex.2001.0022

- Cates Jr, W. (1981). The Hyde Amendment in Action: How Did the Restriction of Federal Funds for Abortion Affect Low-Income Women? *The Journal of American Medical Association*, 246(10).
- CDC. (2001). HIV and AIDS - United States, 1981-2000. *Morbidity and Mortality Weekly Report*, 50(21). Retrieved from <http://www.cdc.gov/mmwr/pdf/wk/mm5021.pdf>
- Centers for Disease Control and Prevention. (2013, February 27). *National Health Education Standards*. Retrieved from Adolescent and School Health: <http://www.cdc.gov/HealthyYouth/SHER/standards/index.htm>
- City of Pittsburg. (2000). *General Characteristics; Demographic Statistics* . Retrieved January 12, 2014, from City of Pittsburg Southeast Kansas: <http://www.pittks.org/index.aspx?nid=134>
- Clarke, W. (1918). Social Hygiene and the War. *Journal of Social Hygiene*, 4(2), 259-306. Retrieved from [http://hearth.library.cornell.edu/cgi/t/text/pageviewer-idx?c=hearth;cc=hearth;rgn=full%20text;idno=4732756\\_186\\_002;didno=4732756\\_186\\_002;view=image;seq=0123;node=4732756\\_186\\_002%3A5.13](http://hearth.library.cornell.edu/cgi/t/text/pageviewer-idx?c=hearth;cc=hearth;rgn=full%20text;idno=4732756_186_002;didno=4732756_186_002;view=image;seq=0123;node=4732756_186_002%3A5.13)
- Collier's Weekly. (1903). *Charles Dana Gibson: The man and his art, with a brief but entertaining narrative of two Gibson girls*. New York: Collier's Weekly.
- Comstock Act. (2013). *Encyclopædia Britannica*. Retrieved from <http://www.britannica.com/EBchecked/topic/130734/Comstock-Act>
- Cornblatt, J. (2009, October 27). A Brief History of Sex Ed in America. *Newsweek*. Retrieved from <http://www.newsweek.com/brief-history-sex-ed-america-81001>
- Cunningham, S. (1999). The First 35 Years: A History of SIECUS. *SIECUS Report*, 27(4), 4.
- Dake, J. H., Herr, S., Price, J. K., Stone, G. E., & Telljohann, S. W. (2012). High School Health-Education Teachers' Perceptions and Practices Related to Teaching HIV Prevention. *Journal of School Health*, 82(11), 514-521. Retrieved from [http://gq8br7rw2g.search.serialssolutions.com/?ctx\\_ver=Z39.88-2004&ctx\\_enc=info%3Aofi%2Fenc%3AUTF-8&rft\\_id=info:sid/summon.serialssolutions.com&rft\\_val\\_fmt=info:ofi/fmt:kev:mtx:journal&rft.genre=article&rft.atitle=High+school+health-education+teachers%27+](http://gq8br7rw2g.search.serialssolutions.com/?ctx_ver=Z39.88-2004&ctx_enc=info%3Aofi%2Fenc%3AUTF-8&rft_id=info:sid/summon.serialssolutions.com&rft_val_fmt=info:ofi/fmt:kev:mtx:journal&rft.genre=article&rft.atitle=High+school+health-education+teachers%27+)
- D'Emilio, J., & Freedman, E. B. (1988). *Intimate Matters: A History of Sexuality in America* . Chicago: University of Chicago Press.
- Dempster-McClain, D., Miller, M. L., & Moen, P. (1991, December). Motherhood, Multiple Roles, and Maternal Well-Being: Women of the 1950s. *Gender and Society*, 5(4), 565-582.

- Dionisopoulos, G., & Perez, T. (1995). Presidential Silence, C. Everett Koop, and the Surgeon General's Report on AIDS. *Communication Studies*, 46(1-2), 18-33.
- Donovan, P. (1998). School-Based Sexuality Education: The Issues and Challenges. *Family Planning Perspectives*, 30(4). Retrieved from <http://www.guttmacher.org/pubs/journals/3018898.html>
- Dorr, L. L. (2008, April). The Perils of the Back Seat: Date Rape, Race and Gender in 1950s America. *Gender & History*, 20(1), 27-47.
- Eckert, S. A. (2013). What Do Teaching Qualifications Mean in Urban Schools? A Mixed-Method Study of Teacher Preparation and Qualification. *Journal of Teacher Education*, 64(1), 75. Retrieved from [http://library.pittstate.edu:2149/ps/i.do?action=interpret&id=GALE|A343364201&v=2.1&u=psu\\_main&it=r&p=AONE&sw=w&authCount=1](http://library.pittstate.edu:2149/ps/i.do?action=interpret&id=GALE|A343364201&v=2.1&u=psu_main&it=r&p=AONE&sw=w&authCount=1)
- Eisenstadt v. Baird, 405 U.S. 438 (U.S. Supreme Court 1972).
- Eliot, C. (1914). The American Social Hygiene Association. *Journal of Social Hygiene*, 1(1), 1-5. Retrieved from [http://hearth.library.cornell.edu/cgi/t/text/pageviewer-idx?c=hearth;cc=hearth;rgn=full%20text;idno=4732756\\_183\\_001;didno=4732756\\_183\\_001;view=image](http://hearth.library.cornell.edu/cgi/t/text/pageviewer-idx?c=hearth;cc=hearth;rgn=full%20text;idno=4732756_183_001;didno=4732756_183_001;view=image);
- Engstrom, D. M., Greenberg, M. H., Hutson, R. Q., Levin-Epstein, J., Ooms, T. J., Schumacher, R., & Turetsky, V. (2002). The 1996 Welfare Law: Key Elements and Reauthorization Issues Affecting Children. *The Future of Children*, 12(1), 26-57.
- Esselstyn, T. C. (1968, March). Prostitution in the United States. In E. Sagarin, *Sex and the Contemporary American Scene* (Vol. 376, pp. 123-135). Annals of the American Academy of Political and Social Science.
- Fan, P. T., Gottlieb, M. S., Pozalski, I., Saxon, A., Schanker, H. M., & Weisman, J. D. (1981). Pneumocystis pneumonia. *Morbidity and Mortality Weekly Report*, 30(21), 1-3. Retrieved from [http://www.cdc.gov/mmwr/preview/mmwrhtml/june\\_5.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/june_5.htm)
- Federal Abstinence-Only-Until-Marriage Funding*. (2013). Retrieved from SIECUS: <http://www.siecus.org/index.cfm?fuseaction=Page.ViewPage&PageID=1158>
- Fenstermacher, G. D., Osguthorpe, R. D., & Sanger, M. N. (2009). Teaching Morally and Teaching Morality. *Teacher Education Quarterly*, 36(3), 7.
- Forrest, J. D., Henshaw, S. K., & Hermalin, A. I. (1981). The Impact of Family Planning Clinic Programs on Adolescent Pregnancy. *Family Planning Perspectives*, 13(3), 109-116.

- Foster, W. (1916). State-Wide Education in Social Hygiene. *Social Hygiene*, 2(3).
- Fuller, W. (2003). *Morality and the Mail in Nineteenth-Century America*. Champaign: University of Illinois Press.
- Geddes, P., & Thomson, A. (1914). *Sex*. London: Williams and Norgate. Retrieved from <http://babel.hathitrust.org/cgi/pt?id=mdp.39015004636158;view=1up;seq=7>
- Gelperin, N. E., & Schroeder, E. (2008). Future of Sex Education. *The Journal of School Health*, 78(11), 573.
- Glickman, N., & Scally, C. (2008, December). Can Community and Education Organizing Improve Inner-City Schools? *Journal of Urban Affairs*, 30(5), 557-577.
- Gold, R. B. (2001). Title X: Three Decades of Accomplishment. *The Guttmacher Report on Public Policy*, 4(1).
- Griswold v. Connecticut, 381 U.S. 479 (U.S. Supreme Court 1965).
- Haffner, D. W. (1998). In Memoriam: Mary Steichen Calderone, M.D., M.P.H. 1904-1998. *SIECUS Report*, 27(2), 3.
- Hampton, P. (2004). *Sanger, Margaret*. Retrieved from Encyclopedia of Women's Health: [http://library.pittstate.edu:2105/entry/sprwh/sanger\\_margaret](http://library.pittstate.edu:2105/entry/sprwh/sanger_margaret)
- Hapke, L. (2002). Social Purity Movement. *Women's Studies Encyclopedia*. Retrieved from <http://gem.greenwood.com/wse/wsePrint.jsp?id=id614>
- Hare, W., & MacInnis, M. (1997). *What Makes a Good Teacher*. Toronto: Canadian Journal of Education. Retrieved January 10, 2014, from <http://search.proquest.com/docview/215378267?accountid=13211>
- Hayden, W. (2010). (R)evolutionary Rhetorics: Science and Sexuality in Nineteenth-Century Free-Love Discourse. *Rhetoric Review*, 29(2), 111-128. doi:10.1080/07350191003613401
- Hegarty, M. E. (1998). Patriot or Prostitute? Sexual Discourses, Print Media, and Americana Women During World War II. *Journal of Women's History*, 10(2), 112-136.
- Herr, S. W., Telljohann, S. K., Price, J. H., Dake, J. A., & Stone, G. E. (2012). High School Health-Education Teachers' Perceptions and Practices Related to Teaching HIV Prevention. *Journal of School Health*, 82(11), 514-521.
- Hill, C. A. (2008). *Human Sexuality: Personality and Social Psychological Perspectives*. SAGE.

- History & Successes*. (2013). Retrieved from Planned Parenthood:  
<http://www.plannedparenthood.org/about-us/who-we-are/history-and-successes.htm>
- History*. (2013). Retrieved from SIECUS:  
<http://www.siecus.org/index.cfm?fuseaction=Page.viewPage&pageId=493&parentID=472>
- Hollingsworth, L., & Tyyska, V. (1988, October). The Hidden Producers: Women's Household Production During the Great Depression. *Critical Sociology*, 15(3), 26. doi:10.1177/089692058801500301
- Hout, M. (1999). Abortion Politics in the United States, 1972-1974: From Single Issue to Ideology. *Gender Issues*, 17(2), 3-34.
- Huber, V. (2009). *A Historical Analysis of Public School Sex Education in America Since 1900*. Masters Thesis, Cedarville University, School of Education. Retrieved from [http://digitalcommons.cedarville.edu/education\\_theses/21](http://digitalcommons.cedarville.edu/education_theses/21)
- Irvine, J. (2004). *Talk About Sex: The Battles over Sex Education in the United States*. California : University of California Press.
- Jensen, R. (2010). *Dirty Words: The Rhetoric of Public Sex Education, 1870 - 1924*. Urbana Illinois: : University of Illinois Press.
- Joiner, T. (2013). *Sin in the City: Chicago and Revivalism, 1880-1920*. Columbia: University of Missouri Press.
- Klotz, H. (2002). *People & Events: Anthony Comstock's "Chastity" Laws*. Retrieved from PBS: [http://www.pbs.org/wgbh/amex/pill/peopleevents/e\\_comstock.html](http://www.pbs.org/wgbh/amex/pill/peopleevents/e_comstock.html)
- LaMay, C. (1997). America's Censor: Anthony Comstock and Free Speech. *Communications and the Law*, 19(3), 1-59.
- Latham, A. J. (2000). *Posing a Threat: Flappers, Chorus Girls, and Other Brazen Performers of the American 1920s*. Wesleyan University Press.
- Lee, V. E., Marks, H. M., & Byrd, T. (1994, April). Sexism in Single-Sex and Coeducational Independent Secondary School Classrooms. *Sociology of Education*, 67(2), 92-120. Retrieved from <http://library.pittstate.edu:2091/stable/2112699>
- Lincoln, Y. S. (1998). The Ethics of Teaching in Qualitative Research. *Qualitative Inquiry*, 4(3), 315-327. doi:10.1177/107780049800400301
- Lloyd, S. A. (1991, January). The Darkside of Courtship: Violence and Sexual Exploitation. *Family Relations*, 40(1), 14-20.



- Luker, K. (1998). Sex, Social Hygiene, and the State: The Double-Edged Sword of Social Reform. *Theory and Society*, 27(5), 601-634. doi:10.1023/A:1006875928287
- Lynch, C., McAfee, L., & Weed, F. W. (2010, 5 11). *Section III, Chapter VI*. Retrieved from U.S. Army Medical Department; Office of Medical History: <http://history.amedd.army.mil/booksdocs/wwi/VollISGO/Sec3Ch06.htm>
- Mary Steichen Calderone. (2013). Retrieved from Encyclopaedia Britannica: <http://library.pittstate.edu:3181/EBchecked/topic/89295/Mary-Steichen-Calderone>
- McBride, D. (2008). *Abortion in the United States: A Reference Handbook*. ABC-CLIO.
- McGarry, M. (2000). Spectral Sexualities: Nineteenth-century Spiritualism, Moral Panics, and the Making of U.S. Obscenity Law. *Journal of Women's History*, 12(2), 8-29. doi:10.1353/jowh.2000.0042
- Mcguire, J. T. (2008, Oct). "The Most Unjust Piece of Legislation": Section 213 of the Economy Act of 1932 and Feminism During the New Deal. *Journal of Policy History*, 20(4), 516-541.
- McManis, J. T. (1916). *Ella Flagg Young And a Half-Century of the Chicago Public Schools*. Chicago, Illinois: A.C. McClurg & Company.
- Mecklenburg, M., & Thompson, P. (1983). The Adolescent Family Life Program as a Prevention Measure. *Public Health Reports*, 98(1), 21-29.
- Mendes, K. (2010). Reading Chatelaine: Dr. Marion Hilliard and 1950s Women's Health Advice. *Canadian Journal of Communication*, 35(4), 515-531.
- Messerschmidt, J. (1993). *Masculinities and Crime: Critique and Reconceptualization of Theory*. Lanham: Rowman & Littlefield.
- Moore, L. (2011). *Anything Goes: A Biography of the Roaring Twenties*. Penguin.
- Moran, J. P. (1996). "Modernism gone mad": Sex Education Comes to Chicago, 1913. *The Journal of American History*, 83(2), 481-513.
- Moran, J. P. (2009). *Teaching Sex: The Shaping of Adolescence in the 20th Century*. Cambridge: Harvard University Press.
- Morgan, S. (2007). "Wild oats or acorns?" Social Purity, Sexual Politics and the Response of the Late-Victorian Church. *Journal of Religious History*, 31(2), 151-168. doi:10.1111/j.1467-9809.2007.00551.x

- Napili, A. (2013). *Title X (Public Health Service Act) Family Planning Program*. CSR Report for Congress, Congressional Research Service. Retrieved from <https://www.fas.org/sgp/crs/misc/RL33644.pdf>
- National Guidelines Task Force. (2004). *Guidelines for Comprehensive Sexuality Education: Kindergarten through 12th Grade, Third Edition*. SIECUS. Fulton Press.
- Neuhaus, J. (1999, Spring). The Way to a Man's Heart: Gender Roles, Domestic Ideology, and Cookbooks in the 1950s. *Journal of Social History*, 32(3), 529-555.
- Ng, J. C. (2006). Understanding the Impact of Accountability on Preservice Teachers' Decisions About Where to Teach . *The Urban Review*, 38(5), 353-372.
- Noel, R. R. (2000, June). The Body Project: An Intimate History of American Girls - Review. *The Journal of American History*, 87(1), 245-246.
- NSES Advisory Committee. (2012). National Sexuality Education Standards Core Content and Skills, K-12. *A Special Publication of the Journal of School Health*, 1(1), 6-36. Retrieved from <http://www.futureofsexed.org/documents/josh-fose-standards-web.pdf>
- Office of Adolescent Pregnancy Programs (OAPP) Overview*. (2013). Retrieved from US Department of Health and Human Services, Office of Population Affairs: <http://www.hhs.gov/opa/about-opa-and-initiatives/title-xx-afl/what-is-title-xx/strategic-plan/oapp-overview.html>
- Oviedo, M. A. (2003, December). Federal Probation During the Second World War- Part Two. *Federal Probation*, 67(3), 3-9.
- Perez-Selsky, E. (2013). Policing Privilege and Disciplining Bodies: Victoria C. Woodhull, Anthony Comstock, and the Platform for Social Engineering. *Voces Novae: Chapman University Historical Review*, 4(1).
- Persell, C. H., & Rosow, K. (1980). Sex Education from 1900 to 1920: A Study of Ideological Social Control. *Qualitative Sociology*, 3(3), 186-203. doi:10.1007/BF00987135
- Pichler, S. (2006, December 29). *Roe v. Wade: Its History and Impact* . (D. Golub, Editor, & The Katharine Dexter McCormick Library) Retrieved from Planned Parenthood: <http://www.plannedparenthood.org/resources/research-papers/roe-v-wade-6578.htm>
- Pneumocystis pneumonia*. (2013). Retrieved from CDC: <http://www.cdc.gov/fungal/pneumocystis-pneumonia/>

- Post, I. M. (2012). Popular Culture's Ambivalence toward Female Autonomy: The Great Depression. *Grand Valley Journal of History*, 2(1), 6.
- Presley, A. B. (1998, Winter). Fifty Years of Change: Societal Attitudes and Women's Fashions, 1900-1950. *Historian*, 60(2), 307-325.
- Public Funding for Abortion: Medicaid and the Hyde Amendment*. (2006). Retrieved from National Abortion Federation:  
[http://www.prochoice.org/about\\_abortion/facts/public\\_funding.html](http://www.prochoice.org/about_abortion/facts/public_funding.html)
- Reed, C. G. (1989). Education: What Makes a Good Teacher? *Bioscience*, 39(8), 555-557.
- Remington, C. (2013, February 15). *A History of Taboo Topics*. Retrieved from Need to Know on PBS: <http://www.pbs.org/wnet/need-to-know/pitchroom/a-history-of-taboo-topics/16315/>
- Roe v. Wade, 410 U.S. 113 (1973).
- Safran, C. (1968, March 3). World Famous Authority Dr. Mary Calderone gives Incisive Answers to Parents' Questions About Sex Education in the Classroom. *Spartanburg Herald- Journal*, 78(10), pp. 23-24.
- Santelli, J. S. (2006). Abstinence-Only Education: Politics, Science, and Ethics . *Social Research*, 73(3), 835-860.
- Saul, R. (1998). Whatever Happened to the Adolescent Family Life Act? *The Guttmacher Report on Public Policy*, 1(2).
- Schwartz, R. A. (2006, December). Family, Gender, and Society in 1950s American Fiction of Nuclear Apocalypse: Shadow on the Hearth, Tomorrow! The Last Day, and Alas, Babylon. *The Journal of American Culture*, 29(4), 406-424.
- Sharot, S. (2013, Feb). Wealth and/ or Love: Class and Gender in the Cross-class Romance Films of the Great Depression. *Journal of American Studies*, 47(1), 89-108.
- Simmons, C. (2009). *Making Marriage Modern: Women's Sexuality from the Progressive Era to World War II* . Oxford: Oxford University Press Inc. . Retrieved from [http://books.google.com/books?id=HCj8\\_2EojskC&printsec=frontcover&dq=Making Marriage M](http://books.google.com/books?id=HCj8_2EojskC&printsec=frontcover&dq=Making Marriage M)
- Social Security Administration. (2014, January 29). *Compilation of the Social Security Laws; Separate Program for Abstinence Education [23]*. Retrieved from Official Social Security Webiste : [http://www.ssa.gov/OP\\_Home/ssact/title05/0510.htm](http://www.ssa.gov/OP_Home/ssact/title05/0510.htm)
- Southall, J. (2008). STD Rates Increasing in the United States. *Infectious Disease in Children*, 21(1), 1.

- Spurlock, J. C. (1994). A Masculine View of Women's Freedom: Free Love in the Nineteenth Century. *International Social Science Review*, 69(3), 34.
- Stover, D. (2007). Should We Be Teaching Sex Education or Sexual Abstinence? *The Education Digest*, 72(5), 41-48.
- The SIECUS Purpose. (1965, February). *SIECUS Report*, 1(1), 2.
- Thompson, W. (2001). *Gambling in America: An Encyclopedia of History, Issues, and Society*. ABC-CLIO.
- Tierney, H. (Ed.). (1999). *Women's Studies Encyclopedia* (Vol. 3). Westport: Greenwood Publishing Group.
- Title X family planning*. (2009). Retrieved from US Department of Health and Human Services; Office of Population Affairs: <http://www.hhs.gov/opa/title-x-family-planning/>
- Title X 'Gag Rule' Is Formally Repealed. (2000). *The Guttmacher Report on Public Policy*, 3(4). Retrieved from <http://www.guttmacher.org/pubs/tgr/03/4/gr030413.html>
- Trumbull, C. (2013). *Outlawed!: How Anthony Comstock Fought and Won the Purity of a Nation*. (S. M. Dix, Ed.) Scott Matthew Dix.
- Vaughan, H. A. (2009, March). Icon: Tracing the Path of the 1950s Shirtwaist Dress. *The Journal of American Culture*, 32(1), 29-37.
- Warner, A. (2009). 'It is a dancing and frivolous age': 1920s youth culture at Queen's University. *Ontario History*, 101(1), 25-45. Retrieved from [http://go.galegroup.com/ps/i.do?id=GALE%7CA199542505&v=2.1&u=loudoun\\_main&it=r&p=GPS&sw=w&asid=9b1cbaec49c4c48d7f372b008503bc7](http://go.galegroup.com/ps/i.do?id=GALE%7CA199542505&v=2.1&u=loudoun_main&it=r&p=GPS&sw=w&asid=9b1cbaec49c4c48d7f372b008503bc7)
- Whyte, M. (1992). Choosing Mates - The American Way. *Society*, 29(3), 71-77.
- Wiley, D. C. (2002). The Ethics of Abstinence-Only and Abstinence-Plus Sexuality Education. *The Journal of School Health*, 72(4), 164-167.
- Yasunari, K. (2000). Peace profile: Margaret sanger. *Peace Review*, 12(4), 619.
- Yellis, A. K. (1969, Spring). Prosperity's Child: Some Thoughts on the Flapper. *American Quarterly*, 21(1), 44-64. doi:10.2307/2710772
- Zarif, T. (2012, September). Grounded Theory Method: An Overview. *Interdisciplinary Journal of Contemporary Research in Business*, 4(5), 969-979.

## TRANSCRIPTIONS

## A1: ELEMENTARY

Q. So you attended college here? *[Pittsburg State University]* Did you go anywhere else?

A. Nope. Well I got some health stuff through Baker, but I didn't have to go there. It was kind of with my science *[has previously wanted to do dentistry, so she took multiple biology and anatomy classes]* and everything so it transferred and stuff and they moved it around so that they made sure I got my health certification. They actually at Pitt State they can't do you as a health certification because they lost that professor a long time ago and never replaced it. Um, and so in order to get a health certificate I had to kinda... I had so much science, cuz I'm biology certified that it kinda all fit together. And I wanted to make sure I got it. That was one of the reasons that I went back when, I did that when I got my masters because I wanted to teach health.

Q. So what does it take to get health certified?

A. Nutrition, anatomy, sex ed, all of those different things. And it all depends on the college you go to, the area of emphasis that they have and what professors they have to finish. And Baker had one and pretty much everything I had already taken because my science background fulfilled what they needed, so basically they gave me a health certificate. I had to pay admissions, and they gave me a health certificate. So... it worked out.

Q. So with your biology background, did you go first for biology and then decide to go into health?

A. I started out pre dental, and when I decided to switch to physical education I had so much science background why waste it. And P.E. jobs are hard to come by. People become P.E. teachers somewhere and stay there forever until they retire. So I kept the science and it helped me get my first job, and I like science a lot so it worked out that way.

Q. Did you decide that you wanted to be the P.E teacher? Did it just fall that way?

A. It just happened. I was in anatomy and physiology, advance science teacher and then I taught basic biology and I really loved it and I was starting a new program and they were changing the criteria just for my program and then my husband asked me to marry him and so I had to move here. So I took a year off and got my masters, and then that's just the job that was open to stay around the area with him coaching.

Q. How long have you taught at schools?

A. Ten years

Q. And how long have you taught here?

A. Two years

Q. Have you seen a lot of changes since you've been here?

A. Well... our change here is the fact that they've dropped....it use to be, like I would have been part-time P.E and part-time solely health. And we needed to increase some P.E time, so I went to P.E last year, well I was hired as a P.E. health teacher. And then they told me that I would only be teaching P.E and they were hiring somebody else to fill in the health area. Well then they wanted every school to have art teacher too, well in elementary to get all the specials to fit in places you have to lose something, so we lost the health teacher. She became a full time art teacher at another building and we had to fill an art position. So we had to go through all of our health criteria and figure out what I'm teaching, what the counselors teaching, what the extension agent is teaching, and what our general classroom teacher is teaching to make sure that by the time they leave us in fourth grade that they've gotten all their health criteria. I mean it's just this big chart that we went though and had to pretty much lay out all the standards and at what level.

Q. Did you guys get this from the national health standards or the state standards or what exactly?

A. It's the national standards. The Kansas state standards are basically a photocopy of the national standards, which happens a lot in different things. They're pretty similar, it's off the state site, but their just a photocopy off the state cite.

Q. After you meet the standards, do you guys then just add what you think is the best material is to add?

A. Yeah. And this year has been kind of an experiment of how to fit it all in. We have the Kansas state extension office comes in and she teaches nutrition second through fifth grade. She comes every month and does the nutrition part. Our counselor

does all the social and emotional health area, I do a little bit of social, obviously cuz just what I can fit into P.E. and I hit some nutrition and body health, and then with the school nurse and our science program we hit the body and sex ed.

Q. What hours do you guys go to school?

A. 8:00-3:15

Q. What ages does the health program start?

A. Kindergarten. Kindergarten is when they start health. Basic health, not your in-depth...

Q. And who did you say teaches that?

A. Its divided between me, Kansas state extension office, classroom teacher, school counselor, and school nurse.

Q. And is it just like, just an hour of each day or...?

A. The nutrition is scheduled, it's a definite, because its whenever she comes, its because she does the whole southeast Kansas. And she comes in twice a month for the nutrition part. The school nurse is scheduled twice a year and the counselor, because she has other counseling duties, she meets with everyone once a week. And then I have everyone two to three times a week.. in P.E, so I just fit my health in throughout my P.E lessons.

Q. So is there any out of class/ take home work

A. We use the gym, there's no takehome classroom work. But we sit and we do activities and stuff. I get them, the way our schedule works; I have them two to three times a week and then we have this thing called super specials at the end of every day that's an hour. One day I get k-1, the next day I get 2-3, the next day 4-5, and so I use that for my health section, especially if there is any sit down time, or things we need to do. This year is kind of different. We are kind of winging it, not winging it but working it out.

Q. So what kind of resources do you use for health?

A. We have... a Houghton and Mifflin that we go by. We also have, before I got here the district purchased all sorts of equipment and models and you know, your fat and muscles examples and all those models, and all four elementary have the same. Every elementary has the same basics to use.

Q. So how do you feel about teaching the health program over all?

A. When I was a middle school high school teacher, I absolutely loved the health part. In my last three years I had only girls when it came to health. We split them boys and girls. And actually I liked it a lot better than when I taught co-ed. I don't know that the boys got as much out of it. But when it came to sex ed conversations and stuff like that, the girls asked a lot more questions than they did when they were in front of boys, and I felt they got a lot more out of it. Going elementary, we start doing body awareness in fourth grade, and you don't really get into those conversations until 7<sup>th</sup> and 8<sup>th</sup> grade. So it's a little different. I wish.. Sometimes at the elementary level, I wish there was a bigger concentration because we don't have just a health teacher, and you're kinda just hoping that everybody is doing their job, to make sure you fit everything in. And its not tested or anything so its not like... oh you are definitely doing this because we can tell, because its state tested. You kind of just hope by the time they get up there they know it all. That's the only part I don't like.

Q. If you had the ability, would you make a health class specifically for health starting at Kindergarten?

A. Yes, but they wouldn't meet as often at the Kindergarten level. You would have to adjust it level wise. That is what they use to have before; this is the first year having health separate. They always hired someone to teach P.E and health.

Q. At what age do you think it would be appropriate to start fully introducing health as an actual class course that you would take more often than just every once and awhile? Not everyday, just enough...

A. 3<sup>rd</sup> grade probably

Q. What is it at now?

A. 6<sup>th</sup> grade. Before this year health was always in their rotation that they had once a week k-5<sup>th</sup>. This year they do 6<sup>th</sup> grade every other day. 7<sup>th</sup> and 8<sup>th</sup> grade they get a semester of health and a semester of P.E.

Q. What grade do you think would be the hardest to teach the health/sex ed to?

A. ....

Q. How about what grade is the most receptive?

A. 8<sup>th</sup> and freshman.



Q. And why?

A. 8<sup>th</sup> grade I think it's really important as they transition into high school, especially for girls. Boys, my overall notice is they joke about it, you can't really tell how much they're getting. Girls are really curious they ask a lot of questions. You kind of hope you give them enough information before they have older boys looking at them like fresh meat and they don't have the knowledge to make educated decisions on their own. That's my only fear at that age. Because you see a big change, because I taught 8<sup>th</sup> grade to freshman, you see a huge change even in the summer between 8<sup>th</sup> grade to freshman.

Q. Do you think puberty has anything to do with that?

A. Some. And I think exposure to older things. To be honest, I don't think freshman belong in a high school. I still think it should be separated. In a perfect world you'd have a 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup> grade building, 7<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup> building, 10<sup>th</sup>, 11<sup>th</sup>, 12<sup>th</sup>. Just because I think it's a little early for them. Even in sports, they play a different league, they play freshman whatever. Sometimes I feel like they don't need to be there yet. Because they get distracted, and then they don't understand why my grades are going this way, because you're distracted by all the social things. So.. I don't know.

Q. So with the media, the tv, regular shows you see in prime time, the access to internet, do you think that has an impact on students learning?

A. Definitely. And the questions they ask at the middle school level, some of the stuff they would ask. I had a lady come in an health teach over at Labette county, and she actually help ran the community health place where you could come in and get free STD testing and all that stuff... the questions... and she could look up anything on the internet, she has access on her computer if a kid asked her a question, and she didn't know and was like "where d they hear that", and sure enough it was some false totally blown out of the way video that's been totally fixed and whatever and.. they can't tell truth from reality sometimes and you hope that it doesn't desensitize them. I think it has a big impact. The questions have been different, even in the last 10 years.

Q. When kids ask you questions, say they saw something on the TV or internet, and its completely wrong, how do you tell them about it?

A. Well first off if you're not sure where they saw it, you tell them ill get back to you tomorrow. A lot of the times if a kid asks you one on one, I might say "have you talked to your parent about it first?" "Are you comfortable talking to your parent about it", and if they're not, we'll go over the information. Really in a health class you keep everything

totally scientific, you make sure the students are using the right terms, no slang terms, just so what they are getting is basic human body information. You are looking at everything from a bacterial cell perspective. And then some questions your really have to refer back to their family. "That's a question you need to ask your mom" or "that's not really an appropriate question for this classroom". And then if you want to address it one on one later, you can address it later.

Q. Do you get a lot of parents involved in the program? Of have you had any complains or issues with parents?

A. I never have. In 10 years I've had one student opt-out. Because we had the opt-out choice, and it wasn't even a big deal. It was a choice their parents had to make, and so, the parents just make that, and they educate the way they thought they should be educated.

Q. And do you think over all parents are trying to teach their kids?

A. Some are. I think there are some who avoid it and some who take it for granted. I really kind of got an eye opener last year when we did 4<sup>th</sup> and 5<sup>th</sup> grade health and the body talk and watch videos and stuff, and some of the questions they asked. I realized how much they learned from 4<sup>th</sup> grade to 7<sup>th</sup> grades, just, I'm sure socially through buddies and the TV and the internet, whoa, they're about to take a big jump here in another year just going to elementary school to middle school.

Q. Do you think it would be a good idea to start introducing the sex into their programs early so they know before they get there?

A. It depends on what you mean by sex education. Sex education honestly just starts with body education. I mean, I have a four and six year old and they know the proper terms for the body parts, but not every kid does. Proper terms maybe, I think you start to feel with were to cross the line with certain parents if you go a lot younger. There's the whole idea that if it's introduced to them that they're going to think about it. It really bothers a lot of people. They wouldn't have thought about it if you wouldn't have started teaching it. And maturity level I don't think is ready, I mean they think it's funny when you say the word butt. It's just... The maturity levels not there for the subject. I... I don't know. That's a really hard question.

Q. When you start introducing the proper terms to the elementary school, how do you feel talking to them about it?

A. As a science teacher, I just teach it as it is. We start out with the body parts we teach are the basic body parts and the proper terms and we talk about the muscles. As I get them each year, you start calling the butt the gluteus maximus and they think that hilarious, and we get around to all the parts eventually to where they just look at it as another part. And if you always address it that way as a teacher and always address it without any funny terms and it's just this is what it is. You just have to make sure its address the right way. It's not just all of a sudden BAM! We're gonna start talking about this in the 4<sup>th</sup> grade.

Q. Has there ever been any time where you feel uncomfortable about talking to a group of children or in a one on one?

A. Not really uncomfortable. Maybe amazed at the question they asked or where they got this information from. Do their parents know they don't know these kinds of things? I mean I don't think it started to bother me till I became a parent, and you're thinking oh my God I hope my child doesn't get access to this too early. It's just as a parent, honestly there needs to be more parent education. Like I have friends who bought their kids laptops but didn't even think about what they have access to. It's like "really, you're on the internet like do you not? Hello?" I mean its more parent education on technology; the kids figure it out really fast.

Q. Do you guys have any resources to give parents where if they want to learn more or if they want to teach children, where they can go and get it?

A. Umm... not resource wise, I mean there's always that option. But district wide we don't have anything like that.

Q. Do you think the health program over all is effective?

A. For what we have for standards and what the standards want, yeah I think its effective, as far as general health. Kids today know and make more comments way more about subjects we teach in health than they ever would before. What foods are health and what's not. I think nutrition wise they have done a really good job, by the state, making sure those things are introduced. Um... Sex ed is such a touchy subject. Not all districts, not all counties allow certain things, Labette county school district didn't even allow sex ed to come into the building. It was not taught, it was nope we're not touching it with a 50 foot pole, it's not allowed here, we aren't allowing the nurses to come in from the county to introduce stuff. Until suddenly they had 15 teen pregnancies one year and they decided maybe we should start doing this. And that was three years ago. And so, I mean it's, I think some people are starting to realize it's there and it's got to be

addressed. And you just have to give the opt-out and if the parents chose to not have them than that's their choice, but obviously something's going on.

## A2: MIDDLE SCHOOL

Q. What is your position?

A. I teach the middle school girls and I'm helping with the boys physical education. So I'm PE and health teacher. The health I that teach is 7<sup>th</sup> and 8<sup>th</sup> grade girls. I don't do the sex ed part (with the boys) I team teach with Mr. \*\*\*\*\* (male) and we do like nutrition and we do drugs and alcohol information first, we kind of lead into those things and we do those things together however we want to. But when it comes to sex ed we go ahead and separate them. In 6<sup>th</sup> grade health that Mr. \*\*\* teachers, they have co ed and then when it comes to sex ed I believe they have the counselors come in and teach that and I still think that they are still together for that part of it. We just have always separated them for the sex ed part, I don't know that we have to, but I think that we get better results, like the questions fly. And instead, well this age level especially it can get really silly.

Q. How long have you been in your current position?

A. This is my 26<sup>th</sup> year

Q. Have you always been in the same position?

A. No, but for last, gosh, over the last 20. I have taught the health for 20 years for sure probably

Q. Has it always been at this school?

A. Yes

Q. And has it always been the 7<sup>th</sup> and 8<sup>th</sup> grade?

A. Yeah I think it has been. My first few years I traveled between the elementary and the high school, but as far as the health part once I got here that's when I started doing health. The first 6 or 7 years I was kind of the wild card I filled in whenever they needed me to doing different teaching things each.

Q. Did you attend college?

A. I did I am a Pitt State graduate

Q. What did you get your degree in?

A. I got my BSED in physical education and I have a few minors

Q. Are any of them directly related to sexual education or health?

A. No Pittsburg state does not offer like a health education minor for teachers. And we have discussed that numerous time with them like come on, it's a freshmen requirement to have a semester of health in the state of Kansas to graduate. You have half a year of physical education and half a year of health and there is no health certification program and Pitt State doesn't offer that as a minor.

Q. When you were in college and going through your classes, did you ever expect to teach the sex education course or was that kind of something that once you got here it was like this is what you are going to be doing?

A. I would say it was more of once you got here. As far as being prepared in college, I mean you take, everything's related to health, that's the bottom line. So I had had some courses that went towards that but none that specifically for sex education. You just kind of have your curriculum, you found how your best approach was, I don't want to say winged it because you're very prepared but still, nothing in particular that trains you for it.

Q. Was it intimidating?

A. I was so young, I mean I think back now... on a personal note my friends think it's hilarious that I teach that part because I was the last one to know anything or kiss a boy or any of that stuff so they think it's a riot that I'm the one doing it. I don't know, I enjoy it so much, I really always have, even when I was young, I'm now more prepared for that question that your like "whoa baby, I don't want to touch that with a 10 foot pole", but I can handle those things a little bit easier now. I always enjoyed it. It's just so important and I always try to make it fun, cuz I've told the girls I remember when I was their age sitting in class. I was so immature I would have just covered my ears if I could have, I didn't want to hear it. And I was the last one to mature to ever even really need that much information. But still I realized how important it was to have that information. I always want them to have their ears open, even if they don't want to respond in class, I want them listening. I try to, kind of have a little stand up routine practically that's what I kind of joke around with and break the ice a little bit so they'll listen.

Q. The person that taught the program before you, did they leave any resources or an outline, or did you come in and build your own class?

A. The way I remember it, is that I knew my curriculum and that's what I did. Now I'm sure I probably asked them questions and things, but I think I pretty much set my own tone for how I was going to approach it and teach it. I had, I mean books and this

was before the internet, now it's so nice now because if I need resources, it goes like crazy. And I have a textbook also that I truthfully don't use that much because "boom" their outdated in no time or there is something new that the kids need to know about. But, originally you had a textbook and I would come up with whatever resources I needed. I used a lot of like... I'd go to workshops at the State Department. They would have CDC information you know and things like that when it came to talking about STDs, and our Crawford County Health Department had a peer educator group called Straight Talk. And gosh, they haven't done it for the last... the budget got cut and all that... I'm gonna say 5 years ago. Because the students who were in high school doing that are graduating now or have graduated from college. So that was huge, I would do the beginning of the teaching and introduce and all that, and then the peer educators came in with their Health Department nurse and they did all kinds of cool things with the kids to just kind of reinforce what I was teaching, because now you got teenagers reinforcing what your mother just told you, you know. That was huge, that was a huge resource. And that really was fantastic. They would role play and do all kinds of things that I continue to do now. But I had high school kids that would come in the last couple days of my unit and really just drive the message home and have fun with them while they're doing it. It was wonderful. It was funding that got cut when everything was getting cut several years ago, and they tried to continue it for another year or so. And then they gave me all their resources and PowerPoints and what not. And I still use those too and do some of things they did. I have brought in other people and did other things, but basically it's me now, doing it.

Q. Did you seek out conferences or did somebody come to you with them and was like look at this?

A. Good question, you know a lot of times we will get an email or something you know. We have our Greenbush Consortium for all kind of education things. And there has been times, usually it seems to me that I will receive an email. Because it can be a variety of people it can be health educators, it can be nurses you know, school nurses things like that. Anyone publicly that works with students of any age on those topics. It does seem like I reviewed emails or informations to let me know. Or a professional organization would let you know.

Q. So it seems like there is a pretty good network set in place.

A. I think so, I really do. Because when I go to one of theses there is always a big crowd and its always the people from the entire area that I know that teach and do the same things, so yeah, that helps too, because there is so many new things you know, that come up. It changes all the time. There is some new something or some new slang

term or whatever it is, you want to stay up on it because the kids hear it and they come to me, and ask me privately, they'll be like "What is this?" I'm like "I don't know ill Google it later but I'm not Googling it now because God only knows. I have my college students, I have a lot of pre labs that come in, so sometimes I'll just ask them privately like hey the kids ask me what whatever this is , and they'll be like "boy I don't know either", an "I'm like well I feel much better!" If you haven't heard of it, but I mean they're thirteen or so, so who knows, sometimes they just come up with something that sticks.

Q. Do you get a lot of those questions?

A. I do and I'm always really proud of them when they do ask me, especially in class, I always, my big thing, personally, is always try and make it comfortable. Even though the things we talk about are not easy to talk about and make you uncomfortable. We just, I just throw it out there at the beginning. And with my 7<sup>th</sup> and 8<sup>th</sup> grade girls the last several years, of course it's my old music, but I'll play "Let's Talk About Sex" by Salt and Pepper. And now that it was in that movie a year or so ago...Pitch Perfect, apparently it was in Pitch Perfect and I didn't even pay attention, but now they all know it, where for the last several years, I always played it as an ice breaker. Because we do nutrition and we do drugs and alcohol, which hints at some of the sexuality things you know, and then I save the best for last. And then once they are use to the topics a little bit and I have that playing when they come in the room, and they are like "Oh teacher, really?" And I tell them how controversial that was twenty some years ago and now it's like really, they hear everything. And younger and younger, that's the whole thing. I use to teach it, and, 7<sup>th</sup> grade we talk about sexually transmitted diseases, modes of transmission etcetera, and that's really difficult. To me that's the hardest because you have to be very specific and explain everything, you know, so that to me is the toughest part because they are finally old enough to be listening instead of just like we already know where babies come from and we don't want to hear any of that. I tell them they hear the wonderful part, you know, when your ready and you have a baby and they learn about that in maybe 6<sup>th</sup> grade. 7<sup>th</sup> grade it's all the icky stuff, but it's so important. In 8<sup>th</sup> grade it's more about consequences, so we talk about teen pregnancy, dating abuse, how to recognize any kind of abuse, things like that. So 7<sup>th</sup> grade is kinda the toughest part, because it's not easy to hear about the different ways you can get STDS. And over the years I have had girls come to me scared because someone had talked them into oral sex or some other form of sex and they didn't know they could get STDs. The boy just told them that they can't get pregnant so, anyway, you can see, and the hands start flying. And once and awhile there's some goofy question, but most of the time, and I've learned too, I mean it's such a broad spectrum. I have girls every hour



who, in my heart of hearts, have been there done that, there's always someone, even at thirteen, twelve whatever. I know that there's some, and let alone abuse, so you always worry. Then I have girls that are probably more in line with who I was, they may not need this information for another eight or ten years, it's just not going to apply and it's shocking the hell out of them. So your crowd is changing. Even faster, they know more even faster now. I'm almost not sure that they don't need to start hearing about the things we talk about, like the transmission of STDs, even younger. Which that's not how our curriculum is set up, and I don't know how you would go about that, because there's too many young ones that would not be ready for that and parents would probably be quite upset. 7<sup>th</sup> grade is a little bit different

Q. Are you certified? Is it a requirement to be certified to teach health?

A. It is at the high school level. But I don't even know what they consider certified for health. I mean I'm fully certified for physical education and they kind of just lump it all together when it comes to a teaching certificate. So I do not have a separate for health or any kind of certificate.

Q. Do you think it would it have helped to have taken a course in school about how to teach sex education or anything like that?

A. Absolutely. Absolutely because whether they had a minor or not, if they had a specific health education class, because the reality is you're probably going to be teaching it and I don't know anyone... all of us in the building are all Pitt State grads, and none of us have a minor or any special training with it. So, it definitely would help.

Q. How did you come to teach this program?

A. Well it was part of the job. When I transferred, like I said I had been at the high school and elementaries and I traveled, I was that traveling P.E. teacher. When I got here, and it changes all the time, it seems like my second year here someone else moved to maybe an administrative position or something, so then I became full time staff. Once I became fulltime staff, the health education became part of the deal. They use to teach it, like in science class or in this or that, and so I think it's much better now that is where it's at. Now they still get bits and pieces of it here and there. But we are the main information .

Q. Is health required to graduate?

A. Yeah in Kansas. Well not here (middle school) it's not required, other than PE. It's a choice our district had made to make physical education a requirement, so it's part

of a package deal, they have me and they have the health because we do three weeks of health and at least one week is usually the sex ed. And that's what they are getting, about one week of it.

Q. Do you think it needs to be more? I mean I know you talked about maybe going younger, but do as far as you think right now at this age at this level three weeks enough?

A. That's a really good question. The 6<sup>th</sup> grade has a specific health teacher and he sees them every other day, so they actually get 9 weeks of it But that covers everything from smoking to brushing your teeth to how babies develop or whatever. I think ultimately that would be the best thing too if they have more of it. But I hesitate, because I wouldn't want them to lose their physical education and activity, that's always our thing, they need both. And so, I teach it till it's taught, you know and sometimes, with the 8<sup>th</sup> grade and we talk about consequences and stuff that takes less time. The 7<sup>th</sup> grade needs more time if they have tons of questions, in 8<sup>th</sup> grade I review. The 7<sup>th</sup> grade before we get into talking about consequences and stuff, and sometimes its two days worth of reviewing because you would think they never heard it in their lives. It could be more; I wouldn't know how to decide how much more I mean. Their level of how much they want to hear to would kinda...I would be interested to know, I really don't know how much the high school spends on it in their semester course. I really never thought about it. I don't know how much time they spend on it. I know they go more in-depth with everything and its coed.

Q. Where do you get your resources now?

A. Well, I use the CDC information I use for stats or for new things that have come up. I use a lot of the health department, they have resources that they have given me. I have a textbook for sure. I will get online. I always try to find a credible source and get online to see what else I need to know about something. The dating abuse, we have... we had the university has come out and they brought students and talked...Safe date I think was the name of the program, and they had like an entire program that they had put together so I use bits and pieces of that. I kind of use whatever I think is the best ones and I'm always changing, I mean, I may use it for a few years, but if I find something that I think is better than I switch it up and go with that. But I have a variety of resources, but a lot of its from community groups and things that have programs in places and I want to use a good part of what they are doing for my kids and kind of adapted it for that.

Q. Do parents ever express problems or concerns for the program?

A. Its so funny, my first time ever I had a parent, and it was totally my fault, this fall, I always give them a little note to take home. And it's an opt-out, they can opt-out anybody..I had one person when I first was teaching and they opted out, but that was a child whose parent opted them out of like, everything in the building, so anyway. One class there had been a change in schedule and I should have given it to them five days before because I wasn't going to see them, and I forgot to give it to this one class. We started our sex ed unit and I gave them the note, but the horse is out of the barn cuz we are already starting. This little girl, she's kind of immature and kind of a pain in the butt anyway. Cuz she went home and told mom that I was telling them how to have oral sex, anal sex, whatever it was, and this was like the third day we had talked about it and the little girl had never taken this slip of paper home, which I didn't give her till the day we started anyway. So mom wanted to have a meeting with me and I guess mom was all riled up, talking to my principal telling him about anal sex or something. It's funny now but I was really upset because I try so hard, and I honestly, if I was being truthful I really don't want them to opt-out. I really don't, so I felt bad its like did I subconsciously not want them to opt-out? I didn't but still.. But when I spoke to her in person she was wonderful. Her daughter I think, just wanted to get her riled up, but it made me very self conscious and I try not to be, because if I sit there the whole time worrying, if anyone heard the conversation the girls and I are having, and the questions they're asking out of contexts, It would sound awful. but like I said we teach abstinence based, and so I don't get into a lot of birth control discussions or anything like that other than the only thing that is one hundred percent is being abstinence and well discuses how it's better than nothing. You know like condom use is better than nothing, however, we refer back to abstinence is the only thing that will keep you to having to worry about these things. You know, I want them to be comfortable asking things and I want to act comfortable answering them, and I always worry, what goes home? Especially at this age. Some kids their parents never have a clue this is going on, that's most of them. I got a really nice email from a parent last year, and I'm still happy about it, she actually took time to send me an email and thank me because her daughter who's a really neat girl and pretty quiet went home and it opened up a conversation with her mom. And that's like, if I had my way that's how it would be with every kid. So the mom actually took the time to send me a nice email thanking me because she wasn't sure how to get that convo started. But that's the only one in all these years, so I don't know why I get so worked up.

Q. When you're in your class, when you first started, did you feel that pressure that you couldn't be as open as you are now with your class?

A. I don't think I ever felt... I was young first of all, I was like twenty-five you know, twenty-six maybe and at first, actually think I was pregnant the first time I was teaching it, and I actually had my OBGYN come over from Joplin and bring the little dot tones so the girls could hear the heart beat, I mean, it was a nice teachable moment. So in a way I was pretty comfortable with it, and I really was young and dumb and I didn't worry that much about what parents thought, I was more worried about am I doing it right, am I getting enough information to them and doing it right, and am I handling those questions, you know... I was like wow, you know. I really wasn't that worried about it, now I think, I'm also a parent, been there done that and so, I was always very open with my boys whether they like it or not. They're in college now, and their probably going "Mom don't even start". I think I'm more sensitive to it once I had my own kids too and they got to a certain age

Q. Do you think that the sex health program is effective?

A. I wish I knew the answer to that. I see the light bulbs going off particularly in the most difficult part to teach an to hear is the 7<sup>th</sup> grade with the STDs. I see that light bulb going off that they didn't know anything about this. And ...Does it stick? I hope so, even if it's a vague thing even if it's like wait a minute I'm pretty sure, so they look into it themselves whenever they're ready or when someone's trying to convince them to do something or whatever. I hope that they have enough of a general knowledge that they pause and think about it for a little bit. But it totally... I don't want to say bums me out, that's too casual, but it really hurts me to hear about these girls that get to high school and they're pregnant. It's not like I can stop it from happening, but it still bothers me. I feel like it is effective, the conversations get flying over the last few years. I have kind of learned to send an email to staff saying FYI teaching sex ed this week because they get, their silly middle schoolers, they get these conversations going and teachers might hear them in the hall way or during class or something. So just a heads up, ever group is different. Some never say a word and some think it's hilarious to be discussing it in front of anybody.

Q. If you could go back and tell your young self one thing, what would it be

A. That's a really good question, I really have to think about it. You have to teach a subject like this with confidence. You know, you have to fake it until you really do feel confident. Because you don't want them, they are already feeling uncomfortable and awkward, they don't want their teachers looking like she feels that way too. For me I would say just, go in there and look confident, and which I think is what I kinda did. But now I know I know that it's a little bit easier. But the subjects are getting harder and it's really scary, also you have to think when I first graduate from Pitt State, AIDS was just

becoming a thing. That was the question I was asked in interviews, what do I know about the AIDS virus and things like that, that's how new it was. So over the course of time huge changes with everything, media and all that stuff, [its] totally different. I think I would just say you have to be prepared and confident. My personal style is just try and make it fun, I know that sounds silly, we have a thing were we kinda just laugh together. We just kinda make it light, if I had my way we would all sit on bean bags and talk. Because as a kid I was the miserable kid, I probably never made eye contact, I didn't want to talk about it... but we'd start off, I try to so hard to make it so we are laughing, and that I get it I'm like I get it was I was probably more miserable than you guys are. So it's going to be ok, but I want you to have your ears open and at least understand what we are talking about. So...I hope I do a good job. That's one thing about it there is no real way to know, I mean you give them a test or whatever, but is it still in their head a year or six months from now.

## A3: HIGH SCHOOL

Q. So how long have you been here?

A. I've been at Pittsburg for 14 years.

Q. Have you always been the P.E., health teacher?

A. I'm one of them. There are currently four P.E. teachers and two health teachers.

Q. And do you do both?

A. Yes.

Q. Did you attend college?

A. Yes, Pittstate

Q. And what did you get your degree in?

A. My major is in K-12 P.E. and emphasis in Coaching, and my minor is in Health Ed, back when they had Health minor.

Q. And when you got your health minor, did you take specific classes directed specifically at health?

A. Yeah it was a lot of classes directed right towards health. Plus anatomy and physiology, kinesiology, some of the biology classes also.

Q. And are you health certified? Did completing that program get you certification?

A. Yes

Q. How did you come to teach this health program?

A. As far as the set up of it? Well the guy I teach health with has been here for many years, and we kind of worked together on how we wanted the program set up and pretty much teach the same things, not necessarily always in the same order. But we teach the same stuff. And based off the state curriculum and school curriculum and all that stuff, on what we need to teach.

Q. So he was here awhile before you got here. How was that? When you came did he sit you down and was like ok we are going to build the program together, or?

A. No. We kind a talked a lot on it during the summer before I started and even throughout the semester and stuff, of things we want to change. And we still talk and it's kind of a... it's ever changing even now because different things change, new information. Just not as much now as there was at the start.

Q. So you say you've been here for 14 years, what grades do you currently teach?

A. Health is mainly 9<sup>th</sup> grade, they don't have to take it as 9<sup>th</sup> graders, but its 95% of them are 9<sup>th</sup> graders. They can take it anytime between 9<sup>th</sup> and 12<sup>th</sup> grade. And then my P.E. classes are 9<sup>th</sup> through 12<sup>th</sup> there all mixed up.

Q. And is health required to graduate?

A. Health is required

Q. And is P.E.?

A. Uh... one semester of P.E.

Q. Have you taught any younger than 9<sup>th</sup> grade?

A. I have taught. I actually taught K-12 P.E, and I've taught 7-12 health at various times.

Q. What resources do you use to teach?

A. Well obviously we have our books and stuff like that and there are resources in there. I rely a lot on the librarians for some resources that they look up on websites. I get a lot of stuff off websites. But even with health you do have to... you can't just look at any websites. Websites like WebMD and stuff like that that are credible.

Q. And do you give them an outline, like this is what I am doing for my class, can you help me find resources to use?

A. If I'm doing specific projects, I can come to them and say hey this is what I'm looking at. And they will do stuff, design a webpage and all that kind of stuff for the kids to go in and do research and all that kind of stuff.

Q. So they actually build a webpage for you, so the kids instead of just going online and looking up stuff they have somewhere credible to go. ... How much time is allotted throughout the semester for the health program?

A. We meet every day for fifty minutes Monday through Friday for one semester. Which is a lot compared to some programs.

Q. When you attended college, did you take any courses that were directed towards sex education?

A. Well like anatomy and physiology some, really the health classes... there was... I'm trying to remember back, it's been a few years. There was one... That was directed towards sex education.

Q. Did it tell you like, this is what they need to learn, or did it tell you how to teach it?

A. Mainly just the information. Not really so much as to how to teach it, but just the information on it.

Q. Would you have like to have a class that taught you how to teach it?

A. Probably. I go to the Regional Aids Awareness conference in Kansas City in the summers, and it's very good for as far as activities towards teaching sex ed and things like that. They do a lot of different things like that. Which is very good, and it's been real helpful.

Q. Do they have panels where people talk about how people teach it or anything like that?

A. They have some panels and they bring in teachers from all over the place, like last time I went they had some teacher from like New Jersey who was the national health teacher of the year and stuff like that to come in and kind of talk about her program then gives some specific activities and lessons that you can actually do. They bring in some people through, that have some health web pages and magazines and, teen health, I can't remember what all they are, but they talk about things like that and give us new information that we need to know as health teachers that is coming down. And then they have handouts and power points, and they usually send that to us.

Q. Do you ever have parents to express concerns or problems with the program?

A. I've, in 14 years, I think I've only had two parents ever email me or call me, just asking me information about it and how it was taught and stuff. And then when I explain it to them and they really don't have concerns about it.

Q. Do you think the sex education program is effective?

A. I think it is, I know here we teach in 9<sup>th</sup> grade. I can see it being needed to be taught sooner as far as like 6<sup>th</sup> grade 7<sup>th</sup> grade. And then a refresher course when they hit 9<sup>th</sup> grade. I know they do a little bit in middle school but, probably not enough.



Q. What grade do you think it would be most beneficial to teach sex education to?

A. I would start, and you could give them some basic stuff and gradually work them through, but I would start in 4<sup>th</sup> or 5<sup>th</sup> grade. And then work up through, I mean not actually the same stuff that we do, because we get pretty deep into what we talk about, and they don't need that. But they need to know the basics and stuff, and even, I know they learn the terminology, but they need to learn more about their bodies as they get older. And especially when their bodies are starting to go through the changes

Q. Can you see a difference?

A. Yeah, I can. I mean the thing where I kinda get upset about it is, or kinda makes me sad is when I have 9<sup>th</sup> graders who are coming up and coming to my health class that are already pregnant. When I have them and we haven't even, they haven't really had sex ed. So that is why I would kind of like to see it start at a young stage, because that does happen. Not very often, but it does happen.

Q. So who would be in charge of changing what grade sex ed is given? Would it be a school board or would it be a district? Or has anybody ever talked about changing it?

A. It would probably be a district decision, I would think. And we have discussed it, and I know they do a little bit more now at the middle school because we have got with those teachers and they have health and they talk about sex ed some know. And it has gotten better over the years, but through the state health is required in high school, a semester of health is required in high school, but that doesn't mean that they can't have it younger too. So...

Q. Do you think just a semester is just enough?

A. For high school, a semester is not bad. Even a year would be good, I mean there's a lot of stuff that I would like to let them know, but we just don't have the time to really get in there.

Q. Do you give out homework in health, and is any of it take home?

A. We do yeah. Some of it is take home. A lot of it is, we do it in class. And the reason we do that is because if they have questions about it they can ask me. Because a lot of people, this day of age, they don't have parents that are going to help them. I mean that's just the way it is, and I rather them get the information from me, because a lot of times that we do have take homework, they'll look up something on the internet and, well, it will be false information, and they will be like "well I looked it up on the internet". Well yeah I know but you can't believe everything you read off there. You

have to have credible sources and know which ones to look at. And I try and tell them which ones are good, but sometimes they just Google it and try and find the easy one.

Q. With the new technology and media and everything, can you see a difference in the question that are being asked?

A. Yeah, because a lot of the questions they ask are pure myths, and myths about things. And they know that. And my rule is, if you have a concern and you have a question, you can ask it, because obviously it's going to affect you in the long run if its sitting there weighing on your mind or whatever. And I just tell them, try and use proper terminology when it comes to sex ed. If you can't, I will help you learn the proper terms, and that's really about the only rule I have as far as questioning goes. I told them I don't know the answer for everything, if I don't, I will try and find out the answer for them. But ...They have some pretty good questions.

Q. How do you think students are responding to the course?

A. I think they do good. They really... obviously from class to class is different. But for the most part they have some really good questions and feedback and, I mean dialog is good in health, and most of the time they are pretty good about that. At the start they are usually kind of embarrassed, but we get into it a couple days and they're usually alright.

Q. So how do you feel when teaching the class?

A. It doesn't bother me at all, I've done it so many times it doesn't bother me.

Q. Do you remember what it was like when you first started teaching?

A. Yeah, it was a little different the very first time I had to do it. But nowadays, I'm just, used to getting all kinds of questions. And, you know they throw questions out there that are to try and stump you, or, get you to say something that they find funny or whatever. But I've done it for so long it doesn't bother me. I know their gonna do that but I'm use to it.

Q. So do you ever try and involve the parents in class at all?

A. Not really so much. I mean I try and let them know how their kids are doing, but other than that... Not as far as the actually teaching or anything like that.

## B1: ELEMENTARY

Q. How long have you been in your current position?

A. I have been a school nurse for the last three years. The first year I came, the school nurse that was here resigned. There was a period from August –September that they had sub nurses come in. And so I started the first part of October of that year. So I think that was, 2011... so three years.

Q. So this was the first time you have worked in a school?

A. Yes, absolutely. I have, I worked thirty-three years at a hospital in, and worked in the surgery as a nurse for seventeen of those years. And then did some ER nursing and administrative for a couple years, and then I went into oncology. And so for the last, before I started here, for the last twelve-thirteen years I was an oncology nurse.

Q. Did you attend college?

A. I did yes. I attended at Fort Scott Community College and at Pitt State. And also I might say that, going back, I worked for a pediatrician for six years before I started in a hospital, so...

Q. What did you get your degree in, and are you certified?

A. Nursing. I have my degree in nursing. And I do have my nursing license through the state of Kansas and Missouri.

Q. Do you teach at all, or is it strictly nursing in a medical aspect?

A. I do a little of both. I'm mostly here for the students for, as on a medical, you know taking care of the kids. I do occasionally, may go into the classroom and so some good hand washing, you know, and things of that sort. I do, do the sex education for the 5<sup>th</sup> grade girls. And we do that kind of, usually after the first of the year in the spring months, we have a little more time then. Because in the fall they are jam packed full of stuff, sports and everything, And then after the first of the year you have basketball and all sorts of things, and a lot of sick kids, so. Usually in April, we find is a good time to go into the class room and I will talk and visit with the girls about that.

Q. Did you take any specific courses that you took that helped you teach the sex education portion of your job, or does it just come from basic knowledge from nursing classes?

A. Its just basic knowledge, a lot of research online. Also, there is a video that I have watched several times, I mean, just talk to the girls bout it. Let them ask questions. Try to get them to where they are comfortable. And they're all giggly of course. But get them to a comfort level where they feel like they can ask you a question. And I go as far as, I tell them all about puberty, we discuss about cleanliness, good hygiene, the menses cycle, and I go as far as the sex part of it. But that I feel should be done in the home. That's my personal feeling. So if they do ask a pertinent question, many times I will try to answer it, but I always say, you know you need to talk to your parents about that, and I just feel like that. I mean I come from the old school. I talk to my kids, you know, about that. Or my husband talked to my son, I talked to my daughter about it at home, and I think that's where it should be.

Q. So where do you find your resources?

A. The video was already here. The previous school nurse had, I guess she got the video. So its one that we show every year. And the boys, I'm not sure if they show a video to them or not. The elementary PE teacher was the one that went into the classroom and would discuss things with the boys there. It use to be Mr\*\*\*\* but he has since left. So, I'm not sure who its going to be this year. I'm doing the girls. So...They may decided to, maybe, get the junior high PE teacher to come in and talk to the boys about things.

Q. Do you ever get parents involved?

A. What I do is just give the girls the basics. Because, some of them come from poverty level homes, and the parents don't discuss things like that. So some of them are just... they're not sure about things. So, we go over it. We do write up a consent form and that is sent home with the girls a week before, and if the parents do not want them to attend, they need to sign it and return it. Otherwise the girls are in the class, and as explained in the consent what we will be discussing. They can call me anytime and ask me. Last year I did have a parent call and I just, like I'm telling you, what we went over. From there she decided that she didn't want her daughter to attend. So the little girl didn't come to school that afternoon.

Q. In your three years have you gotten a lot of parents consent then children out of the class?

A. I have had just the one last year.

Q. So you said you didn't take any classes that were directed specific towards teaching the sex education. Do you think it would have helped if something like that was offered?

A. It may have, yes. But like I said before, we don't go in great detail, we just cover the bases with them. We just talk about the body changes, the hygiene, the hormonal changes, and you know, about the menses. And each girl receives one of these [a little packet] and inside, it looks like a book, which is nice because once they come out, you know, the guys know where they've been and what they've talked about, and you know, I don't want the girls to feel embarrassed, so it kinda looks like a book on the side. But inside there is a booklet, there is a tampon, and there is a pad, and you know the book kinda goes into detail and they can take it home and discuss things with their mom or what have you. So, each girl gets one of these

Q. How long have you been giving those out?

A. I got these, let's see, last year. The time before, I made a little gift bag for each girl. And in the gift bag was a pad, deodorant, lip gloss, you know just different little things. And, so each girl got one of those. But I like these much better.

Q. Did the person before you leave any resource for you or did you have to start from scratch?

A. Actually how it happened was that, you know, I started this job, I had a one day orientation. By one of the sub-nurses, course I've done nursing for years and years so I kinda just, you know, jumped into it. and some of I learned on my own you know about the state reports, some of it I talked to different people about, other nurses from different districts were a big help. The summer of, let's see, the summer of the year I first started I went to a seminar in Wichita and had a convention, it's a school nurses convention, and they had two and a half days dedicated to the new nurse. So I did go through that, thinking back, I did. They kinda covered this briefly, but they were mostly into immunizations, and you know, different things, but, I guess I did have a little instruction on it. But, yeah that was very good, it was an excellent, excellent convention to go to.

Q. And is it once a year?

A. Yeah, the convention is once a year. The district sent me and paid for it. I didn't go last year, but I'm going to try and go this year to the convention. They were gonna try and do every other year because it's quite expensive, to send you to something like that,

you know, the hotel, and it's a very nice hotel, and then all the material and everything like that you receive, so it is pretty expensive.

Q. Is the health that you teach to the 5<sup>th</sup> grade girls required to graduate up to junior high?

A. I don't think it's required. I think that, one of the teachers already asked me if we could do it early. And her reasoning was that some of the girls have poor hygiene. You know they may not know that they need to use deodorant, or, you know... some of them don't bathe every day. And these are, you know, girls that kind of in that poverty level, and so they'll come in and have greasy oily hair, and you know I talk to them and say you really need to shampoo every day, and... if nothing else just wash your face, hands if you can't take a shower. Because some of it is the economics of it, I mean, parents can't afford the water bill, I mean because they have boo-coos of kids, and so, you know I had one little girl in here that took shower maybe three times a week, on certain days, because of the water bill, her parents couldn't afford it. And, so... I mean that's pretty sad. Pretty sad.

Q. So, what kind of resources do you find specifically to teach the sex education?

A. Yeah, just in general the teen websites on puberty and, I mean they have some good ones, I can't remember them off the top of my head. But... I go there and I print off some material, you know, I do something that's simple and to the point. And so I'll give the girls a little packet of just some general information. We, you know... it's really funny because some of the girls have not started their menses, others have. And, so we devised a code, they'll come in here and they'll tell me that "Well I ate at McDonalds today" and that is my code and their code that they have started their menses. So, if I have a room full of students it's not embarrassing to them. Because it is a big deal for them, and you know, they're scared and they're not sure, even though they've seen the video or mom has talked to them or someone. It's happening to them, and they're not sure what to expect, and you know, what's going on.

Q. What is the average age you see girls starting their period?

A. Usually about twelve. You know it just varies. You know some of them start later. But when they do start they usually come to me. And, many times they are a little tearful and scared, and I just try to talk to them and say it's ok. It happened to all of us, it's a normal thing, I get on the phone and I call mom. Because that's who they really want. And so, you know. What I did with my daughter, when she first started her period, she did at school. I picked her up, we got her taken care of we went out and had lunch. And we just spent the rest of the day together. And usually in most cases mom has

talked to them and most of the moms will say "I will be right there". So they will come and pick them up. Last year, was it last year.... We had one girl that started, and mom works in Parsons, and...so dad came. And you know she was very comfortable with that. I had one girl my first year, she has a family that is split, she lives with dad. Mom is really not so much in the picture, so she came to me and she was pretty upset. So her and I sat down and we talked. And she came in the next day, we talked a little more, and as I turned my back she came around my back and gave me a big hug. You know, and that means a lot. So she felt like she could come over and just discuss anything with me, and.. we did.

Q. So how long is the course that you teach to the 5<sup>th</sup> grade girls?

A. No its one afternoon. Usually it starts about one, the kids get out at three. So, over a two hour period, we go over things, we see the video, and I mean the girls are very inquisitive. They ask good questions, good questions. And, so we try and talk about things. And it's just a time when the girls should feel comfortable, and, but at first they're really timid, but it just takes one to open the conversation. And so, by the end of it, they're just smiling, giggling, talking amongst each other.

Q. Do you think that's enough time to get everything covered?

A. I do. I think I cover the basics, so I feel like if they have more questions, then they can come and see me later, or they can go ahead and ask mom, you know and talk to mom about it. And say hey, the school nurse we talked about this, can you talk to me a little more about it, and... what to expect. Now the boys on the other hand, I think the first two years that Mr\*\*\*\*\* was here, that he taught it, he said the boys knew hardly anything, and, so... Which I found hard to believe. But he said, you know some of them don't know anything, and they're asking questions, and so, I found that interesting.

Q. Do the girls you talk to usually know?

A. I think most of the girls do know. Some have an idea. There might be one or two that really, don't even have a clue. But they don't let on that they don't know anything about it, because they don't want to be embarrassed, that you know, mom hasn't sat them down and discussed things with them.

Q. Do you think having this class in school is effective?

A. I think it is. I really do. I mean it brings it out in the open, and you know. The girls understand by the time we are done how they can get pregnant, but in a very...what's the word I want to use, simple way. I mean I don't go into detail and all of that, you

know. I just. The film does a little bit. It will go into a little more detail than I will. But I just, that's just my personal feeling, you know that, talking about how you have a baby and stuff, and how the baby, comes about, I think, you know, that should be done at home.

Q. In our experience, what grade do you think it's important to start talking about these types of issues?

A. I think 5<sup>th</sup> grade's a good, because I mean, they're... they will be moving on to junior high. Cuz our junior high is 6<sup>th</sup> 7<sup>th</sup> and 8<sup>th</sup>. So they will be moving on. Then like in the 6<sup>th</sup> grade and things like that, they'll be starting the, oh you know, the socializing. And even in the 5<sup>th</sup> grade sometimes you can see that, the socializing that starts, and you know....Sometimes the 5<sup>th</sup> grade teachers think "oh... maybe we better start talking about this" you know. So, but yeah once they get into 6<sup>th</sup> grade you can really see the boy-girl thing and sometimes even in the 5<sup>th</sup> grade a little bit you know. Some kids are more mature than others, so the more mature ones you can kinda see that.

Q. With the new technologies and the media and the overly sexualized world we live in, can you see a difference in the things you get asked now compared to when you firsts started?

A. I think... I think kids are more open about it now than they use to be. I mean certainly when I was a girl, I mean my mother talked to me about it, but it was hush hush , you know, I mean I grew up in the 50's and I mean, that stuff in the 60's you didn't talk about stuff like that at all, and you know you look at television, the commercials nowadays. My gosh, I mean they talk about anything and everything on those commercials, so sure the kids, I think have more exposure to that and they're gonna be more inquisitive and , you know, know the details and know what's going on.

Q. As far as the curriculum you follow to teach your course, where do you get those guidelines?

A. Its not state mandated. You know, but I think it's just something that they feel needs to be taught in the schools. I just kind of open the door and expose it. And then I think they get it more in-depth once they are in junior high.

Q. If you knew what you know now, if you could go back and tell yourself something, what would you say before your first class?

A. Probably... I really had never taught like, I mean I have spoke in public before, you know, there is a comfort level there. So you walk in a room and you have all these



5<sup>th</sup> grade girls and “oh my gosh, what am I getting myself into” but, you know we showed the video, and I got the girls calmed down, cuz I mean there were some girls there that were very, I think, mature far beyond their age. And I thought “oh my gosh how did you get like this. I mean you’re only a 5<sup>th</sup> grader” but, you know, knowing the family and all that I can see, you know, how that occurred.

Q. Were you ever nervous teaching about sexual health?

A. I was nervous yes. Not the subject matter, it was just, I think more the first time with the girls and, then, last year was great. I felt more comfortable, this year will even be better. There will be more of a comfort level. I know the girls, you know, now. Kids can walk down the hall and I know their names. That first year i thought oh my God who is that. I should know your name. But when you have 400, I think we have 470 some kids in the elementary, and for the most part I know their names. There may be a few who don’t come to see me very often and I may not be sure of, but most part I know their names, yeah. And junior high, you know, I have had for two years. When I started, their 7<sup>th</sup> graders now. I know their names. And even high school, you know, not so much high school, but I’m learning their names as well. So, you know, it was kinda tough. I felt, I had my book out here. I would have a pad and I would put the pad down. And they would come in and I was say ok write your name down so I know who you are. And, but now I can write their names down and, its fine.

## B2: MIDDLE/ HIGH SCHOOL

Q. What classes do you teach?

A. 9<sup>th</sup> grade girls P.E. I have a semester of 9<sup>th</sup> grade girls P.E., 6<sup>th</sup> grade health, a semester of 9<sup>th</sup> grade health.

Q. In your health class, what do you teach?

A. Well, the 6<sup>th</sup> grade health class is a rotation class, so I only have them for nine weeks. And then the freshman 9<sup>th</sup> grade girl's health class is only, well not only. So they go through P.E. the first semester and health the second semesters. So, we spend time on drugs, alcohol, tobacco, decision making, teen pregnancy, nutrition, foods, physical activity, target heart rates...I use to teach science for four year so I'm trying to think...

Q. So you said 6<sup>th</sup> grade is a rotation class, what is that?

A. So it's every nine weeks, so I have two different classes per semester. I have one from August to October, then I have a new class from October to Christmas, and then a class from January to March, but really I only teach. I teach the same thing four times, essentially. It's a rotation between me, a keyboarding teacher, oral communications, and something in the music department. So they are all different.

Q. You said teen pregnancy you teach to 9<sup>th</sup> graders, how much time do you allot to that topic or issues like that?

A. I would say, two to three weeks. We are on block scheduling here so I only see the kids every other day, but I see them for an hour and a half when I see them. So like, tomorrow I have them and I have them from 11 to 12:30, so... I would say two to three weeks we spend on it. Somewhere around there.

Q. So you said this is your second year teaching?

A. Health, yes. This is my sixth year teaching. I taught three years in the junior high science, 6<sup>th</sup> 7<sup>th</sup> and 8<sup>th</sup> grade science, and then I taught a year in the high school, I taught chemistry and biology two and environmental life science. And then last year I moved to P.E. because the teacher retired.

Q. What made you switch?

A. My undergrad is in pre-med. I have a degree in biology and a minor in chemistry and physics. And then I took the MCAT and was going to go to med school and do all that fun stuff. And I just... I didn't know if I wanted to be in school, you know, that long

so... I went back and... I started coaching is how I got back into this. I went back and got my masters in education and then I coach high school volleyball and softball here. So... with everything going on with common core and things like that , it was one of those things where I was going to have to give up some of my coaching if I was going to continue in the science department because it was a lot of work. Not that there is anything wrong with that, but...The teacher that, was the P.E teacher, she had been here for like thirty years. And so it was kind of one of those things that either I do it now or I'm never going to have the opportunity. And, so, I really like the health classes that I get to teach. I don't spend a lot of time on like, you were talking about sexual reproduction or things like that. I spend a lot more time on things like character and decision making and those sorts of things because I feel like if I can focus on those, if they have good decision making skills and they understand like consequence and risk, then that will help them from stay away from the other things.

Q. Where did you go to college?

A. Pitt State

Q. Are you certified? And if so what are you certified in?

A. Yes. I'm certified in 5-12 or 6-12 education. That's the grades I can teach. I'm certified in biology, chemistry, and physical education.

Q. Did you take any specific courses on how to teach health?

A. No. I didn't take any teaching classes in my undergrad. The only teaching class, like, I went back for my masters in education and those were the first teaching classes that I took. Because my whole undergrad I was going to go be a doctor and do all that. So... no.

Q. Do you think it would have helped?

A. I don't know necessarily if it would have helped. I feel like, you know, if you're in a district that has good curriculum, and they have good alignment and they have you know... good ways of showing you, I think that...I mean I don't feel like I'm any farther behind then a teacher that would come out of the program, you know. I don't feel like that at all. And I kind of think, you know, that having the science background, I think that makes it easier for me. Maybe if I would have been like.... I don't know, like a business person and then went back, you know, I would probably be saying yes absolutely. But I think that because I have so much science and all of that I think it was just, kind of an easy jump for me, I guess. I don't know.

Q. So when you taught your first class, did you feel any pressure?

A. Yeah. I think so. I'm still like, not 100% comfortable teaching it, you know, because like I said this is literally, this semester is the second time I've taught 9<sup>th</sup> grade health, because it's only a semester class. The 6<sup>th</sup> grade health on the other hand, I feel like I'm getting more comfortable with it because I teach it four times a year. So like, right now I'm on my sixth time teaching it, if that make sense. So, and plus any time you teach older kids I think that they have a little more pressure. And another thing is I coach a lot of the girls that I teach and, you know, I don't... When I'm coaching I have a no tolerance policy, no drinking, no nothing you know. Once you get caught doing it you're off the team, just like that. you know, so I kinda think that teaching those kids after them playing underneath me and stuff, sometimes that adds a little bit of pressure, I think. But I don't know. My class is huge right now. Like my 9<sup>th</sup> grade girls class, my health class has 41 kids' in it. Yeah, in a classroom. So it's... last time I taught it I did a lot more like, not lecturing, but I mean with the large group that I have, we do a lot more cooperative learning. We do a lot of group projects, we do a lot of group presenting and things like that, because there's no way for me to keep 41 kids attention, especially with the hour and a half block. So, I've kind of had to change the technique and strategy with this group, but the contents still the same.

Q. Did the person before you leave any resources to help you teach your class?

A. She left me everything that she had. But, I mean some of the stuff she had was from like 1990. So I don't really use any of it, I write my own lesson plans and I... I mean I guess I looked at the chapters that she was covering because I know that she had met with our nutrition and our CLP and... anyway I know she had talked to them to see what they were teaching to make sure that they weren't re-teaching or missing something that she needed to. So, I basically have done my own thing in that sense. I mean I wrote my own lesson plans and created my own projects and things like that.

Q. Where do you get resources to teach in area of teen pregnancy and things like that?

A. We have a recent book, a textbook that we use and we have enough textbooks for all the kids to use. We use the computers a lot. And especially in the teen pregnancy chapter, I have all the kids, they have to create a brochure over teen pregnancy, you know like something they would find in a doctor's office or something like that, so that way they are not only hearing it from me, but they are seeing statistics online. And then they have to present their brochure to the class. So I mean, they're really hearing the information, once from me, they're seeing it once from statistics online and then from

the 40 different kids in the class. So, I mean obviously some of the statistics are the same, but a lot of time some kids will find, you know and some kids will put some personal stuff on there, you know if their mom was a teen mother or things like that. And we talk a lot about too, TV. You know, Teen Mom is a show on MTV. You see these people...I turned the channel the other night to it, I'm not saying I don't watch it because sometimes I watch it. But this girl who was a teen mom is pregnant again with her second baby and she's driving this brand new Yukon around, you know, and I'm like this is why kids think it's ok for this to happen. They don't realize struggle, or the true financial struggle. Something else that I do with the brochure project is the kids start out with a certain amount of money. And while they are doing it for like the two weeks that we cover the chapter, they have to like, we figure out how many diapers they would need in a day for a new born, how much food would cost, things like that. Each day we meet they we have to see how much money they have spent every few days on the child. So that they can kind of see the financial, not burden, but it is a burden for kids their age.

Q. Do you see a lot of the media and technology and things like that coming into you classroom?

A. Yeah, and that's the first thing we talked about in my classes, is validity and reliability and things like that, and knowing what's true and what's not true. You know, just understanding that you see people on the front of magazines, you know, that are having babies and doing this and doing that, you know. And there's kids in this school that are walking around pregnant, you know. We, the first thing that we talk about is... decision making. But also within the decision making is health skills, and one of the health skills is the accessibility. How easy it is to access information from the internet, from TV and things like that. But then we go into understanding that not everything you see or read is true, and that a lot of times in the tabloids and the media and stuff, they make things look a lot easier than they truly are, or they just pick the positive parts, or things like that.

Q. Have you ever had parents express problems or concerns about your program?

A. Not yet. Like I said I'm pretty new to it, so, I mean. I'm sure maybe at some point they might, but I haven't had to experience that yet

Q. Do you think talking about teen pregnancy and STD's and everything is effective? Does it matter?

A. I hope so. You know, and the reality is with any class you teach that we only have them for so long. And like I said I only have them for an hour and a half every other day.

I try and stress some points and, you know, help them to see the bigger picture as much as I can, but, you know, we don't know what family life's like. We don't know what brother and sister are like, we don't know, you know, are they even living with their parents, things like that. There's a lot of other factors that unfortunately we don't have control of, so I guess, I mean I hope at some point it clicks in their mind or something like that. I think the girls at this age, you know in 9<sup>th</sup> grade, they are trying to fit in, they're trying to be popular, you know, they're in love, and things like that. So, we kind of talk about that, and emotions, and you know how sometimes kids can get caught up in, just because they think they're in love and they think that they should be taking part in sexual activity and things like that. I feel like it's almost becoming a norm for kids to think its ok to be doing it. And I feel like the age is getting younger and younger and younger, which is really scary.

Q. So speaking of the age getting younger and younger, at what age do you think we should start talking to them about sexual health and things like this?

A. I mean, I guess, they start it in 5<sup>th</sup> grade and I guess that's probably a good grade to start it in. I just kind of feel maybe, that there should be some follow up, at some point, whether it be even just once a nine weeks like in an assembly with a counselor, or, you know just the girls by themselves or the boys by themselves because, junior high here at our school is 6<sup>th</sup> 7<sup>th</sup> and 8<sup>th</sup> grade. And so I think that there's a little bit more freedom for the kids at that point. And you know there's a lot of kids that stay after school, or walk up town, you know, we have a park fairly close that they spend a lot of time at in the summer. I don't know the answer to that, but I do feel like it's becoming...socially acceptable I guess, I don't know if that's the correct term. But I do feel like it's becoming more common that you hear about kids doing it and they're doing it at younger ages and you just wonder, I just wonder, do they understand what they are doing. You know in twenty years are they going to look back and be like I can't believe I was doing that at that age, you know, so...

Q. So after that first initial class, how often do you think it should be talked about throughout school?

A. You know, I mean, I think the more you can talk about anything, the better off the student is going to be. It's just like math; you don't teach them once in their freshman year and stop teaching them math. I mean, you have to continue to build on their knowledge, and I guess if it becomes a big enough problem for people to see it as a problem, I think that will be, maybe implemented, I'm not sure. I think a lot of it has to do with home life, how are you raised, how are your brought up. And as much as we want to stress in school, or as much as I want to stress as a teacher or a coach or, it

really boils down to how you are raised and what your morals are. What you do you think is right, what do you think is wrong. Because you know, if you have a student that's raised where they have a lot of freedom, you know I could stand up there till I was blue in the face talking about how it's not a good decision and the consequences and how it could change their life, but... if they are hearing from everybody out side of me that it's ok to do, or they feel that they can get away with it, then what I'm saying probably isn't going to matter that much.

Q. Have students ever come up to you in class or individually and wanted to talk about issues like this?

A. I haven't yet, no. I mean I think students are comfortable enough to do that. But I also think that students, I don't know that they are embarrassed. But I mean, I obviously know when it's going on, I mean it's usually easy to figure it out. I have myself personally pulled some kids aside and said, not necessarily based on like sex or any pregnancy, but about just, seeing her with her boyfriend in the hall way or things, seeing the way their relationship is, I don't think that it is healthy. I have pulled a couple kids aside, in that instance and said, you know what would you think if your best friend was being treated like this or, you know, do your parents know these things are going on, or you know just if I see some unhealthy things going on in the hall way or at a game, or you know on the phone, I have done that before.

Q. Knowing what you know now, what is one thing that you would tell yourself on your first day teaching about the program?

A. ...that's a tough question... maybe, I mean I think I started to do it a little bit more this year, but maybe to challenge the kids to... really have to dig a little deeper for information over the projects or whatnot. So that they can see it's not just "oh however much percent of", like if we are talking about teen pregnancy, that certain percent of kids get pregnancy before they're eighteen. But maybe to dig a little deeper, find a specific story on a mom who struggled too, you know. Just like the documentary on Gabby Douglas the gymnast, the US gymnast who won the gold medal, there was a documentary on her on a couple nights ago. And it was talking about how her mom was a single mom raising, I can't remember how many kids, three or four kids. But she had to file bankruptcy right before her daughter won the Olympic gold medal. And, you know, so instead of her daughter when she won the gold medal them focusing on what a great accomplishment it was for her, they dug all its information up on her mom, and so the tabloids started shooting all this stuff about how her mom filed bankruptcy and, you know where they were living and their home life and things like this, and they say things like that. And I even had some kids come to me and say "did you see that", or

whatever. But, I think that if kids can relate a little bit deeper to more personal stories or more specific stories or more specific events, I think it would get the point across a little bit better. So I try to do that a little bit more this year than I did last year.



## C2: MIDDLE SCHOOL

Q. What classes do you teach?

A. I teach a variety of different aspects of Catholicism and so, for seniors, I teach, one year I'll teach church history and then I'll teach Catholic social doctrine, or social teaching. And that just is applying the church teaching for everyday life, which could be anything from, let's say, just war tradition to capital punishment, to our treatment of the poor, and things like that. And then to my freshmen and sophomores I teach, this year I'm teaching morality, and I also teach liturgy sacraments and prayer. And I also teach 8<sup>th</sup> graders, and I teach them just a wide variety of all different Catholic teachings. And kinda prepare them for classes they'll take in high school.

Q. How long have you been teaching?

A. This is my 7<sup>th</sup> year

Q. Have you always been in this particular position?

A. Since I've been teaching, this is my 7<sup>th</sup> year just teaching in general, and I've always been in this position and teaching this subject matter because I actually went back to school and got my masters in theology, which is just Catholic teaching, so. Before that, I mean I did other jobs non related.

Q. Where did you get your degrees?

A. My bachelors [in Fine Arts, Photography and Graphic Design I got from the University of Arkansas, in Fayetteville, and then my masters at Franciscan University in Steubenville Ohio.

Q. In other schools I have asked if the particular individual that I am speaking with is certified in health to teach the sexual education aspect of the class. I know your Catholic school does this area a little different that the public schools do, but in your practices, are you certified to teach health, or is there even a certification to teach what you do?

A. No see, that's a really good question. I, with Catholic school, I am in the position where I don't even have to be a certified teacher, so, I don't have my education degree, I only have, although I do have my masters in the subject matter that I teach I don't have a teaching degree. I just learned about the church's teaching, but I don't have any special education in that particular area, like sex ed.

Q. Have you taken any courses directed towards how to teach the sex aspect of it in any of your classes?

A. No... well not how to teach. Like I said I, in my theology, when I got my masters I learned the church's teachings on this areas, but not how to teach.

Q. Do you think it would have helped if they had some sort of course that not only explained the teachings, but then was like ok this is how you can apply them to your class and teach?

A. Yeah, an I mean they did. I mean, like where I got my masters they, you could go in two different directions, one was called Catechetical and that is more how to do this and how to explain. The other one is just learning about the church teaching. Would it have been more helpful? I mean, yeah of course, I think more education is always helpful. So, I would have said yeah. I mean, we don't always get that luxury but yeah I do think so.

Q. How did you come to teach this program?

A. My answer will be very different than others, but I would say God. Because I, I never wanted to teach in general, that a long story. But I would just say that, after graduating from getting my masters... then I opened myself up to just teaching and then I was simply just hired and then they simply just told me what classes I was going to teach.

Q. The person that left this position before you, did they leave anything about the program behind to help you teach or did you have to start from scratch?

A. Yeah, I had to start from scratch.

Q. [talking about curriculum]

A. We start off by just talking about what is morality, which is the study of human actions that help us either get closer to God or away from God. And then I say, ok this is the study of human actions, then we need to understand what a human being is, a human person, so we take time to really talk about, ok a human person is a body and a soul. Ok, so now let's examine what a soul means, ok, so we have our conscious, we have our intellect and will, and we do that and then we say, ok so now we know that it is a human person. We need to look at the actions of a human person, within our definition. So, then we start to look at different topics about like, human sexuality and things like that, and so that's within the contexts of morality, that I personally teach it. So this is more of a theological perspective.

Q. Were you prepared to teach the course you were given to teach?

A. I mean I think I was prepared in the sense that I was taught church teaching on this. Was I an expert when I came in? Ah, no, not even close. Did I have to really do my own research of like how I do wanna still teach this. We are implementing , we haven't done it yet, so I don't want to come across like we have, but this is like a textbook about this area in which we learn different terms, I mean it's a textbook on human sexuality from a religious perspective, so that would be one way we would do it. So it would be a lecture, film, textbook, so it's not just my opinion

Q. The course you teach, are they all required to graduate?

A. Yes. Yes because, since this is a Catholic school, the students every single semester will take a religion class. In 8<sup>th</sup> grade it's all year and same with 7<sup>th</sup> grade, and then in high school its particular subject matter for one semester.

Q. What other resources do you use to teach your class other than textbooks?

A. I do notes I mean, I try to do a variety, just like I do in all my classes, like I try to show them little videos to catch their interest and then we'll discuss it. Articles, either that I copy off, or I'll have them go to the computer lab and I'll have certain websites and will say like look here, what were theses websites about? How do they pertain to this. So, yeah lectures, textbooks, scriptures. I mean obviously we tie that in there too. We have... The official church teaching can be found in one book and that book is called the Catechism of the Catholic Church. So, even though I might not have them grab this book, this information will be in their typed notes that I give them, but I'm pulling from this source.

Q. Where do you find those resources?

A. I mean sometimes they can be from a variety of places, sometimes they will be from. One good site actually is usccb.org, it's the United States conferences of Catholic Bishops. It's actually a really good website because it will have different areas and one of them might be morality and sexual issues and stuff like that, so they will have, they have their own documents and stuff like that, or their have links to other documents like that. Or I'll just know of different, of good websites that are associated some way with the Catholic Church, maybe not officially connected, but it will be like a really good speaker that maybe we have even had come here, so the kids are familiar with the speaker and then, so I'll go to their website, and of course they will have other links to other places and just like, I'll find information like that. But I always do try and make sure whatever information I get will go along with the church's teaching. But I do like to try and mix things up and keep things current , you know, that's why I like to do little video clips and stuff like that catch the kids attention and get them thinking I might do a

combination, like a current story even , little video clip and then I might, I'll say ok, in your notes write me a short, this short thing like what was the main point or what was a question you would have or what was...how does that go along with church teaching or how did it go against it.

Q. So do you think it is easy to find good reliable resources to use?

A. I do now. This is, believe it or not, this is a topic that the Catholic Church is really addressing and really trying to help the youth with. Theology of the body for teens, theology of the body was...Pope John Paul the second gave like, many different talks in Rome, the pope always does that on Wednesdays. They are called papal audiences, on Wednesdays. And those talks got put into a book called theology of the body. And that really helped, the Catholic Church start talking and understanding the church's position on topics like sex education and just, yeah sexual union, and all of that. And so, we have these young people who have studied this kind of stuff like either I or like other people, and are then now going out and speaking and evangelizing, and or writing material that, for the rest of us to be able to teach, which is really good. And we've had speakers come here too, I guess I should mention that. We will often, will either have like one or two, like every two years we will have like a really big speaker come in and talk on the subject matter. Like a national speaker, but cool, but young so the kids like, like it. And also our sophomore year, well, every year in high school the students, that particular class will have a retreat. Like a religious retreat. And we'll have themes, an for the sophomores it's always chastity. And so we just had two speakers come down from Kansas City, and, talk to them about this area and they love it, they absolutely love it. Because the speakers are really cool, and nice, and the kids can relate, and they're honest and they're very real. So I definitely say we don't try and sit around and say "Do this, don't do this", but explaining why. Especially with church teaching, you have to... like why. You know the church is really wanting what is best for you and trying to help you. We aren't trying to control you.

Q. Can you see a difference from the time you started up to now of the availability of resources you have access to?

A. Yeah, I think there has been a little bit of both. As a teacher, just as I became more experienced I became, aware of the resources better. But I also do see this being an area where there is more resources being produced all the time. Obviously, we would say there is a need in our society to produce better material all the time, whether it be books or, a lot of the stuff will be online. A lot of the stuff is online and resources, which is great.

Q. Do you ever get parents who express concerns or issues with what you teach?

A. Let me think about that... I have not. Mine is pretty straight forward. And maybe... we'll talk about things...is don't know... I mean, I never had a child go home and share something and the parents been concerned and they'll contact me. I don't send a letter. I don't feel the need to because it's not that I'm covering a certain section, it's all within a, like I said, it's all within the contexts of that class of moral issues. I mean they're always welcome to come sit in on my class, I mean do post my lesson plans online and so, if they ever had any comments or whatever they can go there and look and see what I'm talking about and I'm always absolutely welcome anybody contacting me, because when we talk about in just even other classes, say, morality, I was just thinking like church history, we just kinda covered this, I know this seems odd, but trying to show how some of the issues that today that we deal with say like abortion and contraception. It's not a modern issue, we can go back and trace it all the way to the early church which means like, the year one hundred and right around that time. We actually have writings from what we call the early church fathers who wrote on these subject matters, which is kinda fun to get to show them. So like, I talk about it in so many different classes it would be kind of hard for me to communicate that to the parents. But, I've never had a parent say anything.

Q. Do you think the program is effective to talk about these types of issues like sexuality instead of just leaving it up to the parents?

A. Oh yeah, oh my gosh yes. I do. I really do. Because to be honest, they start talking about this at a young age here in school which is, I think is such a good thing. Because you know when I started teaching this I thought oh some of these topics you need to wait till they are older. I'm like uh uh. You need to go, and it's sad, but I feel like you need to start addressing this in junior high, at least. Realistically some people probably need it before then, but some people don't, so you need to walk that line. But they hear about it so much and, we can talk about it openly and we can really discuss it, so its not like oh gosh I can't talk about this I'm embarrassed and whatever. But by communicating over and over through the years, then they have the opportunity to really understand and also to form their own, we would say their own consciences, their own minds their own intellects. And, so they can really know, ok what do I believe by the time I leave high school. Like I've really thought about this. This isn't an issue like all of a sudden like, now I'm in college and I have to deal with these issues, but it's like I've really thought about it. I've really discussed this. And so yeah, I think it's really good that we deal with this now that we talk about it now.

Q. So you said that they needed to possibly start talking about this sooner, at what grade do you think it would be most beneficial to start talking about sexual health issues?

A. Honestly, I think 7<sup>th</sup> grade, that's just my opinion and I do think you have to [use] prudence and wisdom on exactly what you talk about. Because you know some people, some kiddos are still very naive and you don't want to ruin their innocence. And some aren't. Not to say that they are engaged in anything but, just with the culture and what they are bombarded with from television and movies and what they have encountered it in that way, and so... What I think you need to just be careful is, is just, see with the Catholic Church we would say, that sex isn't a bad thing, it's actually a beautiful thing, it's a gift from God. And so we never want to have, like a negative connotation with it, but then again if you've seen a warped presentation of that, we have to say well why is that warped, But let me not say that's bad, bad, bad, let me say what's good, good, good, you know. So let me tell you... We always try to present it in a positive good light. So I think that's better than saying shh don't talk about it, it's a bad thing to talk about. I'm like no, it's a beautiful thing to talk about. Let's not be embarrassed about it, let's talk about it.

Q. So how often do you think that sex education should be talked about in schools for it to be effective?

A. Oh gosh, every year at least. Every year. Absolutely every year. Yeah I mean I realize it's going to be different ways in different schools, you know but... I think if you skip a year especially in high school, that's almost like a lifetime, you're missing out on a lot personal growth maturity and a lot of just formation of the person. I mean kiddos can change so quickly, so I think, that's my thing I think you need to have them constantly thinking about this, and I know that may be a weird thing it's like you constantly want them to think about sex? Well in the positive way, yeah I absolutely do, because we would say your sexuality stems from you as a person, as female and a male, and yeah I think you should always be thinking about how I'm becoming a better women and what does that mean and what am I... I mean yeah the whole package. And so yea I think every year.

Q. So you talked about the media having an influence on kids, do you get a lot of that coming into your classrooms?

A. Oh yeah, and that's what I kinda love about my job too. Because I teach religion, we can talk about those things, you know and it's good, and I actually, I feel very blessed, but I get to teach these kiddos from the time that they're 8<sup>th</sup> graders to the

time that their seniors, like I have full year when they're 8<sup>th</sup> graders and at least one semester in high school. So I build a relationship with them so then they can come in here and they can just talk like "Hey did you see blah, blah, blah," and I'm just like what? But then, what's interesting is I'm trying to let them talk more and me listen, because they'll get to the conclusion without me having to tell them a lot of times. You know. To give you a horrible example, that Miley Cyrus jazz, they brought that up and they were kind of shocked because, I watched the MTV when she did that, and they were shocked that I watched it. But I saw it on the news and I was like well what is this and I watched it. I was like Oooh that was wretchedly awful, not in the sense of what she did, but the message that was sent to the kiddos when she did that. And also what really perturbed me about, what I thought was super strange, when they had the animals, the dancers had little teddy bears and then they were throwing out candy to the kids, and I'm like... that's wrong guys. That's like, its fine its fine, like well it's not fine like I don't believe its fine, but like, I get it, that's your message, ok, but how twisted is that. I mean like that's a real programming thing to do, like I'm going to give you candy to like like this. The whole sensation is gonna be a good positive thing for you. I'm like that's wrong. Anyways my students came up, and I kind of heard them kinda talking before class about it, so I was like let's talk about this and they were like "you've seen it" and I was like yeah. But I just let them talk. And it's pretty interesting what, they'll come to conclusions sometimes if I can just step back. So that as a form of communication not always you to give them the information, sometimes it's called the Socratic method you know, you just ask them the questions and then they are gonna come to the conclusions on their own. And it's like I'm not directing this, it's your thoughts. And I'll step in there, and because it is my job, and it's what I love to do too, and I'll say, ok so they'll come to a conclusion, and I'll say ok so how does that go along with church teaching, how does that not go along with church teaching? And kind of like let them say it does or it doesn't. And then I'll say well should it? I mean, that's the thing. People think that in Catholic school we say you must believe this, I present the truth. I believe in the truth, not because I'm paid to believe in truth, but because I believe in it with all my heart. I present it. It's like here is it, the truth that I'm presenting. I'm not ever going to force you to take it. Right? We have free will. You go to a Catholic school so for me not to present the Catholic Church would be weird. Someone said it is kind of like going to West Point Academy and learning about military operations. It's like where are you. If you don't want it that's ok, but don't complain that that is what we teach. But I do always present it, this is what the church believes, and I believe it too and...I have had students that have absolutely disagreed with me. It's ok. I mean I don't say oh you're right, I'm right, we are all right. I don't do that. That's called relativism. Ok, I do believe in objective truth. But it's not like I berate them or something like that. I'm like ok well if

that's what you believe, its contradictory to the church, and blah, blah, blah, and there we go.

Q. Do you ever get students who come up to you individually and ask you questions?

A. Well it depends. Sometimes someone might ask me a question. Like and if it's a short question I try and address it right away. Because, sometimes they won't have the courage to ask me later. So sometimes you have to feel it out, like is this a question I need to answer right now, because this person's probably not going to come and talk to me after school. They're gonna be like na. But if it is a person that I can tell, and sometimes, it will be interesting sometimes a student will be like can I come and talk to you after school. Then I know, ok this is a longer yes no question. And I'll say sure. A lot of times we will meet here you know, and as long as I can, it will be confidential, according to state laws. So if anything is said that I have to report, than I will. And I try and always let them know that, so yeah that's how I deal with that. But yeah I have had a lot of students.

Q. Do you have a group of people you can meet with and discuss the different ways to teaching or do you go to any conferences or anything?

A. I do have a group of people in just my colleagues, I have two other religion teachers here, so I can bounce different ideas off them. And then my other colleagues, and that's what's nice about teaching church teaching that they know that too, especially like Mrs. \*\*\*\*\* I like going for different... like I might teach the theology but I might come to her and be like can you explain to me how it all goes together with a scientific background, so I say colleagues are one way of resource, and then... I don't, I have... like... There are sometimes that our Diocese will offer like, summer, like institutes for a few days so they will bring in speakers. And so I guess I have actually done one in morality. And so I have done continued education in that way. Then, I have friends who also teach in similar fields. And so, one friend in particular, so I will like, I'll call her too. But for a formal, like official continued education. Well I take that back. The only other thing I'm thinking of, is our Dioceses, every week in thanksgiving we have what is called is the Regan Catechetical Institute and what that is, is every teacher that teaches within our Dioceses, within the Wichita Dioceses, so all those churches we come together and we take two days of continued education and it will be in all different areas of theology, but sometimes it is morality. And so I have that too, so that's just continued education.

Q. Back when you first stated teaching, did you ever feel any pressure or hesitation about teaching sexual health aspects of your program?



A. Yeah, no I think so, especially as a new teacher. You're hesitant on a lot of things, you're just pretty insecure. And then yeah to approach the topic of that, and then especially since I do have a mixed gender class. But yeah.... Yes, but you quickly get over that too, because you kind of have to, but also because I want to. Like I really want them, I'm like listen, if you're going to ask these questions, I want you to ask them to someone who really cares about you and wants to tell you the truth. So sometimes I think that helped me push through maybe anything that I felt uncomfortable with. I would probably say at the beginning it was more uncomfortable just like I said, because you're new at teaching and the subject matter, and I don't think it is ever super easy because it's not the only thing I talk about. Like if it was the only thing I talk about I think I would become more at ease, but I don't think I'm terribly uncomfortable about it because a student could ask me, and they have, some very blunt questions. And that's like anything from religious things to things like where I have to pray about it and I'm like "dear lord you need to help me right now". And he does. He does.

Q. If you could go back and tell yourself one thing on your first day of teaching, what would you say?

A. Yeah there is, it kind of goes along with what we talked about before. I would just focus on making sure that... I did this, but I would always make sure to always emphasize the positive aspect... because sometimes, it's not that I made it negative, it's just that sometimes I was just like, the word is clinical, I would just like say this is what this is and this is the definition and all this stuff and I would start at the beginning and saying how beautiful, and really trying to make sure that I start right at the beginning and like presenting it in a very beautiful, hopeful, joyful manner, like, make sure I preface it, like it was mixed in there, but I really like to preface it and then explain, you know, so that's what I would have done.

## C3: HIGH SCHOOL

Q. What position do you teach?

A. I'm a biology teacher. So I teach four classes of sophomore biology, anatomy and physiology and a dual credit general biology class.

Q. How long have you been in this current position?

A. Nine years.

Q. Did you teach before you got here?

A. Yeah I taught for 11 years at Fort Scott Community College. Biology, I was the division chair. Yeah I taught at Uniontown high school, and I taught in Georgia for a couple years. When I was in Georgia I taught 7<sup>th</sup> and 8<sup>th</sup> grade.

Q. Did you attend college?

A. Yeah I went to Pitt State

Q. What did you get your degree in?

A. I have a bachelors and a masters in biology.

Q. Did you take any courses when you went through college that taught you how to teach students about the biology?

A. You know when its biology, it's just, this is reproduction. Every living thing reproduces. And some of them reproduces sexually and some of them reproduce a sexually. This is just life and this is just how it works. It's not really been an issue, you know. But, in my current position, it's different than when I was teaching like pre nursing students at the college, because I took this position because of my faith, you know. It was easier to teach at the college. Because I'm Catholic and I wanted to share my faith with the kids, and I saw where some of the teachings of the church that have to do with science weren't really being presented in a way that the church teaches. And I knew what it was. I knew the teachings of the church and I knew the science behind them. And I just had the desire to be here with the kids and share that. I was trained as a natural family planning instructor as well, and so, I bring that teaching into the classroom, in our science class room, which kind of augments what they are doing in the religion classes, you know. And it just kind of, because there's so many ethics, there's so many bio-ethical questions in our society, as far as science is concerned, and most

especially reproduction. You know, we just touch on a few little things, try and get them prepared, you know, you can't get everything.

Q. What is natural family planning?

A. Natural family planning is... it's not just Catholic. A lot of people do this because it's a way to use the fertile signs of, signs of fertility of a woman's body to plan when you have intercourse, so that if you have a serious reason not to have a baby, that you can avoid getting pregnant. Or if you have been trying to have a baby and you haven't been able to conceive, then this will help you to understand when the woman is fertile so that you can time intercourse during that time and up your chances of getting a baby.

Q. So is this something that you teach here in school?

A. No. This is... I teach this for the... I teach this for couples who want to know about natural family planning. I don't teach it to the kids. That would be a bad thing. They would want to know though interestingly, they are like "well what are those fertile signs", and I'm like you know when your engaged to be married come back and I'll tell ya all about it. But it is, it's cool because it's approaching 99% effective in preventing conception, if you follow the rules. It's not the rhythm method, it's very effective and there's no side effects, and you know no risks, and it's pretty cool.

Q. I know it's different because you're qualified in the science part of it, but do you think it would have made any difference if you would have taken a course in college that taught you how to teach the sexual aspect of your program?

A. You know I never even gave it any thought. It just came so naturally to me, I'm so engrossed in the whole science thing you know, that it's not embarrassing, or and I know it's important.... Well....

Q. Thinking back to your first class, do you think it would have changed anything with your first time teaching?

A. Well it can't hurt to have a little more training. But... I don't know. I've always been open about stuff like that and... I don't know... maybe. It could have been good.

Q. How did you come to teach this program?

A. My prayer life, you know and I saw that... My kids were here, and they brought home a few things and they brought home some questions and I was like hmmm, gosh I wish I could do that. And the desire just kept growing. So applied, and I applied again, and I applied again, it was hard to get the job. And I mean I took a cut in pay, but it was

still hard to get the job. I'm really glad to be here. It's a blessing you know. Its hard work though.

Q. Did the person that held your position before you leave any material to help you run the program?

A. I don't know that she did that. I started the anatomy program here. There was an anatomy class here but they were just doing it online like an adam thing, you know. It wasn't really a taught course, it was kind of self guided. The anatomy part I started here. And, I don't know. I'm kinda head strong I guess. I had a lot of experience coming in and I knew what I wanted to do, so... She may have left me some stuff but I didn't look at it.

Q. So you said you started the anatomy program, what else have you done to grow your program?

A. Well, when... when we started I saw that there was a lot of emphasis on cellular biology. Which was, is very good. You know theres a lot to know about cellular biology. But my passion is.... My personal passion is wildlife biology and really just knowing about the things around us, like going on outside. You see a tree, what kind of tree is that? You know, and just having an appreciation for the things that are happening right now in our back yard. And close in the prairies and stuff. And so I wanted to help my students have a better link to the natural world. you know. I think that that is really important in our country today, you know. You probably have heard of lost child in the woods. It's kind of a, with technology and all of the, cell phones, and video games and computers, and all organized sports, and all of the things that kids have to do now a days, they are having less and less time and interaction with the natural world, you know. When I was growing up we spent a lot of time outdoors. Just have time to look at things and, you know wonder about things like ants or birds building a nest, or, you know stuff like that. And we just knew about things, we had this natural sense. A sense of wonder and gratitude and awe, and felt comfortable in the natural world. And I saw that my students were, as they were going though year after year just less and less of that, so. I build, When I came here that was one of my goals, to give them a better link to the natural world right here, in the prairies and as well as our little suburban areas and stuff. And I think it's been going good, you know. We do eco-meets. It's where you have to know a lot of stuff about animals and plants, and we do these projects and we go on field trips and stuff like that so. That's basically... That and the anatomy, bioethics. That's been about my focus.

Q. Are your classes required to graduate?

A. Just the sophomore biology.

Q. What resources do you use to teach your biology class in terms of the sexual aspect of the class?

A. For human reproduction, I use a lot of internet resources. As well as my biology visual aids, you know. We don't really use a book in sophomore biology because there's so many other resources. I use a lot of internet....things. I have a lot of power-points, so they have a lot of illustrations, I use study guides with terms and then I just explain it to them, they take notes, we do these labs, and stuff like that.

Q. When they are taking notes, do they have a lot of questions outside of the biology and the terms? Like what happens if?

A. Well... I wouldn't say a lot of questions. But given their age, they're all fifteen, sixteen I think they do a pretty good job asking questions in a mix company like they are. You know they're mixed boys and girls and they're in groups of about ten to twelve. And... they have some pretty good questions. I would say that each class, over the course of the unit, may be about six or seven questions each.

Q. Have you ever had parents express problems or concerns with the class?

A. They... nobody talks to me. The parents have nothing to say. Nothing. No...wait, wait. This year I had one parent email me back and thank me for doing it. But normally nothing.

Q. Do you think that teaching the biology in the aspects of human reproduction is important?

A. I think that... I wonder about it sometimes. Because it's one of the things they are interested in, but when it comes down to taking a quiz or test, not always do they do that well. Like the first quiz they take over it, I bet I had 35- 40% of the kids bombing it, you know. And then that gets me to thinking, am I getting too technical? But really, I think people, everyone, should know the facts about their own body, but most especially about their reproductive body. Because, you know, it's a big part of our lives, everybody's lives, is knowing how the reproductive parts work. And it kind of eliminates some of the anxiety maybe, or, mystery. You know, sexuality is a whole lot different than biology. But if you know the biological facts and you feel confident in them, then you can have some sense of security, you know in your own body, and you know maybe feel enough security to ask a nurse or a doctor when you go to see them, and what about this, and know what's normal and what's not normal. Especially when, gosh it won't be too long till they start having kids. And then when that time comes they'll know. They got to make decisions. We talk about reproductive technologies quite a little

bit. We have a project where we do we do research on the different reproductive technologies, and we pretend, each group pretends that they are involved in a particular case. They do a case study. And then they decided what they would do in each case study. You know. In our world today, you know, I think... there's a lot of emotion about children. Like, either you Do. Not. Want. A child. Period. Or conversely, you want a child now. And with both... in both areas, you can make some pretty bad decisions just based on writing your emotions instead of using logic and knowing how things work. You know? But a lot of times, people, I think, don't want to know how they work. They just want their baby, at any cost. Or they don't want their baby, at any cost, you know. And I don't know, a little bit of information and a little bit of clear thinking without the emotion involved because they're so young, I think it prepares them for their life, so...

Q. How does knowing about biology and faith work together?

A. I think that it's so important to know about life, and how life works. I mean... if I didn't have my science background I wouldn't have the faith that I do. Because then you can see the wonder of God's creation. And you can see how intricate things are and how they work together and, you know the beauty of it all. And the practicality, you know. If you don't know how your body works, or how a tree works or... well that's...that's a loss. You know...

Q. In your experience, what grade do you think it's important to start discussing biological terms and reproductive parts?

A. I think that as a sophomore that is a great age for a discussion in the classroom. I don't think it could be any earlier as far as actually reproductive parts, I mean seeing the parts, it's just a drawing not a picture. A picture would be even harder at their age. But, and saying the words involved. Vagina, penis, and all that kind of stuff. In the classroom setting, I don't think it would be very comfortable for them earlier than sophomore. Sometimes some sophomores have a hard time handling it, they get kind of giggly. But they're usually pretty good. I think that it's important for a parent to start discussing reproduction; you know the biology of reproduction. And maybe a little bit of sexuality, just a little, when they're about 5<sup>th</sup> grade, you know, because it's possible for a little girl who's in 5<sup>th</sup> grade to start her period. Then she wouldn't know what in the world is going on. And, boys maybe a little bit later. But with my girls I did that at 5<sup>th</sup> grade. I don't know if other parents do that with their kids or no, but I thought it was important for my kids. You know. I don't know...

Q. Have you ever went to any seminars or conferences or things for the sexual health/ reproductive health or anything?

A. ... I have been to a lot of conferences. I'm trying to think of the all topics and stuff. I do go to professional meetings, like national sciences teachings...

Q. Are there ever any panels or discussions or anything like that there where there are different topics where you can pick different ones to go to?

A. With our conferences, there are usually different topics that are concurrent and you pick and choose which ones you want to go to. But, I don't know if there was ever any that was dealing with just human reproduction. No. I can't think of any.

Q. Is the Natural family planning, is it through a Diocese or is it separate?

A. Our Diocese sponsored it. But, the woman that taught us it was actually the inventor of the plan. So... it isn't considered just a Catholic thing. People use natural family planning when they don't want to use contraceptives and they have a reason not to have a child, or when they don't want to use fertility drugs and they have a reason for trying to have a baby.

Q. If you knew kind of what you know now going through all these programs, is there anything you would tell yourself on that first day about things you should do, or things you shouldn't do?

A. ...I didn't always use the diagrams in their hands. It seemed like... I started doing that about three or four years ago, and it helps a lot. Because, instead of just looking at a diagram, you know and they're kind of just like "ehhh". You know, when they're actually writing terms in blanks and they're doing something with their hands and stuff while I'm lecturing. It really helps. I mean we have labs too, but...It seems like, having an activity for them like that during lecture kind of alleviates some of the nervousness, you know. Yeah I think I would do that. I didn't always do that.

Q. So with technology, everything's out there. Do you ever see that coming into your class? Like do students ever bring things that they have seen in the media into class?

A. ...No. they, I guess we just have something to do all the time. They are pretty... you know, I guess they are pretty straight laced. In a small environment like that, and... Come to think of it though... well of course I taught at Union Town years and year ago, like from 90 to 93, but I don't remember them talking about the media and things like that... They seemed pretty... the word repressed comes to mind. But I don't mean that in a bad way. I mean it in kind of, maybe a self disciplined.... Just...Our whole focus on sexuality here is, in keeping with the church's teachings of sex as being a gift from God,

and that gift is a beautiful thing, and it's used between two people who are married, who love each other. And God that works through them, you know, in procreation, that they have this great gift of being able to bring a new living human being into the world with an immortal soul. That will live throughout all eternity, you know, and maybe someday be in heaven and happy with God. When you talk in terms like that. The place for Miley Cyrus is in the trash, you know. It's not even in our world, you know. It may be in their world, but it's not in this classroom. In our classroom it's all about, you know how can we serve God, and how can we use our gifts to honor him. And...I know that might sound like ah... it sounds like pie in the sky, you know or...but it really is. And I'm not saying that they always live that way or that we always live that way. But it is our mission and our focus. And we just work hard at it all day long and...I don't know. Maybe it's because I'm old. They don't want to talk about it because I'm old... It's funny. I just never really gave it any thought.