

Online Discussion about Sexuality Education in Schools

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Abstract

Sexuality education in schools continues to be a controversial issue although public debate has seemingly calmed in recent years. Dialogue about the value and purpose of sexuality education for adolescents can provide health education specialists a better understanding of public opinion and online discussion may be a potentially ideal way to foster these discussions. The purpose of this study was two-fold – to analyze college students' perceptions of sexuality education in schools and to consider the unique context of online discussion about this topic and the influence of this format on discourse. A qualitative research design was used to analyze the content of five asynchronous online discussion forums about sexuality education in schools. Several themes emerged from the analysis including participants' observations about the quality of sexuality education, what adolescents should be taught, parent and sibling roles, and the influence of the media. Xin and Feenberg's four component model of computer-mediated communication was used to consider the value of online discussion. Reflections on the components led to the conclusion that online discussion produced vigorous and rich dialogue about sexuality education.

Key Words: *Sexuality education; Online discussion*

Introduction

In an era of strangling state government budgets, wars measured in decades rather than years, and political upheaval in many parts of the world, has the most high profile social debate related to health education – about sexuality education in schools – slipped away from Americans’ attention? Or, if not due to inattention, has a rapprochement been attained between the abstinence-only/centered/plus sides that are comfortable with their opportunities and level of funding? While not grabbing front page, cover story, and *Frontline* attention as during the end of last century, the answer to both of those questions is “no.” Sexuality education in schools continues to be a topic of social and political controversy. In the 1990’s, individuals and groups opposed to teaching adolescents about the use of protection and contraception voiced concerns about potential ill-effects of this approach. Support for an exclusive focus on abstinence led to the establishment of federal funding for abstinence education as part of the 1996 Social Security Act.¹ Health and medical professional organizations such as the American Academy of Pediatrics,² American Association for Health Education,³ American Public Health Association,⁴ and the American School Health Association,⁵ advocated for more comprehensive sexuality education. Throughout these years the debate remained sharp but abstinence-only funding became, essentially, an established part of the federal budget.

More recently, the debate about sexuality education in schools has changed. In May of 2009, President Obama’s proposed budget for 2010 vacated funding for abstinence education and replaced it with \$185 million for evidence-based teen pregnancy prevention and comprehensive sexuality education programs with an emphasis on disseminating evidence-based programs.⁶ Then in October, the Senate Finance Committee voted, 12-11, to restore abstinence education funding to the budget.⁷ Subsequent votes in the Democratically-controlled House of Representatives and Senate did not support the Finance Committee’s action. But then, remarkably, as part of the political negotiations to pass the healthcare reform bill in the spring of 2010, \$250 million of funding for five years of abstinence education was restored.⁸ The budget therefore included funding for abstinence only and comprehensive programs. Federal funding for comprehensive, medically-accurate sexuality education programs increased with the implementation of the Teen Pregnancy Prevention

Initiative and the Personal Responsibility Education Program. Various states also pursued legislation that parallels federal programs supporting comprehensive educational approaches.

Convolved political negotiations will continue into the future and health education specialists will have a vital stake in these discussions. Health education specialists in a variety of settings are involved in the delivery of curriculum-based sexuality education. They may be far removed from the national policy debates but still advocate for evidence-informed sexuality education at the community level. Teaching students and being accountable to parents and administrators in local schools will continue to be a priority. Continuing to build evidence-informed practice is important as health education specialists seek ways to maximize the effectiveness of the sexuality education they designed and delivered. Gauging the attitudes and beliefs of concerned citizens and voters about these issues may help health education professionals position their programs for support.

The purpose of this study was two-fold – to analyze college students’ perceptions of sexuality education in schools and to consider the unique context of online discussion about this topic and the influence of this format on discourse. A qualitative research design was employed. Data were students’ contributions to discussion forums in five sections of an entirely online general education health course at one Midwestern university. As part of a learning module on human sexuality, students were provided introductory information on sexuality education in schools and the opportunity to discuss the topic in a monitored, though not moderated, asynchronous discussion. In other words, the discussion forums were read by the instructor to make sure dialogue was appropriate and to correct misinformation that might be shared but a more intensive moderating role was not employed to let the discussions develop among the participants. The discussion forum topic was introduced with these prompts:

- What should be taught in schools?
- When should formal education begin?
- What are age appropriate topics?
- What is the role of the school compared to the role of parents?

While these questions were used to frame the topic and prompt discussion, participants were neither limited to these questions nor were they required to respond to them.

Online Discussion

Online learning among higher education students in the United States grew steadily in recent years. Over 4.6 million students – more than 1 in 4 – took at least one online course in the Fall of 2008.⁹ This represented a 17 percent increase from the previous academic year and an increase of more than 3 million learners since the Fall of 2002. With the growth also came a rapid expansion in research focused on the process of teaching and learning in an online environment. Scholarship of teaching and learning (SoTL) about online learning is now a vibrant area of inquiry spanning many disciplines. Online discussion is an integral component of distance learning and has been the subject of SoTL research. One topic of this research is the nature of discourse in computer-mediated communication (CMC).

Discourse in CMC: In both synchronous and asynchronous online environments, information is received, understood, interpreted, and responded to in profoundly different ways compared to face-to-face instruction. CMC places certain constraints on learners with regard to interpersonal and affective stances that shape the ways information is processed. Conversational and physical modes of expressing emotion are lost and replaced with typographical approaches like using capital letters for emphasis and “emoticons” to simulate expressions.¹⁰ Prosodic features of speech such as intonation, pace, and stress are replaced with text to add nuance and emphasis to communication by explicit statements (e.g. “I’m being sarcastic”) or with punctuation such as exclamation points, question marks, ellipsis, and quotations. Concerns about learners feeling intimidated about expressing themselves through technology because of these constraints and feeling that they have little to add to the discussion have been reported.¹¹

Despite these limitations, Xin and Feenberg¹² examined the complexities of CMC in online learning and theorized that online and face-to-face discussions differ in fundamental ways that advantage the online approach. Asynchronous discussions create greater opportunities for reflection, participation, and engagement and can embolden students who are shy or in other ways reticent to discuss in a face-to-face setting. The written record of discussion posts enables participants to more carefully consider points of view. Also, the time constraints of the traditional classroom do not apply and online discussion takes a more “improvisational” form that still allows achievement of “goal-directed rational course

agendas”.¹²⁽⁴¹⁶⁾ These qualities of online discussion enhance the quality of discourse in ways that even the most skilled facilitator of face-to-face discussion could not.

Xin and Feenberg¹² summarized these advantages in a four component model. They theorized that online discourse can enhance learning through intellectual engagement, communication and common ground, dialogue and motivation, and group dynamics and leadership. Intellectual engagement emphasizes the social nature of cognition. Public discourse amplifies learning by subjecting ideas to scrutiny and improves retention. Learning “is most powerful when it becomes public and communal. Learning flourishes when we take what we think we know and offer it as community property among fellow learners so that it can be tested, examined, challenged, and improved before we internalize it”.¹³⁽¹²⁾ Through collaborative, online discourse learners are more likely to be intellectually engaged and to comprehend concepts and ideas.

The second component of the model – communication and common ground – describes that online discussion provides a better setting for clarification of shared assumptions than site-based discussion. This common ground can be seen in CMC through agreement among participants which is a common feature of the discourse. Comprehension grows richer when participants elaborate upon shared assumptions and extend the dialogue. The text provided by online discourse enhances the likelihood of this happening. For example, in the context of the present study, a shared assumption evident in the discourse was that virtually all participants had experienced some sort of sexuality education in school. This common ground allows participants to express ideas that can more readily be affirmed, confronted, questioned, agreed with, and responded to in various ways. These responses – good, bad, and indifferent – create additional assumptions upon which the discussion builds.

Dialogue and motivation evolves in response to influences including the topic of discussion, participants’ feelings of safety, courage, engagement, and their motivations to participate. Motivations can be driven by a grade or course requirement, curiosity, intellectual maturity, or career aspirations and are common to all learning environments. Issues related to sexuality tend to be very interesting to students which can enhance motivation to discuss. At the same time, it is very important that dialogue be respectful and diverse points of view are treated fairly.

Similar to group formation in many human endeavors, there are predictable progressions to group dynamics such as testing other participants' intentions and goodwill, developing trust, and the degree to which people can connect around shared interests, goals, or perspectives. It is important to note that the discussions about sexuality education in schools analyzed in this paper occurred during the second half of the course when group dynamics had been established. Unique to online discussion is the role of the leader which is usually a teacher moderating the discussion. Reflections on the relevance of Xin and Feenberg's four component model to the results of this study are provided in the discussion section.

Methodology

Human subjects' approval to conduct the study was obtained through the researchers' university. Course-based online discussions on the topic of sexuality education in schools provided the data for the study. Five sections of the Dynamics of U.S. Contemporary Health Issues course were taught entirely online in an asynchronous format during the summer semesters from 2008 to 2010, fall semester of 2010, and spring semester of 2011. The authors were the instructors for all five sections. In online discussion forums instructors have the option of determining whether student names are included in their posts or if they can remain anonymous. Discussion posts were identifiable by student name in all sections. As a result, no names were used in the analysis and reporting of data in this study to protect student confidentiality.

Participants

A total of 167 students were enrolled in five sections of the course during the times the sexuality education discussion forums took place. Nearly all of the students were full-time traditional undergraduates between the ages of 18 and 25. Only seven percent of students were older than 25. There were more females ($n=115$; 69%) than males ($n=52$; 31%). This represents a disproportionate percentage of females compared to the total population of the university (56.1% female). Since the course is part of the general education program of the university it was populated by native students, meaning transfer students did not take the course. Class standing of participants included 42% seniors, 42% juniors, and 11% sophomores, and 5% freshmen. Students must be at least a second semester freshman before they are eligible to take the course. Other general

education requirements must be completed first. Academic majors of students during the semester enrolled in the course ranged widely with no discernible pattern. Because of the completely online, asynchronous format of the course and the fact that three of the five sections included in the study were taught during the summer, it was common for students to be in a variety of domestic and international locations (e.g. Colorado, Tennessee, Hawaii, Florida, Taiwan, Germany). Some students were concurrently taking other site-based courses at the university during the fall and spring semester sections and elected to register for the online version instead of available site-based sections.

There were 167 students enrolled in the five sections, 15 chose to not post comments in the sexuality education discussion forums. All students enrolled read posts in the discussions. Discussion participation was required and graded as part of the course but commenting in any one particular discussion forum was not necessary to meet these academic requirements. The number of discussion comments by individual participants ranged from 1 to 16. The sexuality education discussion was one of 10 on various health issues included in the course design. Grading was based on their participation in discussion forums throughout the course and was determined by a combination of self and instructor assessments. Criteria for assessment of discussion participation included frequency of participation, use of course content to develop discussion contributions, and the quality of responses to comments by other people. It was possible for students to satisfy these course criteria without participating in any one discussion forum so, in that sense, participation in the sexuality education in school forum was voluntary. Students could have felt compelled to participate in the forum because there was an academic incentive to consistently participate, but they could have chosen not to and still met the requirements for the course.

Data Collection

In the five, asynchronous online discussions about sexuality education in schools, a total of 491 discussion posts were made. Posts from all five sections were printed – thus creating a transcript for analysis. The instructors' role in these particular online discussions was only to set up the forum and monitor the discussion but not be active participants. Monitoring involved reading posts each day during the two weeks the discussion was open during each section of the course but only posting in the discussion if erroneous information was shared that

was not corrected or challenged by other students. The intent was to let the discussions proceed with minimal involvement of the instructor so participants could shape and direct the dialogue.

Context for the Discussions

The Dynamics of U.S. Contemporary Health Issues Course

The course took place at a major Midwestern university where students are primarily traditional-age undergraduates. The course was (and is) part of the university's general education program and satisfied the requirements for an "outer core" course designed to introduce students to specific disciplines including ways knowledge is created within the disciplines and how that knowledge interacts with the larger world. Therefore, "Dynamics" had a different purpose than personal health courses common at many universities. The primary purpose of the course was to expose students to ways professionals within health disciplines think and engage them in trans-disciplinary health topics and perspectives. "Dynamics" went beyond immediate issues of personal health concern and considered health issues from an ecological perspective. The ecological point of view was exercised in learning modules designed to investigate global health issues, explore implications of human genomics, consider the emerging field of positive psychology, compare and contrast international and domestic health care systems, and examine various cross-cultural issues in human sexuality.

The topic of sexuality education in schools was introduced to discussion participants with three resources. Background information about adolescent sexuality was provided with data from the Youth Risk Behavior Surveillance System (YRBS). For example, participants had access to information from the YRBS that indicated 46.0% of high school students reported ever having had sexual intercourse which represented an overall decline from 54.1 percent in 1991.¹⁴ YRBS data also showed that some high school students reported engaging in risky behaviors such as having intercourse with four or more persons during their life (13.8%), not using a condom during last sexual intercourse (38.9% of sexually active students), and drinking alcohol or using drugs before last intercourse (21.6% of sexually active students). A National Public Radio story provided discussion participants with insights on American's opinions about sexuality education including perceptions that an emphasis on abstinence

education is important for adolescents.¹⁵ Participants were also provided access to an article that reviewed policies about abstinence education and abstinence-only programs.¹⁶

Data Analysis

Thematic content analysis was conducted which involved "a comparative process, by which the various accounts gathered (were) compared with each other to classify those 'themes' that recur or (were) common in the data set".¹⁷⁽¹⁷⁷⁾ The process included 1) reading the posts initially during each section of the course, 2) rereading the entire discussion transcript two more times to code contributions with labels and to identify themes that were present in the data set, 3) clarifying unique perspectives offered within each theme and selecting representative quotes to illustrate the themes, and 4) conceptually organizing the themes with the representative quotes in order to clearly present results.

Results

The analysis of data identified three themes that foreshadow other results in the data and four themes that focused on how sexuality education should be conducted. In other words, three themes were judged to shape participants' perceptions and beliefs about sexuality education in schools. Personal sexual experiences, perceptions of media influences, and observations about the quality of sexuality education influenced participants' opinions on various aspects of sexuality education. This is not to suggest that discussion contributions were always prefaced with statements like "Based on my personal sexual experience I think..." but in several instances they were. When the results were considered in their entirety, it was evident that these thematic responses represented prior knowledge and experiences. Considered within the context of all the results, these themes project a generative effect – casting an influence over participants' thoughts and shaping their opinions about sexuality education in schools.

The subsequent themes that emerged from the data included what should be taught in sexuality education and when that should occur, parents' and siblings' roles, and what participants hoped to teach their own children in the future.

Personal Sexual Experiences

Several personal experiences were shared in the discussions that reflected two primary observations about sexuality and adolescents – that young people are often exposed to "too much too soon" and that

many teens have a lack of knowledge and false impressions about sexuality.

Too much too soon: Participants reported that adolescents are exposed to sexual issues and pressured to engage in risky behaviors too early in life. "I remember the sudden explosion in my middle school of girls who were losing their virginity in 8th grade all because they heard that older girls in high school were doing it so if they wanted to be as cool, they should do the same. My school did not have the best sexual education program and I wonder what would have happened if... they were more knowledgeable about sex."

Another participant reported, "A few years ago a girl I knew when I was younger got pregnant in 8th grade...8TH GRADE!!! I couldn't believe it, I found myself using the cliché line of, "when I was your age". But honestly, when I was her age I never thought of having sex, let alone becoming pregnant." This and other dialogue reflected the perception that adolescents are engaging in risky sexual behaviors at younger ages and that this is a trend that accelerated in the past few years (e.g. "There are often times my friends and I will sit around and talk about how much things have changed since we were that age"). This perception was expressed by one participant this way:

"I have a little sister who is 15 now, but when she was in middle school she had a few friends who were pregnant and having children. She would get invited to baby showers and all of her other 13-year old friends would go and it would be the cool thing to do. My parents wouldn't let my sister go and I think that was a good decision... It seems like now-a-days it's the "cool" thing to do to have kids while you're still a kid yourself. I don't remember anyone from middle school when I was younger have babies."

Strict and protective parents were the reason some participants reported not being exposed to sexual issues and pressures earlier in life. For example, "In my case, I did not start to hear about such topics until I was in high school and took the required health class. My household was very strict."

Lack of knowledge & False Impressions: Ignorance about sexual health was reported as a reason for needing sexuality education in schools. Examples of a lack of knowledge based on participants' experiences include the following:

"One of my friends actually used two condoms the first time she had sex because she thought that two was better than one. Now if she had been taught the proper way to use condoms, she would have known that using two condoms increases the chance they will be ineffective. Another friend of mine thought that you couldn't get pregnant the first time you had sex so she used no protection at all. Both of these situations could have been prevented if the proper education was given to them either by school or parents."

"I knew girls who believed that you could get pregnant by French kissing someone! I also knew girls who had no idea that once they got their period they could become pregnant. That is wrong! The average female starts menstruating before high school!! They should be educated on basic sexual development such as menstrual cycles, reproductive systems, and sex. These are all things that are part of human nature. Education on these matters should be taught in all public high schools for the safety and health of the students."

In retrospect, relationships from high school were fraught with false impressions and participants believed that young people need to be better educated about relationships.

"I now look back at the relationships I had and the ones my friends had and really think..how did we all think they would last?"

"I look at my high school relationships compared to the two I have had in college and I feel like I knew NOTHING back then! I think it is really important to emphasize the emotional aspect of sex in the sex education programs."

"I cannot address how many people I went to high school with either ended up pregnant or regretting decisions they made. Although parents don't think their children will be having sex and they don't want to think about it, they have to! It is a harsh reality in today's world."

Perceptions of Media Influences

Adolescent-oriented media was generally considered to have a negative influence by giving distorted images of sexuality and glorifying or ignoring negative outcomes of risky behaviors. Participants reported ways media influenced them when they

were younger and offered perspectives about current media. Dialogue primarily focused on two types of media – shows featuring pregnant and parenting teens and pornography.

Reality-style shows like MTV's "16 and Pregnant" and "Teen Mom" had been viewed by many participants. The shows portray experiences of teenagers who are pregnant or parenting in various life situations. The situations tend to be unsettled by family and relationship dynamics and the challenges of pregnancy at a young age. Many participants expressed concerns that the shows may increase interest in having babies among some adolescents. The shows "teach kids that it could be ok to have sex and get pregnant at that age." Emulating the situations portrayed was thought to be possible. As one participant commented, the shows "... make having a baby 'cool'." More critically, one person commented that "16 & Pregnant is one of the most unintelligent, dumbest TV shows ever to air. To me they are advertising teenage pregnancy...the show is telling young adults that having sex is okay and that you can have a TV show once you get pregnant!" The approach of the show's producers was questioned as well. "I think they choose attractive girls who usually (not all the time) are being helped by their parents. It seemed that the worst thing that happened to them was that their mom told them they couldn't go out partying with their friends. Bummer. This isn't reality." Wrote another, "...a lot of the drama may come from the way it's edited."

Dialogue about the shows was not universally negative. "A lot of critics say that the show glorifies being a teen mom. I think it actually shows the hardships pretty well." Wrote another, "I think (it) shows the life of a 16 year old who is pregnant in realistic terms. Not one of those episodes that I have seen shows the glamour of being pregnant. Most of the time the girls are sad and have a lot of issues with boyfriends or family members." The excitement of childbirth is a common element of the shows, though while "everything is all smiles at the hospital, as soon as you're out of that environment, reality settles in. This is your life."

Sexually explicit media was reported to be very accessible to young people ("Whether it be on TV, the internet, or even at school, sexually explicit material is all too easy to come by."). Viewing pornography was reported to potentially distort people's view of sex and human relationships and result in negative consequences. As one participant reported, "I was actually exposed to pornography at a pretty young age before I knew anything about sex

(my older brother had some that I found); so you can imagine my skewed idea of sex. I was very awkward and uncomfortable with the subject." Concern was also expressed that without good sexuality education explicit media may be a primary way teens learn about sex resulting in distorted perceptions.

Observations about the Quality of Sexuality Education

Participant observations about their own experiences with sexuality education were almost universally critical. Criticisms about teachers, the learning environment, content, and strategies were expressed.

"The classes were so large that it was hard to get everyone to take it seriously and also because it was taught by the history teacher."

"It was kind of awkward to be taught the inner workings of a penis by a guy who teaches you gym class."

"In high school, sex-ed was considered a blow off class because either we already knew the information or we would rather goof off than learn about it."

"Freshman year of high school I was enrolled in a health class that was a drag. No one wanted to be there, no one listened, the teacher was a joke, the class was a joke."

"The problem with sex education is that it is being taught out of a textbook or being taught by teachers who could care less whether or not the material is learned."

"I never learned anything in my gym/health class. I think the only reason I paid attention was because my teacher was a multi-sport coach."

"My sex education was abstinence based and lasted a week. All I remember is...we were told that if we were not abstinent we would take all this baggage from previous relationships on our wedding night. It would be unfair to our mate for life if we had all of this baggage."

Surprisingly, these comments reflected the predominant perspectives about the participants' experiences. There were some positive curricular and co-curricular experiences, as portrayed below, but overall, the sexuality education they received in

school was not viewed favorably. Despite these results, most believed that sexuality education in schools and other settings could be helpful. The preceding three themes reported were primarily about factors that formed participants' opinions about sexuality education. The four themes that follow focus on what they think should be done. Opinions about what should be taught in schools, the role of parents and siblings, and thoughts on how they hope to educate their children are described.

Teach What and When

Schools were viewed as an important setting for sexuality education – “I really believe in sex education taking place in schools, especially because a lot of parents may not know what to teach, or may be uncomfortable. The teenager may also be uncomfortable discussing the subject with the parent and he or she may be less reluctant to open up.” Schools were also viewed as an institution that can work with parents. For example, “...it is important for young people to learn about sex from the people/institutions they trust (parents and teachers) rather than Bobby the 5th grader who found dirty magazines under his high school brother's bed.” And schools and parents were criticized for not doing more – “Parents and schools are under educating and doing a great disservice to their students with sex education. Students have the right to correct sexual health information and schools (as well as parents) have the responsibility to provide it.”

While a quantitative summary of the data is not the focus of this analysis it is accurate to report that there was practically unanimous agreement among participants that sexuality education in schools should take an abstinence-plus or comprehensive approach and not be limited to abstinence-only. One participant confirmed this observation stating, “...it is obvious that most everyone agrees with abstinence-plus.” Abstinence was commonly considered an important point to emphasize. Characteristic of that perspective was this response. “I do not think that abstinence should be left out of the equation. It is the most effective way of preventing unwanted pregnancies and STD's. Many children also have moral decisions that they have made and I think that those should be supported. I don't think that it is appropriate to try to force children to choose abstinence, but they should know that it is their best option. They need to know that sex does not equal love.” While this reflected a common point of view, many were also critical of abstinence-only approaches. For example:

“While I am a firm believer in abstinence, I am not naive enough to think everyone else thinks that. I believe that giving students different ‘takes’ on sex, waiting or practicing safe sex, they are able to make smarter decisions.”

“My school had an abstinence only program. It was quite a sight because they made us do a pledge. It left most of the students lost and forced them to feel like they had to lie, instead of admitting the truth and asking for help.”

“While I am religious and believe in no sex until marriage, that is my decision and definitely not the decision of (many) teenagers.... We might as well give them the information and tools needed to be protected and informed.”

“One person who participated in a faith-based abstinence program reported the value of the experience, “I took my pledge seriously,” but cautioned that this would “not work at the school level because pledges should be done in small, close net (sic) groups.”

In addition to abstinence education, several other topics and approaches to teaching sexuality education were described including:

Sexually transmitted infections – “Students should be taught about STIs and how to prevent them. For example, many individuals believe that oral sex is not considered sex and some students are engaging in oral sex to not have intercourse. These students may not know that STIs can be transmitted through oral-genital contact.”

Condoms – “Teaching about protection was considered appropriate though there was debate about distributing condoms.”

“I do not feel that schools should be giving out condoms to students. That is just promoting children to have sex they are not ready for.”
 “I do think handing out condoms is kind of saying it's ok to go have sex with whomever as long as you use a condom...”

“I don't think that handing out condoms will make or break a kid's decision to have sex. If a child has been raised to respect their body, or wait until they are ready, having access to condoms will not drive them to want to have sex. If anything, I believe that handing out condoms

will help those who are ready and willing to have sex by helping to promote safe sex.”

Contraceptives – “...it is important to learn about the different forms of contraceptives when the students are in junior high.”

Character education – “We should have character development programs. The statistics in our reading showed that this was more effective in (promoting) abstinence until someone is psychologically ready.”

Scare tactics – The participants who commented about this approach were in favor of it. “I think one of the best ways to teach kids about STDs is to show the grossest, nastiest picture of what could happen to you. It was the most eye opening experience. These pictures have never left my memory.” Another participant commented, “I completely agree with the picture idea...terrible pictures were burned in the back of my head. It made me see how real STDs were and helped me realize the dangers of sexual decisions.”

GLBTQ issues – “Most sex ed programs ignore issues regarding GLBTQ adolescents” which was a concern to several participants. Despite an expression of reservation about the maturity of students to handle this topic, there was agreement that it is important to teach about sexual identity and orientation. “By excluding (sexual orientation) from the curriculum it is further ostracizing them from society.” One participant thought that “sex identity acceptance is a major issue and should be taught as early as 3rd grade.” Another person responded that a special lesson on sexual orientation would be counter-productive. “To me that is singling them out and even the most sensitive education could cause stigma in this way. They should be represented in the texts and curriculum just like any other group. Depicting (them) in a positive way that shows them as typical members of society just like everyone else would go much further toward acceptance.”

Health education centers – A few participants took field trips to health education centers during elementary school and commented favorably on the experience. “...we learned about the basics of human sexuality, contraception, and puberty. Looking back I feel it was...a great way of teaching about sexuality (that) left room for parents to discuss the topic further.”

Baby simulators – “I think that these babies are a great way to show kids how tough it is to be a parent and how much your life would change if babies are involved. There was also an option of writing a paper instead of getting the baby. I think that they should have made it mandatory... I had the baby for two days and after getting no sleep and carrying that thing around all the time I did not even think about having sex.”

Opinions varied slightly about the precise grade-level when sexuality education in schools should begin. However, a common theme, based on participants experiences, was that it should start earlier than when they first received it. A typical perspective was that sexuality education “should be introduced maybe in 4th or 5th grade to teach students what sex is and about the reproduction system. In middle school, classes should (explore) concepts of safe sex, STD’s, and abstinence. Then, in high school another class talking about similar topics but involving emotional issues and ways to treat partners should be offered.”

Role of Parents

The role of parents in providing sexuality education to adolescents was a theme throughout the discussions. Some participants described valuable interactions with their parents that positively impacted their sexual health. When parents were proactive, open, and honest with their children the relationship was enhanced and children aspired to avoid risks. “Being so close and open with my parents has helped me develop such respect for them that I would never want to do anything to disappoint them! I know this is impossible because everyone makes mistakes, but...I really want to do the best I can to make them proud! These elements can really help kids make good choices.” Another person agreed stating, “Having the support of your parents is key to making healthy decisions.”

Other participants commented about how they wished for more or better input from their parents. “My parents should have been more involved and I think my brother and I could have learned a lot more through them because we respected them so much.” Another participant commented, “My parents weren’t very open with me. I think they needed to push through the awkwardness. I’m 22 now and to this day I still have issues talking with my parents about stuff like that.” Participants generally thought parents needed to do more. The following comments reflect this perspective:

“I think one of the main problems between parents and children is the lack of comfort talking about sex. This causes a problem because parents keep postponing ‘the talk’ and meanwhile kids are growing up and are being influenced by their peers.”

“Some parents don’t say anything because they feel guilty because they had sex when they were young. I think this is a poor excuse. Just because you may have made a mistake does not mean you can’t stop your child from making the same one.”

“Parents need to stop being naïve and open their eyes to reality and then they might be able to have the appropriate talk with their kids.”

“Parents need to be taught to be there for their kids. (By not doing so)...parents contribute to the high rate of sexual intercourse between teens.”

“It is important for parents to know about the relationships that their children are in. Are they healthy? Is there a large amount of sexual pressure?”

“My mom never talked to me about anything regarding sex – she didn’t know how. If parents could receive helpful ways to encourage their children to make smart decisions regarding their sexual health I believe parents could play a much bigger role than schools.”

Role of Siblings

Interestingly, a theme that emerged throughout the discussions was the role siblings play in sexuality education for adolescents. While comments acknowledge siblings may be limited in experience and knowledge compared to parents, there was a consistent belief that older siblings could be more influential than parents in some ways. For example, one participant commented “I think sometimes parents are embarrassed to talk to their children about sex because it could be an awkward conversation. I know I learned most of my information from my older sister. I never really had the “talk” with my parents.” Another participant who had a 13 year old brother reported talking with him because “I know he looks up to me and would probably feel more comfortable with me than my mom or dad.”

While parents were not discounted as having an important role one participant suggested that parents’ best approach may be to “ask their older children to speak to the younger ones about sex so that kids are more prone to listen.” Personal experiences often were cited as shaping participants’ points of view on this topic – “I think this is such a good idea! I am the oldest and I have a brother two years younger than me. I definitely missed out on having a sibling to talk to about sex, but I can definitely see how this would be easier than talking to a parent. My mom ALWAYS tried to have the sex talk with me and I was just mortified.” While this person reported that good communication with a parent emerged over time it still would have been “nice to have an older sibling to talk to. It’s not so embarrassing that way!” Gender was also considered a factor in the sibling relationship. Older sisters were described as potentially helpful to both genders of younger siblings. One older brother commented “I think if I had younger brothers I would feel a bit more comfortable. But I have sisters (and) I feel uncomfortable because the thought of my sisters ever having sex scares me to death.”

When I’m a Parent

Several discussion participants commented on how they hope to educate their future children about sexuality. “When I become a parent I will want my child to feel comfortable talking about sex with me. Yes, I’m sure I will prefer that my child delay having sex until they are completely emotionally and physically ready, but either way, I will want them to know they can trust sharing such information with me.” These hopes were tempered with awareness that it could be difficult to educate children. “Despite my continued, yet ebbing, discomfort with talking about sex I know it’s my responsibility to make sure my kids are taught correctly. When it comes to doing the right thing by your kids, you do it. I don’t care how uncomfortable it makes a person.” This view of parental responsibility was echoed by other participants such as one person who stated, “I just wonder how much kids are really influenced by school sex ed versus what parents, siblings, and peers have to say. When I become a parent I know I will not want to rely upon my child’s school to talk to them about something so important.”

Discussion

Online discussions about sexuality education in schools produced vibrant dialogue that indicates opportunities and areas of concern for health

education specialists. Participants perceived a trend of adolescents engaging in risky sexual behaviors at younger ages. In some ways, available data related to this perception do not support it. For example, the percentage of high school students reporting ever having sexual intercourse has declined significantly over the past two decades to 46% .¹⁴ But that national trend is only one of many factors that could shape participants' opinions. Social and cultural influences, personal experiences, exposure to high risk-taking groups of adolescents and other issues shape perceptions. The important finding to consider from this study was that participants tended to believe adolescents are engaging in risky sexual behaviors at younger ages and that belief led them to support better and more comprehensive sexuality education efforts by schools and parents.

Analyses of media targeting adolescents confirmed large amounts of content with sexualized themes and the potential for influencing normative beliefs.¹⁸⁻²⁰ This reality was echoed in the data. Popular shows about pregnant and parenting teens were perceived by several participants as making pregnancy during adolescence a more acceptable idea. The general amount and tone of sexualized material in various types of media was perceived as encouraging risky sexual behavior. These observations and the general tenor of the dialogue reflected a belief that adolescents are tuned in to and impacted by the media they consume. A focus on helping young people become more critical consumers of media is supported by the perspectives reported in this study.

Many participants reported unsatisfactory experiences with their sexuality education in school. Any evidence of this should be cause for concern among committed health education specialists. Many guidelines of quality sexuality education – qualified instructors, well-designed and engaging curricula, active learning, parental involvement –²¹ were not evident in the reported experiences of participants. And yet, many participants also reported that curriculum-based sexuality education should be an important part of the education of adolescents. Findings also identified strategies and topics that could be emphasized such as the use of baby simulators, GLBTQ issues, scare tactics (e.g. graphic images of STIs), character education, and learning about the emotional aspects of sexuality and healthy relationships.

The findings also support the important role of parents and siblings in the sexuality education of their children, brothers, and sisters. Parents were encouraged to take a much more proactive role in

educating their children. The data offered a clear call to parents that even though it may be uncomfortable and even though adolescents may seem reticent to talk about sexual issues, this group of college students wanted their parents to make the effort and were grateful when they did it. Health education specialists should make facilitating parent/child dialogue a high priority and also consider ways to educate parents on how to make this more comfortable and productive. Interestingly, siblings were generally viewed favorably as a source of information. While limitations of older siblings educating younger siblings about sexuality were acknowledged, the prospect of incorporating siblings into sexuality education is an intriguing finding to explore further.

The Usefulness of Online Discussion about Sexuality Education in Schools

Xin and Feenberg's¹² four components of online discourse provided a useful framework for reflections on the quality of the discussions. The intellectual engagement of participants was high across all sections. Participants shared personal experiences and opinions, critiqued and responded to other people's contributions, and expressed themselves with greater depth and clarity than is possible in site-based discussion. In the authors' judgment, having conducted numerous site-based and online discussions about this topic, the online discussions do produce substantially greater and richer dialogue. The differences in time available to discuss is an important reason for this but also the opportunity to think about and respond to others' posts and the opportunity for more students to get involved makes intellectual engagement in online discussion superior.

These aspects of online discussion also influenced communication and common ground, Xin and Feenberg's second component. Participants were able to provide clarity and depth with their expressions. Shared assumptions and beliefs clearly emerged in the discussions as most, if not all, of the participants had experienced some form of sexuality education and there were areas of clear agreement. This was reflected in a common feature of the discourse – affirmations of other participants. It was very common to read posts from participants who agreed with others. At times these affirmations can seem like they add little to the quality of dialogue but they do serve a useful purpose of encouraging and supporting other members of the group. Since participants in these asynchronous discussions never have personal contact with each other beyond written

text in the discussion forums, the affirmations help build a nurturing and safe learning environment.

That is not to suggest there were no disagreements or diversity of opinions. There was. The dialogue and motivation component of the model is concerned with participants' emotional relationship to the topic of discussion including their motivation to participate. Given the entirety of the data, it is reasonable to assert that the topic of sexuality education was a genuine concern among participants. Their thoughts and ideas were expressed openly and often with emotional intensity and conviction. While their motivation to participate was certainly influenced by the academic context of the discussion, the volume and tone of dialogue indicated the topic was important and relevant to their lives.

In all five sections of the course included in this study, the discussions took place during the second half of the course – at a time when participants had already engaged in other online discussions. So, they were familiar with the process and comfortable contributing. Since the instructors' role was to monitor but not lead these discussions the dialogue was entirely student led. Participants determined the topics to discuss within the framework provided. Even though the discussions took place in five different semesters, consistent themes emerged across the different forums. A common occurrence was also the presence of “opinion leaders” – typically more articulate or at least assertive participants who tended to initiate or shape the discussions. Leadership, then, in these discussions, came from the participants. In a site-based discussion, that might be as far as the dialogue would go, even with a skilled facilitator. But in these online discussions, while leaders may have started discussions, they rarely ended them. Many other participants had ideas to share, and they did. Online discussions proved to be a very effective way to generate dialogue about sexuality education.

The study is limited in several ways. Given the research design, results cannot be generalized though may be, with prudent professional judgment, deemed relevant to other settings or people. Participants self-selected the course which could indicate a heightened interest in health issues or in some other way skew their perceptions of sexuality education. The online discussions about sexuality education in schools took place near the mid-point of each section of the course. It is possible that if the discussions were scheduled earlier or later the results could have been affected. It is also possible that the information about sexuality education included in the course altered

their perceptions in some way. It is not possible to determine participants' genuine motivations for engaging in the discussions. The academic context asserted influence in ways that are difficult to discern. Additionally, the presentation of the results is the product of the researchers' interpretation which – characteristic of a qualitative study – may or may not be the best possible analysis.

The participants in this study believed in the need for quality sexuality education for adolescents. Experience has taught them that young people are often ignorant and struggle with understanding their sexuality. While they tended to be quite critical of the education they had received, they hoped for better education in the future that would not only teach about risks, but help people develop healthy, fulfilling relationships. Health education specialists, parents, and perhaps older siblings, are called to do a much better job providing sexuality education to adolescents.

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