

Original Studies

Provocative Questions in Parochial Sex Education Classes: Higher Incidence in Younger Students

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Abstract. *Study Objective:* Recent data show US adolescents are engaging in sexual activity at earlier ages; however, little is known about young teens' sexual attitudes and behaviors. Examining teens' questions in sex education classes may provide insight into these attitudes and behaviors.

Design: Quasi cohort study

Setting: Parochial middle school sex education classes

Participants: 5th through 8th graders

Interventions: Students' anonymous written questions submitted at the outset of sex education classes between 2003 and 2005.

Main Outcome Measures: Questions were classified into topic categories. Three additional variables were then coded for each question. Ethics/guidance questions included requests for advice or value judgments. Prohibited questions included the topics homosexuality, abortion, masturbation, and contraception. "Red flag" questions were those that suggested consideration of or engagement in sexual behavior.

Results: Among 473 questions submitted by 410 students, the most popular topics for 5th/6th graders were pregnancy and puberty, and for 7th/8th graders puberty and menstruation. 41 questions (8.6%) were prohibited. 29 questions (6.2%) asked about ethics/guidance. 18 questions (3.81%) were coded as red flag questions. A chi-square analysis showed that 5th/6th graders asked more questions in the ethics/guidance (8.3% versus 3.64%) and red flag question categories (5.53% versus 1.82%) ($P < 0.05$) than 7th/8th graders.

Conclusions: Although provocative questions represent a minority of these middle students' queries, these requests suggest the urgency of providing appropriate guidance to young teens, given the risks of early sexual activity. The role of school education programs, physicians and parents in addressing questions of this sort should be considered.

Key Words. Adolescence—Sex education—Sexual behaviors

Introduction

Adolescents in the US are engaging in sexual behaviors at young ages.

Approximately 20% of adolescents have had sexual intercourse by age 15, and 5% have had sexual intercourse before age 12.^{1–3} Despite the knowledge that teens engage in other sexual behaviors, such as oral and anal sex, less is known about young teens' attitudes towards or the frequency of these behaviors.^{1,4}

Initiating sexual behaviors at a young age is worrisome for many reasons. Adolescents who engage in sexual activity at younger ages are more likely to report that they wish they had waited to have sexual intercourse.^{1,5} Early adolescent sexual activity is associated with higher rates of pregnancy and acquisition of sexually transmitted diseases (STDs), as well as participation in other risk behaviors such as alcohol and drug use.^{1,6–8}

Two major sources of sex education for young teens are parents and school. Parents are considered the most important source of information about sex by young teens, but many young teens report that their parents do not address all of their questions about sex.⁹ Approximately two thirds of local education agencies require sex education for middle school students.^{10,11} While many state and local governmental organizations have school sex education requirements, these policies generally only apply to public schools.¹² Previous studies have shown that the majority of parents are in favor of school sex education, including teaching about birth control, a prohibited topic in many schools that promote abstinence-only education.^{13,14} Parochial schools are of particular

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interest because of the lack of governmental regulation for sex education, as well as their own restrictions placed on what can be taught. Focused sex education can be provided by health care professionals in response to parent or patient questions, but it is unclear how often this takes place with young adolescent patients. Determining common areas of sex education inquiry for young adolescents, particularly areas that cannot be covered in a school curriculum, may help guide health care providers towards discussing these topics with their patients.

Given the adverse consequences for young teens who are sexually active and the dearth of information on their sexual curiosities, attitudes and behaviors, this group presents great difficulty for prevention efforts. Examining students' questions in a sex education class may provide insights into their topics of interest. Students may ask questions that are unanswerable in a classroom but that are appropriate topics for discussion with a health care provider, such as questions about ethics, personal guidance, or topics prohibited in school classrooms. Students may ask questions that reflect their curiosities, potential intentions, or possible behaviors directly related to sexual activity. This study examined questions submitted anonymously by 5th through 8th grade students in parochial sex education classes to determine students' topics of interest and whether students' questions fell into one or more of three categories: ethics/guidance questions, prohibited questions, or "red flag" questions that suggested consideration of or engagement in sexual risk behavior. We hypothesized that the number of questions in each of these three categories would be greater in older students who are likely to have more awareness of and interest in sexual behaviors.

Materials and Methods

This was a quasi-cohort study of a convenience sample of 5th through 8th grade students in physician-taught sexuality education classes at one Seattle-area kindergarten-8th grade parochial school. All students in these classrooms participated in the sex education curriculum. Because the cards were collected in consecutive school years, subjects were not unique individuals in each year of the study. To preserve anonymity, the only collected identifiers were whether students were in 5th/6th or 7th/8th grade. This study was reviewed and approved by the University of Washington Institutional Review Board.

The physician instructor (CB) collected data over three years between spring 2003 and spring 2005. Each year's classes consisted of two half-day sessions for each combined grade classroom (5th/6th and 7th/8th) within a one-month block. The school policy supported an abstinence-only curriculum that

was used each year of the study, defined as teaching that abstinence is the only option outside of marriage.¹⁵ At the start of each year's sex education course, every student was given a blank index card and asked to write anonymous questions that they wanted the physician instructor to answer during class. In keeping with school curriculum policy, students were told that the topics of masturbation, homosexuality, abortion, and contraception were off limits and that any submitted questions on these topics would not be answered by the instructor. The instructor used the questions on the cards to try to match class content to students' stated need for information. Every student was asked to submit a card, but there were no rules regarding number of questions submitted. Students were instructed to write "no question" on the card if they did not have a question. The students' classroom teachers did not have access to the cards.

All cards returned to the instructor were used in the study. A single author (MM) coded all questions according to topic categories initially determined by a review of the literature. Categories were modified or added to fit our subject population. In each case the category was considered by two authors (MM and PL) and only categories on which there was consensus between these two authors were included. A list of rules for coding into categories is included as Appendix A. A second author (PL) coded a 10% subsample with 94% agreement.

Questions were further coded with respect to three categories of questions:

Ethics/guidance: Questions that asked for opinions or advice on values and ethics.

Prohibited: Questions related to the topics of masturbation, contraception, abortion, or homosexuality, topics forbidden by school rules.

Red flag: Questions that would be concerning to a health care provider, i.e. questions that suggested consideration of or engagement in sexual risk behavior.

A modified Delphi procedure¹⁶ involving three adolescent medicine physicians identified red flag questions. In this study, one researcher (MM) identified a list of potential red flag questions. These questions were independently evaluated by two other adolescent medicine physicians in a series of rounds. Only the questions on which there was consensus that the question represented consideration of or involvement in sexual behavior were included as red flag questions.

Proportions of questions in these three categories were compared between 5th/6th graders and 7th/8th graders using the chi-square test.

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