New Brunswick Teachers' Ideas About Sexual Health Education

Report prepared for the New Brunswick Department of Education

by

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Second, we would like to thank all the teachers who participated in this survey. Their willingness to share their opinions about sexual health education has given us a clearer picture of the factors that affect teachers' comfort with and willingness to teach sexual health. This information will be used to develop strategies to increase teachers' effectiveness in promoting the sexual health of New Brunswick youth.

Finally, we would like to acknowledge the financial support of the Department of Education.

EXECUTIVE SUMMARY

Introduction

The New Brunswick health curriculum for elementary and middle school students, which includes sexuality education, is currently being revised. Regardless of the content of the adopted curriculum, its effectiveness in promoting the sexual health of New Brunswick's youth will depend on how it is delivered. Teachers' knowledge about sexual health topics as well as their level of comfort teaching these topics is likely to impact not only teachers' effectiveness, but also their willingness to teach these topics.

Survey Objectives

1. To assess teachers' current knowledge about, comfort with, and willingness to teach specific sexual health topics.
2. To determine the types of training, resources, and support that are needed to increase teachers' comfort level and confidence with sexual health topics, and thus their effectiveness in promoting students' sexual health.
3. To inform the revisions to the sexual health curriculum.

Method

Three hundred and thirty-six teachers from elementary, middle, and combined elementary and middle (K-8) schools throughout New Brunswick completed questionnaires.

Results

The teachers overwhelmingly agreed that sexual health education should be provided in the schools and that the schools and parents should share responsibility for providing sexuality education. They also indicated that sexual health education should cover a wide range of topics and that many sexual health topics should be introduced in the elementary grades. In general, the teachers felt that most topics should be introduced by grades 6-8.

The teachers' responses indicate that, on average, they feel only somewhat knowledgeable, and even less comfortable and willing to teach sexual health. In

addition, they feel less knowledgeable, comfortable, and willing to teach sexual health topics that are controversial (e.g., sexual behaviour, masturbation, sexual pleasure and orgasm, sexual problems and concerns, pornography, teenage prostitution, and homosexuality). Moreover, teachers' knowledge about and comfort with sexual health topics, but particularly their comfort with these topics, affected their willingness to teach these topics.

The two factors that teachers experienced as the greatest barriers to their willingness to teach sexual health were anticipated reactions from parents regarding specific topics in the sexual health curriculum and the amount of training they had received in sexual health. The teachers also frequently identified factors related to their personal comfort teaching sexual health topics and answering student questions as barriers to their willingness to teach sexual health.

Recommendations

Recommendation 1: The revised sexual health curriculum should comprise a wide range of sexual health topics.

Recommendation 2: Sexual health education should start in grades K-3. Some topics should be introduced in later grades; however, all sexual health topics should be introduced by grades 6-8.

Recommendation 3: Regular in-service training must be made available to teachers at all grade levels who are expected to teach sexual health.

Recommendation 4: In-service training programs must address teachers' sense of comfort and competence as well as their knowledge about a broad range of sexual health topics, including sexual behaviour, masturbation, sexual pleasure and orgasm, sexual problems and concerns, pornography, teenage prostitution, and sexual orientation.

Recommendation 5: In-service training must emphasize active learning/teaching strategies (such as role plays and small group discussions) that teachers can use to increase students' comfort with discussing sexual health topics.

Recommendation 6: Parents must be made aware of the goals and content of the sexual health curriculum and their reactions must be accurately assessed and represented.

Recommendation 7: Sexual health education resources for each grade level should be continually evaluated and updated, and resources should be provided to teachers as they become available. It is especially important to increase teachers' access to resources on sensitive topics, such as sexual orientation, oral and anal sex, abuse, intimacy, and negotiation skills.

Recommendation 8: In revising the sexual health curriculum, the results of this survey should be interpreted in conjunction with the results of the surveys of parent and student opinions on sexual health education.

INTRODUCTION

Recent epidemiological evidence suggests that Canada's youth continue to be at risk for a number of sexuality-related problems. Indicators of high risk include an early age of first intercourse, low rates of condom and contraceptive use, a high rate of sexually transmitted infections and unwanted pregnancies, having multiple partners, and having unprotected sex while under the influence of alcohol and other drugs (Health Canada, 1999; 2000; King, Beazley, Warren, Hankins, Robertson, & Radford, 1988). However, research indicates that well planned and delivered sexuality education, supportive school environments, and school-parent cooperation can help young people make informed and responsible decisions about their sexual health (Baldwin, Whitely, & Baldwin, 1990; Barrett, 1990; Connell, Turner, & Mason, 1985; Mackie & Oickle, 1996; Munro, Doherty-Poirier, Mayan, & Salmon, 1994). Accordingly, all provinces and territories mandate that schools provide health and sexuality education (McCall, Beazley, Doherty-Poirier, Lovato, MacKinnon, Otis, & Shannon, 1999). The goals of sexuality education, as outlined by the Canadian Guidelines for Sexual Health Education, are

> to help people achieve positive outcomes (e.g., self-esteem, respect for self and others, non-exploitative sexual satisfaction, rewarding human relationships, the joy of desired parenthood) and to avoid negative outcomes (e.g., unwanted pregnancy, sexually transmitted disease, sexual coercion and sexual dysfunction). (Health Canada, 1994, p. 5)

Effective sexuality education equips youth to engage in specific behaviours to enhance their sexual health and avoid sexual problems. Sexuality education that provides only factual information about sexual health does little to change students' actual risk-taking behaviour (Barth, Middleton, & Wagman, 1990; Dawson, 1986). In contrast, sexuality education that combines information with motivational opportunities and skill-building experiences has been found to significantly reduce risky sexual behaviour (Fisher & Fisher, 1992). For example, skill-based education increases students' ability to communicate with, negotiate, and say "no" to a potential sexual partner. Unfortunately, Canadian curricula tend to focus on medical facts rather than building skills, and teachers report that they generally use traditional, teacher-centered methods in sexuality education classes (McCall et al., 1999). McCall et al. (1999) reported that Canadian students and parents think that teachers use lectures, videos, and whole class discussions too often. Alternatively, both students and parents want more use of interactive teaching methods, such as role plays and small group discussions.

Teachers' use of skill-based sexuality education strategies, as well as their effectiveness in changing students' risk-taking behaviour, depends on teachers' comfort level and confidence with sexual health topics. One study found that sexuality education was more effective in influencing students' sexual knowledge, attitudes, and anticipated personal behaviours if teachers were more comfortable with the material and felt more prepared to teach the course (Hamilton & Levenson-Gingiss, 1993). Other research has found that teachers who perceived their own sexuality education as adequate feel more competent and teach more sexuality topics (Schultz & Boyd, 1984).

Teachers need training if they are to feel knowledgeable about and comfortable teaching sexual health topics. Yet studies indicate that teachers do not feel adequately prepared to teach sexual health (Ballard, White, & Glascoff, 1990; Gingiss & Basen-Enquist, 1994; Kerr, Allensworth, & Gayle, 1989). Even though brief training has been shown to increase teacher knowledge about sexuality (MacKinnon, Barnes, Landry, Beazley, & Dalley, 1994), teachers have few opportunities to receive training to teach sexual health. McKay and Barrett (1999) found that only 16% of Bachelor of Education programs at Canadian universities provide compulsory training in sexual health education; 26% provide related optional courses. In a national survey, McCall et al. (1999) found that only half of school districts regularly offer in-service training in sexuality education, and only one third of teachers have participated in such training.

Knowledge about sexuality is not sufficient to influence teachers' willingness to teach sexual health. Levenson-Gingiss and Hamilton (1989) found that teachers who were or were not willing to teach a sexuality course could not be distinguished on the basis of characteristics such as their age, gender, training, years of teaching experience, or knowledge about human sexuality. However, teachers who were more comfortable teaching the sexuality course were more willing to continue teaching the course.

McCall et al. (1999) surveyed 91 teachers from schools across Canada. In general, the teachers reported feeling comfortable and competent teaching sexuality education and that they cover most of the "non-controversial" sexual health topics. However, many of the teachers reported that they do not cover more sensitive topics, suggesting an underlying low comfort level with specific topics such as sexual orientation, oral and anal sex, commercialization of sex, pornography, and sexual pleasure/fulfillment. Clearly, there is a need to examine teachers' comfort teaching various sexual health topics as well as the factors that influence their comfort level with these topics.

SURVEY OBJECTIVES

The New Brunswick health curriculum for elementary and middle school students, which includes sexuality education, is currently being revised. The present teacher survey is one of three studies that are being conducted to inform the revisions to the sexual health curriculum. The other two studies survey parents' and middle school and high school students' attitudes towards sexual health education.

Regardless of the content of the adopted curriculum, its effectiveness in promoting the sexual health of New Brunswick's youth will depend on how it is delivered. Teachers' knowledge about sexual health topics, as well as their level of comfort teaching these topics, is likely to impact not only teachers' effectiveness, but also their willingness to teach these topics.

There is little information regarding New Brunswick teachers' attitudes towards teaching sexuality education or their comfort level and willingness to teach sexual health topics. Therefore, the first objective of the present survey was to assess teachers' current knowledge about, comfort with, and willingness to teach specific sexual health topics. The second objective was to determine the types of training, resources, and support that are needed to increase teachers' comfort level and confidence with sexual health topics, and thus their effectiveness in promoting students' sexual health. The final objective of the survey was to inform the revisions to the New Brunswick sexual health curriculum for elementary and middle school students.

Specifically, teachers were asked to indicate:

- their views on the provision of sexual health education in the schools
- which sexual health topics should be covered in the curriculum and at which grade level these topics should be introduced
- their current knowledge about, comfort with, and willingness to teach specific sexual health topics
- how much training they had received and how much experience they had teaching sexual health
- factors that they perceive to be barriers to their willingness to teach sexual health
- types of training and resources they would find most helpful in preparing them to teach sexual health

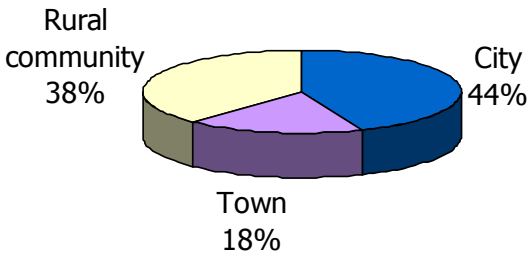
METHOD

Participants

Approximately half of New Brunswick students attend school in an urban district, therefore half of the sample was recruited from two of the three primarily urban school districts. The other half of the sample targeted schools in rural districts that were sampled geographically from around the province. Within each school district, an approximately equal number of elementary, middle, and combined elementary and middle (K-8) schools were selected. Thirty-three schools were selected in total; thirty of these agreed to participate. Overall, 336 of 590 questionnaires were returned for a total response rate of 57%. Individual schools' response rates ranged from 27% to 90%.

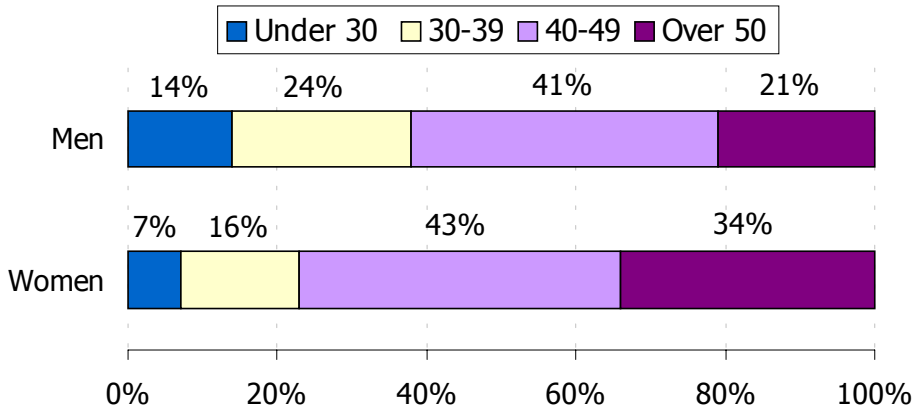
Of the teachers who completed the survey, 44% lived in cities, 18% lived in towns, and 38% lived in rural communities (see Figure 1).

Figure 1: Percent of respondents living in rural communities, towns, and cities



Approximately three-quarters (74%) of the survey respondents were women. The majority of the participants (42%) were in their forties; however, 22% were in their thirties and 24% were over 50. Only 12% of teachers were in their twenties. More of the women who responded were under 40, whereas more of the men were over 40 ($P^2(3)=8.7$, $p<.05$; see Figure 2).

Figure 2: Percent of male and female respondents in each age group

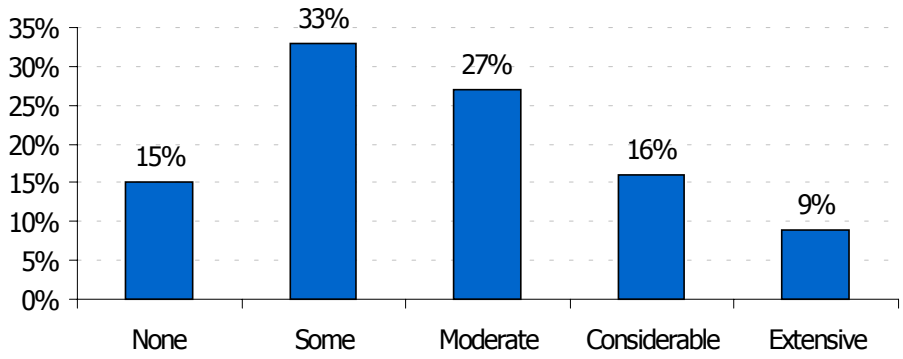


On average, participants had been teaching for 17 years (Range: 1-34 years). Seventy percent of the respondents had taught elementary school during their teaching careers, 67% had taught middle school and 51% had taught high school. More of the women had taught elementary school ($P^2(1)=10.1$, $p < .01$), whereas more of the men had taught middle school ($P^2(1)=7.9$, $p < .01$) and high school ($P^2(1)=19.4$, $p < .001$).

Only 17% of the teachers who had ever taught elementary school had "considerable" or "extensive" experience teaching Personal Safety, and only 13% of the teachers who had ever taught middle school had "considerable" or "extensive" experience teaching Human Growth and Development. Sixty percent of the teachers had "some" to "moderate" experience teaching some form of sexual health (see Figure 3).

Those teachers who had been teaching for longer had more experience teaching sexual health ($r = .24$, $p < .01$).

Figure 3: Teachers' experience teaching some form of sexual health



Questionnaire

The questionnaire was divided into six parts (see Appendix A). Part A elicited teachers' opinions about general aspects of sexual health education in schools, including whether sexual health education should be provided in the schools, at what age it should start, and the quality of sexual health education in their school. In Part B, teachers indicated how important they felt it was for the curriculum to cover each of 10 broad sexual health topics. Part C asked respondents to identify the grade level at which schools should start to teach each of 26 more specific sexual health topics. In Part D, teachers indicated the extent to which they felt knowledgeable enough to teach each of these 26 topics, felt comfortable teaching the topic, and were willing to teach the topic. Teachers also indicated how their willingness to teach sexual health education was affected by potential barriers to teaching sexual health (e.g., community attitudes towards sexual health education). The respondents also provided demographic information (Part E) and indicated the extent of their experience teaching sexual health and whether they had received training to teach sexuality. They specified how important the availability of specific resources (e.g., films, standardized handouts) was in determining their willingness to teach sexual health and which types of in-service training they would be interested in receiving. In Part F, respondents indicated which sexual health topics they would be particularly interested in covering in in-service training. Finally, the teachers were invited to comment on sexual health education in schools in general and, more specifically, what the Department of Education could do to make it easier for them to teach sexual health.

Survey Procedure

The Department of Education sent a letter describing the survey to the Directors of the selected school districts. The Principals of the selected schools were then contacted by telephone in order to obtain their consent to participate in the survey. The procedure was explained to those principals who agreed to participate and the number of teachers in their school was verified. Questionnaires were then sent to the principals of the participating schools with a cover letter describing the procedure. The cover letter asked principals to place a questionnaire in each teacher's mailbox. Each questionnaire was distributed in an envelope on which the title of the survey was written. A cover letter explaining the nature and objectives of the survey, and the fact that responses are confidential and anonymous, was attached to each questionnaire (see Appendix A). The cover letter requested that teachers return the questionnaires, sealed in the envelope provided, to the main office of their school within one week. The principals were asked to place a box in a low traffic area of the main office so that teachers could return the questionnaires inconspicuously. After one week, the principals collected the completed questionnaires and returned them to the researchers.

Data Analysis

Frequencies are used to describe teachers' responses to each question. Male and female teachers' responses are presented separately only for questions on which their responses differed significantly. Also, since female respondents were more likely to be under 40 and teaching for fewer years than male respondents, years of teaching was controlled for when gender differences are reported.

Correlations, chi square tests of independence, and t-tests were used to assess the relationships between different variables. Analysis of variance (ANOVA) was used to determine whether there were significant differences between group means.

RESULTS

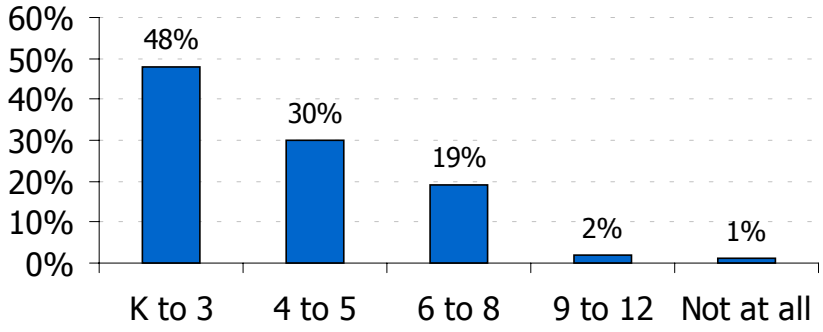
Teachers' Opinions about Sexual Health Education

The teachers were asked for their opinions about general aspects of sexual health education in schools, including whether sexual health education should be provided in schools, at what age it should start, and how they rated the quality of sexual health education in their school.

Ninety-three percent of the teachers either agreed (41%) or strongly agreed (52%) that sexual health education should be provided in schools. Ninety-five percent of the respondents believed that the school and parents should share responsibility for providing children with sexual health education. Although both male and female teachers were in favour of sexual health education, male teachers ($M = 4.7$) were more strongly in favour of sexual health education than female teachers ($M = 4.4$; $F(2,297) = 5.26$, $p < .01$), regardless of their years of teaching experience.

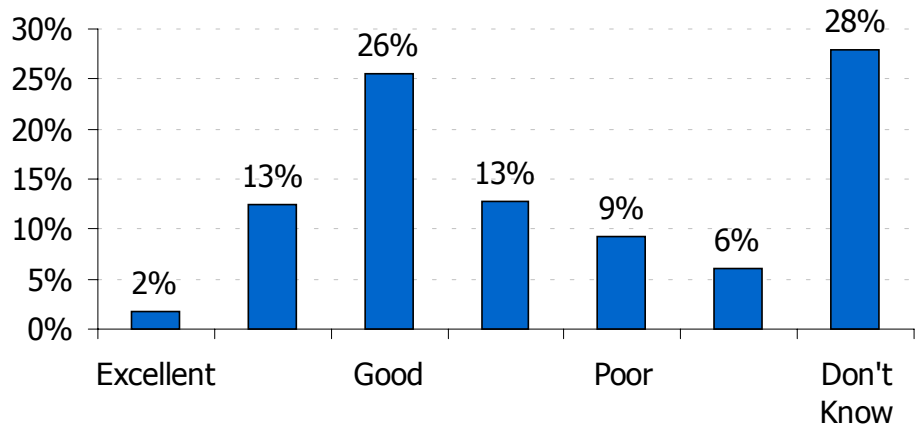
Most teachers thought that sexual health education should start in grades K-3 (48%) or 4-5 (30%; see Figure 4). Ninety-seven percent indicated that it should start by grades 6-8. Teachers who had taught for longer were somewhat more likely to believe that sexual education should start earlier ($r = -.17$, $p < .01$).

Figure 4: Grade level at which sexual health education should start



The teachers also rated the quality of sexual health education that children receive in their school (see Figure 5). Only 15% of teachers rated the quality of sexual health education in their school as very good or excellent, whereas 26% rated it as good and 22% indicated that it was fair or poor. Over a quarter of teachers (28%) indicated that they did not know what the quality of sexual health education was in their school.

Figure 5: Teachers' ratings of the quality of sexual health education in their school



Topics that Should be Covered in the Sexual Health Curriculum

The teachers were asked to indicate how important it is for each of 10 sexual health topics to be covered in the sexual health curriculum. Their ratings were made on a scale of 1 (Not at all important) to 5 (Extremely important). The ratings are summarized in Table 1.

Table 1: Importance teachers assigned to topics in the sexual health curriculum.

Rating	Topic	Median	Mean	Standard Deviation
Extremely Important	Sexually transmitted diseases	5.0	4.5	0.9
	Sexual coercion & sexual assault	5.0	4.6	0.7
	Personal safety	5.0	4.6	0.6
	Abstinence	5.0	4.3	0.8
	Puberty	5.0	4.3	1.0
	Sexual decision-making in dating relationships	5.0	4.2	1.0
Very Important	Reproduction	4.0	4.2	0.9
	Birth control methods & safer sex practices	4.0	4.1	1.0
	Correct names for genitals	4.0	4.1	1.0
Important	Sexual pleasure & enjoyment	3.0	2.7	1.2

The teachers indicated that they think it is important to cover a range of topics in the curriculum. On average, the teachers thought it was extremely important to cover sexually transmitted diseases, sexual coercion and sexual assault, personal safety, abstinence, puberty, and sexual decision-making in dating relationships. Reproduction, birth control methods and safer sex practices, and the correct names for genitals were also considered very important topics. Although teachers reported that it is not as important to cover sexual pleasure and enjoyment as it is to cover the other topics, they still rated this topic as important.

Grade Level at which Schools Should Introduce Sexual Health Topics

The teachers were asked to indicate the grade level at which they thought schools should **start** teaching each of 26 different sexual health topics. The percent of teachers who indicated each grade level is summarized in Table 2. For example, 52% of teachers thought that body image should be introduced in grades K-3.

The grade levels at which teachers thought schools should introduce sexual health topics are summarized in Table 3. In general, the teachers believed that a range of topics should be included in the sexual health curriculum and that the majority of these topics should be introduced in grades 6-8. However, they identified many topics that they thought should start to be taught earlier.

The largest number of teachers indicated that schools should start to teach body image, personal safety, and the correct names for genitals in grades K-3. Teachers were evenly divided with respect to puberty: Half of the teachers thought it should be introduced in grades 4-5 and the other half thought it should be taught in grades 6-8.

The majority of teachers felt that most of the other topics should be introduced in grades 6-8. Over 68% of the teachers indicated that wet dreams, reproduction and birth, abstinence, sexually transmitted diseases/AIDS, teenage pregnancy/parenting, and dealing with peer pressure to be sexually active should start to be taught in grades 6-8. Over 60% of teachers indicated that birth control methods and safer sex practices and masturbation should be introduced in grades 6-8. Teachers were fairly evenly divided over the topic of menstruation: 51% thought it should be introduced in grades 6-8, but 46% thought it should start to be taught as early as grades 4-5. Although the majority of teachers thought that some other sexual health topics should be introduced in grades 6-8, there was also less consensus over them: being comfortable with the other sex, building equal romantic relationships, attraction, love and intimacy, communicating about sex, sex as part of a loving relationship, and sexual behaviour. The largest number of teachers thought that sexuality in the media and homosexuality should be introduced in grades 6-8; however, nearly as many teachers thought these topics should be introduced in grades 9-12.

For the most part, teachers thought that schools should start to teach the following topics in grades 9-12: sexual pleasure and orgasm, sexual problems and concerns, pornography, and teenage prostitution.

A significant minority of teachers (i.e., at least 15%) indicated that the following topics should not be included in the curriculum: sexual pleasure and orgasm, pornography, sexual problems and concerns, teenage prostitution, masturbation, homosexuality, and sexual behaviour. Six to nine percent of teachers indicated that wet dreams, building equal romantic relationships, attraction, love, and intimacy, and sexuality in the media should not be included in the curriculum. Less than 5% of teachers reported that each of the other topics should not be included.

Table 2: Percent of teachers indicating that sexual health topics should be introduced at various grade levels.

Topic	Percent of Teachers Who Indicated Topic Should be Introduced in Each Grade Level				
	K to 3	4 to 5	6 to 8	9 to 12	Should not be included
Body image	52.2	35.1	11.4	0.9	0.3
Personal safety	70.2	16.6	10.2	2.5	0.6
Correct names for genitals	47.4	32.5	18.0	1.9	0.3
Puberty	0.6	49.2	48.3	1.9	0.0
Being comfortable with the other sex	12.8	20.9	44.1	18.4	3.8
Wet dreams	0.0	13.2	70.3	10.1	6.3
Menstruation	0.3	46.1	51.4	1.9	0.3
Reproduction & birth	2.5	13.4	70.3	13.8	0.0
Birth control methods & safer sex practices	0.0	3.1	60.7	32.7	3.4
Abstinence	1.6	10.4	68.5	18.9	0.6
Sexually transmitted diseases/AIDS	0.9	7.5	68.0	23.3	0.3
Teenage pregnancy/parenting	0.0	3.4	68.0	27.0	1.6
Sexual coercion & sexual assault	17.8	22.2	45.3	13.8	0.9
Building equal romantic relationships	1.9	4.4	47.3	37.6	8.8
Attraction, love, intimacy	2.2	9.0	46.0	34.5	8.4
Communicating about sex	3.8	12.5	47.8	31.1	4.8
Dealing with peer pressure to be sexually active	0.3	8.6	72.3	18.2	0.6
Masturbation	0.0	5.8	62.5	16.0	15.7
Sex as part of a loving relationship	0.6	5.1	50.3	39.2	4.8
Sexuality in the media	0.3	10.6	41.3	40.6	7.2
Homosexuality	3.8	9.4	36.9	33.8	16.3
Sexual behaviour (e.g., French kissing, intercourse)	0.0	3.5	54.7	26.9	14.9
Sexual pleasure & orgasm	0.0	0.6	22.8	39.9	36.7
Sexual problems & concerns	0.0	2.5	32.0	46.5	19.0
Pornography	1.3	7.8	27.3	40.1	23.5
Teenage prostitution	0.0	2.8	37.3	40.1	19.7

Table 3: Grade levels at which the majority of teachers think schools should introduce sexual

health topics.

Grade Level	Topic
K to 3	Body image
	Personal safety
	Correct names for genitals
4 to 5	Puberty
6 to 8	Being comfortable with the other sex
	Wet dreams
	Menstruation
	Reproduction & birth
	Birth control methods & safer sex practices
	Abstinence
	Sexually transmitted diseases/AIDS
	Teenage pregnancy/parenting
	Sexual coercion & sexual assault
	Building equal romantic relationships
	Attraction, love, intimacy
	Communicating about sex
	Dealing with peer pressure to be sexually active
	Masturbation
	Sex as part of a loving relationship
	Sexuality in the media
	Homosexuality
	Sexual behaviour (e.g., French kissing, intercourse)
9 to 12	Sexual pleasure & orgasm
	Sexual problems & concerns
	Pornography
	Teenage prostitution

Teachers' Knowledge, Comfort, and Willingness to Teach Sexual Health Topics

For each of 26 different sexual health topics, teachers were asked to indicate the extent to which they:

(i) felt knowledgeable enough to teach the topic, on a scale ranging from 1 (Not at all knowledgeable) to 5 (Extremely knowledgeable);
(ii) felt comfortable teaching the topic, on a scale ranging from 1 (Not at all comfortable) to 5 (Extremely comfortable); and
(iii) were willing to teach the topic, on a scale ranging from 1 (Not at all willing) to 5 (Extremely willing)

Responses to these questions are summarized in Table 4 in two ways. The median score indicates a middle rating; that is, that half of the teachers rated themselves above this rating. The mean score represents the arithmetic average of all the teachers' ratings. In some cases, interpretation of the mean and median scores are the same. In other cases, the median and mean scores provide somewhat different understandings of teachers' ratings and these are delineated below.

Teachers' Knowledge about Sexual Health Topics

In general, the teachers felt at least somewhat knowledgeable about all topics (as indicated by both the median and mean scores). They indicated that they felt extremely knowledgeable about only one topic (menstruation). However, they felt very knowledgeable about personal safety, body image, puberty, reproduction and birth, abstinence, the correct names for genitals, dealing with peer pressure to be sexually active, attraction, love, and intimacy, being comfortable with the other sex, birth control methods and safer sex practices, sex as part of a loving relationship, and sexually transmitted diseases/AIDS. They only felt somewhat knowledgeable about all the other topics.

Although half of the teachers indicated that they felt at least very knowledgeable about building equal romantic relationships and sexual behaviour (as indicated by the median), on average, the teachers felt only somewhat knowledgeable about these topics (as indicated by the mean).

Table 4: Teachers' knowledge, comfort, and willingness to teach specific sexual health topics.

Topic	Knowledgeable			Comfortable			Willing		
	Median	Mean	Interpretation	Median	Mean	Interpretation	Median	Mean	Interpretation
Menstruation	5.0	4.2	Extremely	4.0	3.5	Very	3.5	3.3	Very
Personal safety	4.0	3.6	Very	4.0	3.5	Very	4.0	3.5	Very
Body image	4.0	4.0	Very	4.0	3.8	Very	4.0	3.6	Very
Puberty	4.0	3.9	Very	4.0	3.6	Very	4.0	3.4	Very
Reproduction & birth	4.0	4.1	Very	4.0	3.6	Very	4.0	3.3	Very
Abstinence	4.0	4.2	Very	4.0	3.6	Very	4.0	3.4	Very
Correct names for genitals	4.0	4.2	Very	4.0	3.5	Very	3.0	3.2	Somewhat
Dealing with peer pressure to be sexually active	4.0	3.6	Very	3.0	3.3	Very	3.0	3.2	Somewhat
Building equal romantic relationships	4.0	3.4	Very	3.0	3.2	Somewhat	3.0	3.1	Somewhat
Attraction, love, intimacy	4.0	3.5	Very	3.0	3.1	Somewhat	3.0	3.0	Somewhat
Being comfortable with the other sex	4.0	3.7	Very	3.0	3.3	Somewhat	3.0	3.2	Somewhat
Birth control methods & safer sex practices	4.0	3.9	Very	3.0	3.2	Somewhat	3.0	3.0	Somewhat
Sex as part of a loving relationship	4.0	3.7	Very	3.0	3.1	Somewhat	3.0	2.8	Somewhat
Sexually transmitted diseases/AIDS	3.8	3.5	Very	3.0	3.3	Somewhat	3.0	3.1	Somewhat

Topic	Knowledgeable			Comfortable			Willing		
	Median	Mean	Interpretation	Median	Mean	Interpretation	Median	Mean	Interpretation
Teenage pregnancy/parenting	3.0	3.4	Somewhat	3.0	3.2	Somewhat	3.0	3.1	Somewhat
Sexual coercion & sexual assault	3.0	3.1	Somewhat	3.0	3.1	Somewhat	3.0	3.2	Somewhat
Communicating about sex	3.0	3.4	Somewhat	3.0	3.1	Somewhat	3.0	3.0	Somewhat
Sexuality in the media	3.0	3.4	Somewhat	3.0	3.0	Somewhat	3.0	2.9	Somewhat
Wet dreams	3.0	3.3	Somewhat	3.0	2.7	Somewhat	3.0	2.6	Somewhat
Sexual behaviour (e.g., French kissing, intercourse)	4.0	3.4	Very	3.0	2.6	Somewhat	2.0	2.4	Less than somewhat
Homosexuality	3.0	2.9	Somewhat	3.0	2.7	Somewhat	2.0	2.5	Less than somewhat
Sexual problems & concerns	3.0	3.1	Somewhat	3.0	2.6	Somewhat	2.0	2.5	Less than somewhat
Pornography	3.0	2.8	Somewhat	3.0	2.6	Somewhat	2.0	2.4	Less than somewhat
Masturbation	3.0	3.0	Somewhat	2.0	2.5	Less than somewhat	2.0	2.4	Less than somewhat
Sexual pleasure & orgasm	3.0	3.3	Somewhat	2.0	2.4	Less than somewhat	2.0	2.2	Less than somewhat
Teenage prostitution	3.0	2.8	Somewhat	3.0	2.6	Somewhat	2.0	2.5	Less than somewhat
Average across all topics	**3.5**	**3.4**	**Somewhat**	**3.0**	**3.0**	**Somewhat**	**2.9**	**2.8**	**Somewhat**

Teachers' Comfort with Sexual Health Topics

Overall, teachers felt somewhat comfortable with most sexual health topics (as indicated by the median and mean scores). They felt very comfortable with menstruation, personal safety, body image, puberty, reproduction and birth, abstinence, the correct names for genitals, and dealing with peer pressure to be sexually active. They felt somewhat comfortable with all the other topics. The exceptions were masturbation and sexual pleasure and orgasm. On average, the teachers were somewhat comfortable teaching masturbation (as indicated by the mean); however, half of the teachers indicated that they were, at most, somewhat comfortable teaching masturbation (as indicated by the median). Overall, the teachers were less than somewhat comfortable teaching sexual pleasure and orgasm.

Teachers' Willingness to Teach Sexual Health Topics

In general, teachers were somewhat willing to teach most sexual health topics. They indicated that they felt very willing to teach menstruation, personal safety, and body image. Although half of the teachers were very willing to teach puberty, reproduction and birth, and abstinence (as indicated by the median), on average, the teachers were only somewhat willing to teach these topics (as indicated by the mean). The teachers felt somewhat willing to teach the other topics. However, they were reluctant to teach a number of topics including sexual behaviour, pornography, masturbation, and sexual pleasure and orgasm. On average, the teachers were somewhat willing to teach homosexuality, sexual problems and concerns, and teenage prostitution (as indicated by the mean); however, half of the teachers were less than somewhat willing to teach these topics (as indicated by the median). Furthermore, the majority of teachers indicated that they were "not at all willing" to teach the following topics (as indicated by the mode, the most frequently endorsed rating): birth control methods and safer sex practices, sex as part of a loving relationship, sexuality in the media, sexual behaviour, sexual pleasure and orgasm, wet dreams, homosexuality, masturbation, sexual problems and concerns, pornography, and teenage prostitution.

The teachers' responses indicate that, in general, they feel more knowledgeable about, comfortable with, and willing to teach topics that are related to anatomy and physical development as well as issues such as body image, personal safety, and abstinence. They feel less knowledgeable about, comfortable with, and willing to teach topics such as wet dreams, masturbation, sexual pleasure and orgasm, and sexual problems and concerns, as well as pornography, teenage prostitution, and homosexuality.

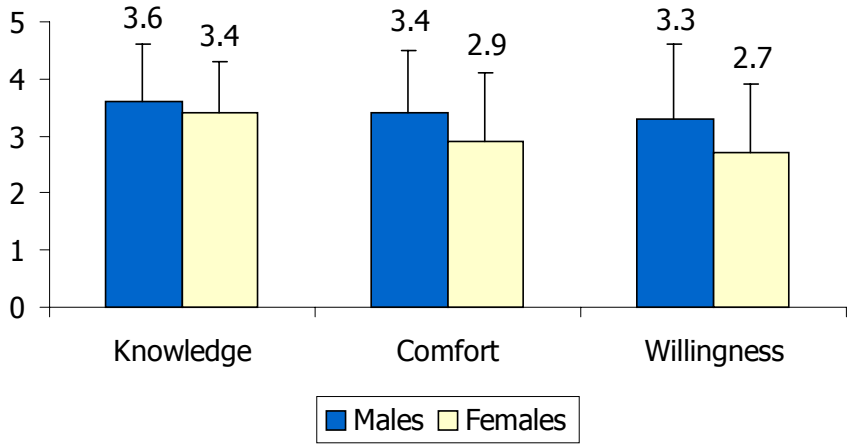
When the teachers' responses across all topics are considered together, on average the teachers felt somewhat knowledgeable (M =3.4), somewhat comfortable (M =3.0), and somewhat willing (M =2.8) to teach sexual health.

Comparison of Male and Female Teachers' Knowledge, Comfort, and Willingness to Teach Sexual Health

In order to determine whether there were differences in male and female teachers' knowledge, comfort, and willingness to teach sexual health topics, a repeated measures ANOVA was conducted. Male and female teachers' knowledge, comfort and willingness scores are provided in Figure 6. Male teachers described themselves as more knowledgeable, comfortable, and willing to teach sexual health than female teachers, regardless of the number of years they had been teaching, $F(1,314)=31.08$, $p<.01$.

The differences between teachers' average knowledge, comfort, and willingness across all sexual health topics were also compared (see Figure 6). Male teachers' comfort and willingness to teach sexual health was significantly lower then their knowledge. Female teachers' willingness to teach sexual health was significantly lower than their comfort, which, in turn, was significantly lower than their knowledge, $F(2,313)= 5.72$, $p<.01$.

Figure 6: Teachers' average knowledge, comfort, and willingness to teach sexual health



The teachers who were more knowledgeable about sexual health were also more comfortable and more willing to teach sexual health (see Table 5). However, teachers' comfort with teaching sexual health was more strongly associated with their willingness to teach sexual health than their knowledge.

Table 5: Correlations between knowledge, comfort, and willingness to teach sexual health.

	Comfort		**Willingness**	
	Males	**Females**	**Males**	**Females**
Knowledge	.79**	.75**	.62**	.68**
Comfort			.87**	.93**

** $p < .01$

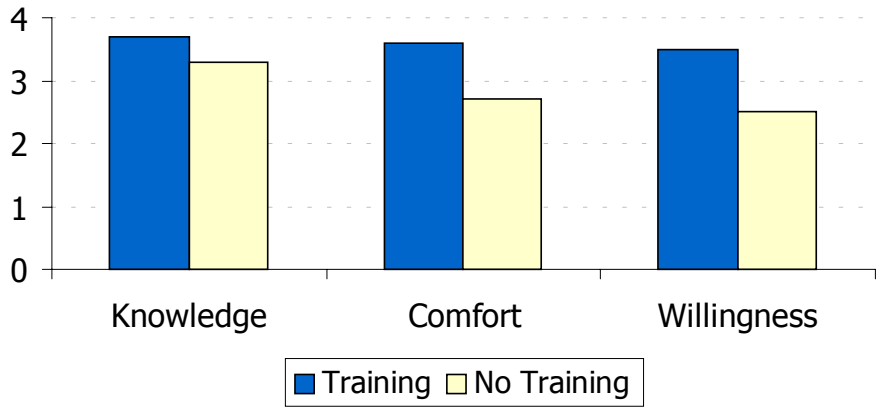
Factors Affecting Teachers' Knowledge, Comfort, and Willingness to Teach Sexual Health

The effect of teaching experience on teachers' knowledge, comfort, and willingness to teach sexual health was also examined. Male teachers who had been teaching for longer were less knowledgeable ($r = -.31$, $p < .05$) than male teachers who had been teaching for less time, but they were not less comfortable or less willing to teach sexual health. Female teachers who had been teaching for longer were less comfortable ($r = -.22$, $p < .05$) and less willing ($r = -.27$, $p < .001$) to teach sexual health than female teachers who had been teaching for less time, but they were not less knowledgeable.

The effect of experience teaching sexual health on teachers' knowledge, comfort, and willingness to teach sexual health was also investigated. For both male and female teachers as experience teaching sexual health increased, so did teachers' knowledge ($r = .29$, $p < .01$), comfort ($r = .34$, $p < .01$), and willingness ($r = .29$, $p < .01$) to teach sexual health topics.

In order to determine the effect of training on teachers' knowledge, comfort, and willingness to teach sexual health, the average knowledge, comfort, and willingness of teachers who had received training were compared to those who had not received training using repeated measures ANOVA (see Figure 7). Teachers who had received training were significantly more knowledgeable, comfortable, and willing to teach sexual health than those who had not received training, $F(1,316) = 43.60$, $p < .001$.

Figure 7: Effect of training on teachers' knowledge, comfort and willingness to teach sexual health topics



Furthermore, for the 81 female teachers who had received training, the more positively they evaluated the training, the more knowledgeable ($r = .25$, $p < .05$), comfortable ($r = .39$, $p < .001$), and willing ($r = .33$, $p < .01$) they were to teach sexual health. However, for the 42 male teachers who had received training, evaluation of their training was not related to their knowledge, comfort, or willingness to teach sexual health.

Factors Affecting Teachers' Willingness to Teach Sexual Health

The teachers were presented with a list of 11 factors and asked to indicate whether each factor, as they perceived it at the time, affected their willingness to teach sexual health (see Table 6). The teachers were asked to rate each factor in terms of whether it made them more willing, less willing, or had no effect on their willingness to teach sexual health.

Table 6: The impact of various factors on teachers' willingness to teach sexual health

Factor	Percent of Teachers Who Indicated The Factor Made Them		
	Less Willing	**Had No Effect**	**More Willing**
Anticipated reactions from parents regarding specific topics in the sexual health curriculum	45.3	38.3	16.4
Comfort level and reactions of students to the discussion of sexual health topics	37.3	33.5	29.1
Amount of training I have had in sexual health	36.5	28.2	35.2
Being required to teach topics that conflict with my personal beliefs	39.0	54.9	6.0
Amount of time allocated to sexual health	25.4	53.0	21.6
Level of support from school/district administration	16.3	48.7	34.6
Community attitudes toward sexual health education	31.5	41.0	27.4
My personal level of comfort talking about sexual health	34.0	35.5	30.5
My level of comfort answering student questions	35.5	28.6	35.8
My level of knowledge	23.8	31.6	44.7
Nature of resources available	26.8	35.0	38.2

At least 16% of the teachers experienced all of the factors listed as barriers to their willingness to teach sexual health education. The factors which teachers most commonly experienced as barriers to their willingness to teach sexual health (i.e., more than 30% of the teachers reported that these factors made them less willing to teach sexual health) included:

- anticipated reactions from parents regarding specific topics in the sexual health curriculum;
- being required to teach topics that conflict with their personal beliefs;
- the comfort level and reactions of students to the discussion of sexual health topics;
- the amount of training they have in sexual health;

- their level of comfort answering student questions;
- their personal level of comfort talking about sexual health; and
- community attitudes towards sexual health education

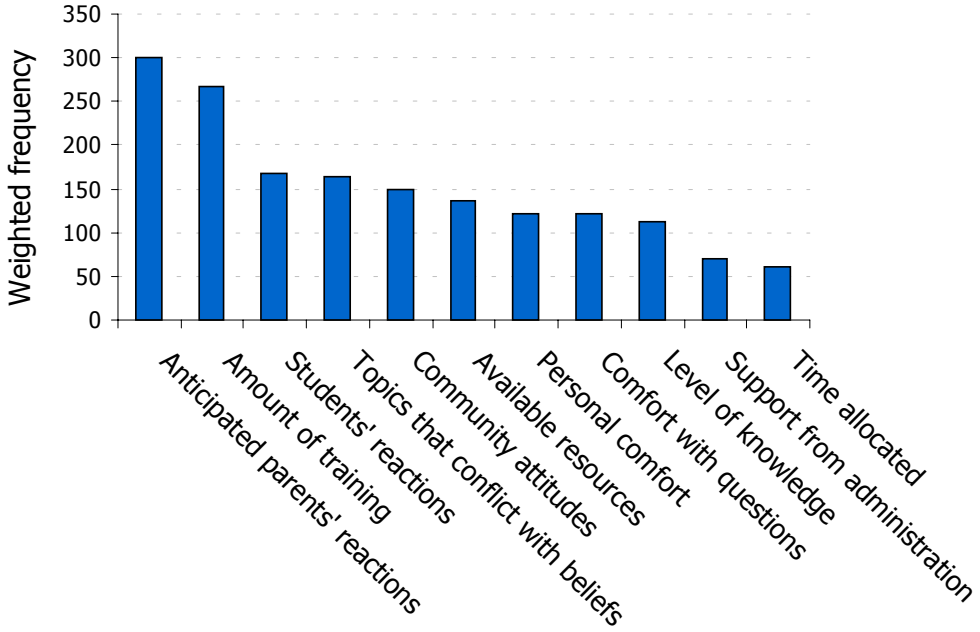
The teachers also indicated that several factors made them more willing to teach sexual health. More than 30% of the teachers reported that the following factors made them more willing to teach sexual health:

- their level of knowledge;
- the nature of the resources available;
- their level of comfort answering student questions;
- the amount of training they have had in sexual health;
- the level of support from the school and district administration; and
- their personal level of comfort talking about sexual health

The teachers were also asked to specify which factors they consider to be the greatest barriers to their willingness to teach sexual health. The respondents were asked which factors they felt were the greatest, the second greatest, and the third greatest barriers to their willingness to teach sexual health. The factors were weighted accordingly: When a factor was identified as the greatest barrier to a teacher's willingness, it was assigned a weight of 3; when a factor was identified as the second greatest barrier to a teacher's willingness, it was assigned a weight of 2; when a factor was identified as the third greatest barrier to a teacher's willingness, it was assigned a weight of 1. The weightings were multiplied by the number of teachers who identified the factor as either the greatest, second greatest, or third greatest barrier to their willingness to teach sexual health and the resulting weighted frequencies were summed for each factor. For example, 55 teachers identified anticipated reactions from parents regarding specific topics in the sexual health curriculum to be the greatest barrier to their willingness to teach sexual health, 49 teachers identified this factor as the second greatest barrier, and 35 identified this factor as the third greatest barrier. The frequency with which the factor was identified as a greatest, second greatest, and third greatest barrier was multiplied by its respective weighting and the resulting weighted frequencies were summed (for anticipated reactions from parents: $3(55)+2(49)+1(35) = 298$). This provides a single score which indicates the relative importance of each of the factors in determining teachers' willingness to teach sexual health. Figure 8 presents the weighted frequencies for each of the factors.

Overall, teachers identified anticipated reactions from parents regarding specific topics and the amount of training teachers have had in sexual health as the greatest barriers to their willingness to teach sexual health. These results are consistent with the finding that over 35% of teachers identified anticipated reactions from parents and amount of training as making them less willing to teach sexual health.

Figure 8: How often teachers endorsed various factors as barriers to their willingness to teach sexual health



These results indicate that the support of parents has a significant impact on teachers' willingness to teach sexual health. This suggests a need to make parents aware of the sexual health curriculum and to assess and accurately represent their reactions. These results also highlight the need for training that helps teachers increase both their own and their students' comfort discussing sexual health topics.

It is noteworthy that many of the factors experienced as barriers to some teachers' willingness to teach sexual health increased the willingness of other teachers to teach sexual health. This suggests that these factors play a particularly important role in teachers' willingness to teach sexual health. For example, over 30% of teachers indicated that the amount of training they have had in sexual health, their level of comfort answering student questions, and their personal level of comfort talking about sexual health were barriers to their willingness to teach sexual health. Yet, an approximately equal number of teachers experienced these factors as making them more willing to teach sexual health. This further highlights the central role of training, especially training aimed at increasing teachers' comfort level, in influencing teachers' comfort and willingness to teach sexual health. Moreover, many of the teachers experience the training they have already received as effective.

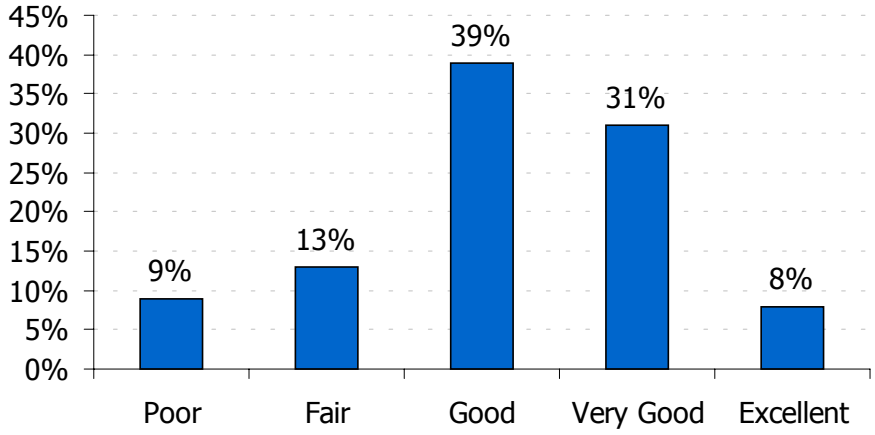
In addition to training, many teachers indicated that the nature of the resources available increased their willingness to teach sexual health. Furthermore, only 16% of the

respondents reported that the level of support from the school/district administration made them less willing to teach sexual health. Thus, the teachers' responses also point to the courses of action taken by the school and district administrations that have effectively supported teachers' sexual health education efforts.

Teachers' Training to Teach Sexual Health

The teachers were asked about the extent of their training to teach sexual health. Sixty-five percent of the teachers had received no training to teach sexual health. More male teachers (47%) than female teachers (32%) had received training ($P^2(1)=5.91$, $p<.05$). Of the 115 teachers who had received training, the majority (70%) rated it as good or very good. However, only 8% rated their training as excellent (see Figure 9).

Figure 9: Adequacy of teachers' training to teach sexual health



Resources for Teaching Sexual Health

The teachers were asked to indicate how important the availability of each of a number of resources is in determining their willingness to teach sexual health. The resources included videos/films, anatomical models, standardized handouts, lesson plans, suggestions for interactive activities, and reference books. The teachers reported that all of the resources were very important. However, standardized handouts and anatomical models were regarded as somewhat less important than were the other resources.

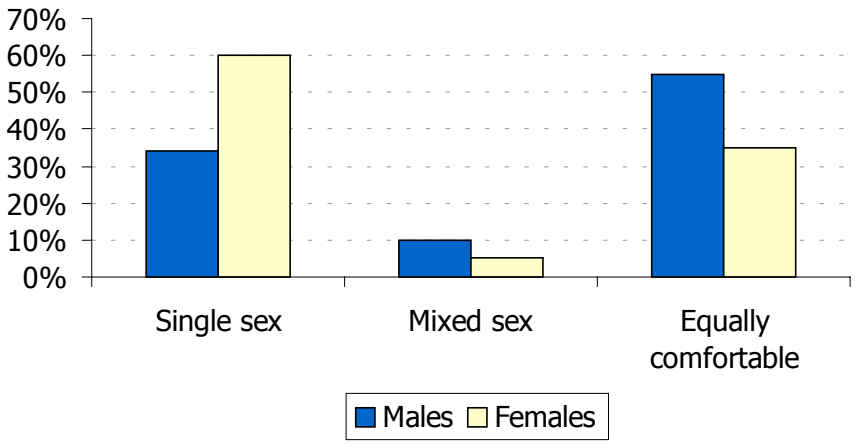
Teachers' Preferences for Teaching Sexual Health to Single or Mixed Sex Groups

The teachers were asked to indicate whether they would feel more comfortable teaching sexual health to single sex groups, mixed sex groups, or if they would feel equally comfortable teaching single and mixed sex groups.

The majority of teachers (53%) indicated that they would feel more comfortable teaching sexual health to single sex groups, although 39% indicated they would feel equally comfortable teaching both single and mixed sex groups.

However, whereas most of the women preferred teaching sexual health to single sex groups, most of the men reported being equally comfortable with single and mixed sex groups ($P^2(4)= 19.1$, $p <.001$; see Figure 10).

Figure 10: Male and female teachers' preferences for teaching sexual health to single or mixed sex groups



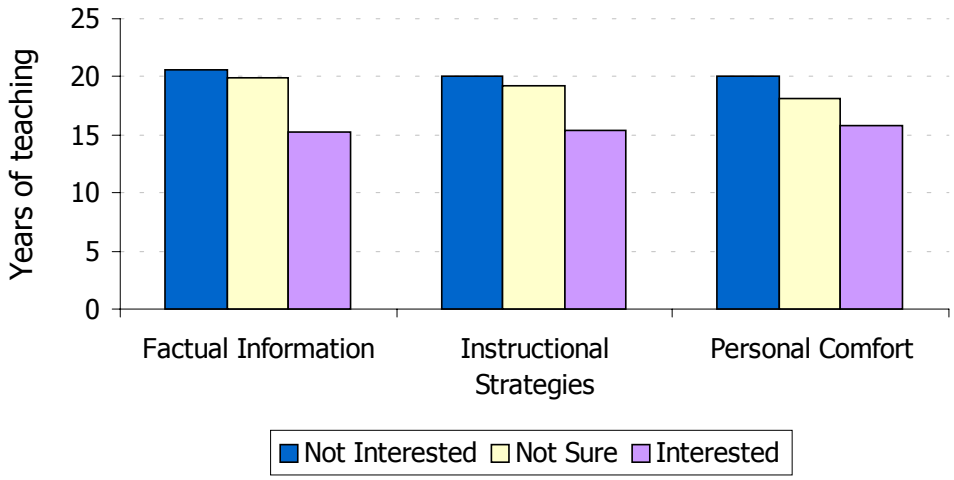
Teachers' Interest in Receiving In-Service Training to Teach Sexual Health

The teachers were asked how interested they were in receiving in-service training, including factual information on sexual health topics, instructional strategies (e.g., role play, small group discussion) for teaching sexual health, and training aimed at increasing personal comfort in teaching sexual health topics. The majority of teachers (63%) indicated that they were interested in receiving all these types of training.

Those teachers who had received training in the past were more likely than teachers who had not received training to be interested in in-service training on factual information about sexual health topics ($P^2(2)=7.3$, $p <.05$). However, having received training in the past did not affect teachers' interest in receiving training in instructional strategies and training aimed at increasing teachers' personal comfort in teaching sexual health topics.

Teachers who had been teaching for longer were less interested in receiving any of the three types of in-service training than were teachers who had been teaching for fewer years (see Figure 11). In general, those teachers who were not interested in receiving training to teach sexual health had been teaching for an average of 20.3 years, whereas the teachers who were interested in receiving training had been teaching for an average of 15.5 years. Teachers who had been teaching for longer were less interested in receiving factual information on sexual health topics (F(2,294)=11.36, p <.001), instructional strategies (F(2,294)=8.39, p <.001), and training aimed at increasing teachers' personal comfort in teaching sexual health (F(2,291)=5.23, p <.05).

Figure 11: Effect of years teaching on interest in various types of training to teach sexual health



CONCLUSIONS AND RECOMMENDATIONS

What are Teachers' Attitudes towards Sexual Health Education?

The teachers overwhelmingly agreed that sexual health education should be provided in the schools and that the schools and parents should share responsibility for providing sexuality education. They also indicated that sexual health education should cover a wide range of topics, with particular emphasis on sexually transmitted diseases, sexual coercion and sexual assault, personal safety, abstinence, puberty, and sexual decision-making in dating relationships.

In general, the teachers indicated that schools should start to teach body image, personal safety, and the correct names for genitals in grades K-3. The majority of teachers felt that most of the other sexual health topics should be introduced in grades 6-8. The teachers were fairly evenly divided with respect to the topics of puberty and menstruation: Approximately half of the teachers thought these topics should be introduced in grades 4-5; the other half thought they should be introduced in grades 6-8.

These results are consistent with research indicating that the majority of Canadian parents want sexuality education to be taught in the schools (Langille, Langille, Beazley, & Doncaster, 1996; Marsmen & Herold, 1986; McKay, 1996; McKay, Pietrusiak, & Holowaty, 1998). Parents also think that the sexual health curriculum should include a wide range of topics and that schools should introduce most sexual health topics in the elementary grades (Langille et al., 1996; McKay, 1996; McKay, Pietrusiak, & Holowaty, 1998).

In general, New Brunswick teachers appear to have similar beliefs about sexual health education as most Canadian parents, although they seem to be more conservative in their beliefs about the grade level at which sexual health topics should be introduced. Yet students who receive sexual health education that is integrated into the curriculum starting in elementary school are likely to be more comfortable and react more positively to sexual health education. Furthermore, the opinions of New Brunswick parents and students must also be considered in deciding the grade level at which various sexual health topics should be introduced.

Recommendation 1: The revised sexual health curriculum should comprise a wide range of sexual health topics.

Recommendation 2: Sexual health education should start in grades K-3. Some topics should be introduced in later grades; however, all sexual health topics should be introduced by grades 6-8.

How Knowledgeable about, Comfortable with, and Willing to Teach Sexual Health Topics are Teachers?

The teachers' responses indicate that, on average, they feel only somewhat knowledgeable, and even less comfortable and willing to teach sexual health. In addition, they feel more knowledgeable, comfortable, and willing to teach topics that are non-controversial. Teachers reported that they feel less knowledgeable about, less comfortable with, and less willing to teach the following topics: sexual behaviour, masturbation, sexual pleasure and orgasm, sexual problems and concerns, pornography, teenage prostitution, and homosexuality. In light of the finding that teachers believe it is important that these topics be covered in the sexual health curriculum, there appears to be a gap between what teachers think should be taught and what they are actually willing to teach. Furthermore, teachers' knowledge was significantly greater than their comfort level, which, in turn, was significantly greater than their willingness to teach sexual health. Moreover, teachers' knowledge and comfort, but particularly their comfort, affected their willingness to teach sexual health. Therefore, teachers who are less knowledgeable and comfortable are also less willing to teach sexual health.

Similarly, Forrest and Silverman (1989) found a gap between what teachers felt should be taught and what was actually taught. According to their survey, few teachers covered homosexuality, safer sex practices, abortion, and birth control. Beazley, MacKinnon, and Langille (1996) found that the coverage of more sensitive topics varied from teacher to teacher and was often dependent on student questions or the individual teacher's personal interests.

These findings also are consistent with the comments expressed by students and parents in the focus groups in the McCall et al. (1999) study. The students felt that while anatomy, AIDS, condoms, and parenting were well covered by their sexuality education classes, topics such as abuse, sexual orientation, and feelings and emotions were not well covered. Parents indicated that they wanted more coverage of contraception, abstinence, intimacy, sexual ethics, negotiation skills, decision-making and the influence of the media. Similarly, students in a study in Minnesota reported that they wanted more openness with their teachers and the use of more active learning/teaching strategies (Eisenberg & Wagenaar, 1997). They also wanted sexuality education classes to start earlier and to spend less time on redundant material. In addition, these students indicated that they wanted more coverage of what they considered to be the real issues -- topics such as sexual orientation, abortion, contraceptives, where to go for help, pregnancy options, sexual violence, how to talk to parents, and

decision-making. Therefore, the topics that most need to be taught are those which teachers feel least comfortable and willing to teach.

Recommendation 3: Regular in-service training must be made available to teachers at all grade levels who are expected to teach sexual health.

Recommendation 4: In-service training programs must address teachers' sense of comfort and competence as well as their knowledge about a broad range of sexual health topics, including sexual behaviour, masturbation, sexual pleasure and orgasm, sexual problems and concerns, pornography, teenage prostitution, and sexual orientation.

Recommendation 5: In-service training must emphasize active learning/teaching strategies (such as role plays and small group discussions) that teachers can use to increase students' comfort with discussing sexual health topics.

What Factors Impact Teachers' Willingness to Teach Sexual Health?

The factor teachers experienced as the greatest barrier to their willingness to teach sexual health was anticipated reactions from parents regarding specific topics in the sexual health curriculum. Thus, the support of parents has a significant impact on teachers' willingness to teach sexual health. Moreover, school-based sexuality programs tend to be more effective when parental involvement is actively encouraged.

Recommendation 6: Parents must be made aware of the goals and content of the sexual health curriculum and their reactions must be accurately assessed and represented.

The second greatest barrier to teachers' willingness to teach sexual health was the amount of training they had received in sexual health. This result also highlights the important role of training in influencing teachers' willingness to teach sexual health topics and further supports Recommendations 3 and 4.

Other factors which were identified by over 30% of teachers as barriers to their willingness to teach sexual health included: being required to teach topics that conflict with their personal beliefs; the comfort level and reactions of students to the discussion of sexual health topics; their level of comfort answering students' questions; and their personal level of comfort talking about sexual health. Therefore, teachers' personal level of comfort teaching sexual health topics and answering students' questions are important factors in determining teachers' willingness to teach sexual health. These results further underscore the need for training to help teachers increase their own and their students' comfort discussing sexual health topics and is consistent with Recommendations 4 and 5.

How Important are Resources and Training in Increasing Teachers' Effectiveness?

The teachers indicated that all the sexual health education resources listed in the survey (videos/films, anatomical models, standardized handouts, lesson plans, suggestions for interactive activities, and reference books) were very important, although standardized handouts and anatomical models were thought to be somewhat less important. The teachers were interested in receiving all types of in-service training, including factual information, instructional strategies, and training aimed at increasing their personal comfort with teaching sexual health topics.

Other studies have indicated that good teaching materials are less available to teachers for topics such as masturbation, sexual orientation, oral and anal sex, and negotiating with sexual partners (MacKinnon et al., 1994; McCall et al., 1999). Beazley et al. (1996) reported that teachers need files of materials and research about these more sensitive topics, and that they want frequent in-service training, specifically on these topics. Moreover, Canadian students report that teaching materials are outdated and that they want more recent, more relevant, and more realistic videos (McCall et al., 1999). This finding is consistent with comments about outdated videos made by many of the teachers in the present study.

The Saskatchewan Department of Education (1991) found that teachers were able to adapt their teaching methods to be based on resources other than textbooks and liked this approach. However, the teachers in this study consistently requested more planning time and more relevant resources. They also reported that the availability of resources had the greatest impact on their teaching and that their teaching problems would be significantly reduced if they had easy access to resources geared to the curriculum.
Several studies evidence the importance of training to increase teachers' comfort with sexual health topics and their use of active learning/teaching strategies (Health Canada, 1994; Ogletree, Rienzo, Drolet, & Fetro, 1995; Saskatchewan Department of Education, 1991). Munro et al. (1994) reported that teachers who have been given adequate training can use various teaching strategies, videos, and guest speakers to influence students' sexual knowledge, attitudes, and behavioural intentions. Similarly, Hamilton and Levenson-Gingiss (1993) found that teachers' comfort with sexuality education materials was associated with their students' evaluations of the course's impact on their sexual knowledge, attitudes, and personal behaviours.

Recommendation 7: Sexual health education resources for each grade level should be continually evaluated and updated, and resources should be provided to teachers as they become available. It is especially important to increase teachers' access to resources on sensitive topics, such as sexual orientation, oral and anal sex, abuse, intimacy, and negotiation skills.

To conclude, the effectiveness of the new sexual health curriculum will depend on teachers' knowledge about sexual health topics, as well as their comfort with and willingness to teach these topics. The results of this survey should be used to inform the revisions to the sexual health curriculum and aid the Department of Education in increasing teachers' comfort level and confidence with sexual health topics, and thus their effectiveness in promoting students' sexual health. However, teachers' opinions must not be considered in isolation. The opinions of parents and students as well as previous research in sexuality education must also be taken into account in determining the new curriculum.

Recommendation 8: In revising the sexual health curriculum, the results of this survey should be interpreted in conjunction with the results of the surveys of parent and student opinions on sexual health education.

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APPENDIX A: COVER LETTER AND QUESTIONNAIRE

Dear Teacher:

The health curriculum designed for students in grades K-8, including sexual health education, is being revised. The Department of Education would like to take teachers' and parents' opinions into account as they do this revision. Therefore, the Department of Education in conjunction with the University of New Brunswick is conducting two surveys: a survey of teachers' ideas about sexual health education and a survey of parents' attitudes towards sexual health education. The parent survey is not designed to evaluate individual teachers' performances in teaching sexual health. We have no interest in and will not be able to link parent responses with particular schools or teachers.

To assist us, we would like you to take a few minutes to fill out our questionnaire. Please complete this questionnaire even if you do not teach or have never taught sexual health education. It is important that you answer each question honestly. **All of the information you provide is confidential and anonymous so do NOT put your name on the survey.** Once you have completed the questionnaire, please seal it in the envelope provided and return it to the main office of your school within one week.

While completing our survey, please keep in mind that sexual health education has two goals. The first goal is to promote sexual health. Sexual health includes positive self-image and maintenance of physical/reproductive health. The second goal is to prevent sexual health problems such as unintended pregnancy, AIDS and other sexually transmitted diseases, or sexual exploitation. The curriculum tries to accomplish this by providing students in each grade with sexual health information that is appropriate for their age and developmental level and builds on the information they received in previous years.

We appreciate your participation. The information we receive will help us to better understand teachers' ideas about sexual health education and to make appropriate revisions to the curriculum. If you have any questions about the survey, please contact Dr. Sandra Byers or Dr. Heather Sears at the University of New Brunswick by telephone (453-4707) or by e-mail (s2jb5@unb.ca).

Thank you for your assistance.

SURVEY OF TEACHER IDEAS ABOUT SEXUAL HEALTH EDUCATION

Part A. We are interested in your general feelings about sexual health education. For each of the following questions, please circle the ONE response that best describes your opinion.

A1. Sexual health education should be provided in the schools.
- a. Strongly Agree
- b. Agree
- c. Not Sure/Neutral
- d. Disagree
- e. Strongly Disagree

A2. The school and parents should share responsibility for providing children with sexual health education.
- a. Strongly Agree
- b. Agree
- c. Not Sure/Neutral
- d. Disagree
- e. Strongly Disagree

A3. Sexual health education that is appropriate for the child's age and developmental level should **start** in:
- a. Grades K-3
- b. Grades 4-5
- c. Grades 6-8
- d. Grades 9-12
- e. There should be no sexual health education in schools

A4. Overall, please rate the quality of the sexual health education that children receive in your school.
- a. Excellent
- b. Very Good
- c. Good
- d. Fair
- e. Poor
- f. Don't know
- g. There is no sexual health education in my school

Part B. There are many topics that could be covered in sexual health education. We would like to know how important you feel it is for each of the following topics to be covered in the sexual health education curriculum. For each topic below, circle the option that best represents your opinion.

1 = Not at all important
2 = Somewhat important
3 = Important
4 = Very important
5 = Extremely important

	Not at all important		**Important**		**Extremely important**
Correct names for genitals	1	2	3	4	5
Puberty	1	2	3	4	5
Reproduction	1	2	3	4	5
Birth control methods & safer sex practices	1	2	3	4	5
Abstinence	1	2	3	4	5
Sexually transmitted diseases	1	2	3	4	5
Sexual coercion & sexual assault	1	2	3	4	5
Personal safety (to prevent child sexual abuse)	1	2	3	4	5
Sexual pleasure & enjoyment	1	2	3	4	5
Sexual decision-making in dating relationships	1	2	3	4	5

Part C. Below is a list of sexual health education topics that could be covered in the classroom. For each topic, put a check mark indicating the grade level at which you think schools should **start** teaching about that topic.

For example, if you feel schools should start teaching the correct names for the genitals in grades K-3, put a check mark in the K-3 column that corresponds to that topic. If you feel that a topic should not be mentioned until grades 9-12, put a check mark in the box for that topic under the 9-12 column. If you feel a topic shouldn't be mentioned at all, put a check mark in the box under the "this topic should not be included" column.

Grade level at which schools should START teaching this topic:

	K-3	**4-5**	**6-8**	**9-12**	**This topic should not be included**
Correct names for genitals					
Body image					
Puberty					
Wet dreams					
Menstruation					
Reproduction and birth					
Birth control methods & safer sex practices					
Abstinence					
Sexually transmitted diseases / AIDS					
Teenage pregnancy / parenting					
Personal safety (to prevent child sexual abuse)					
Sexual coercion & sexual assault					
Building equal romantic relationships					
Homosexuality					
Attraction, love, intimacy					
Communicating about sex					
Being comfortable with the other sex					
Dealing with peer pressure to be sexually active					
Masturbation					
Sexual behaviour (e.g., French kissing, intercourse)					
Sex as part of a loving relationship					
Sexual pleasure & orgasm					
Sexual problems & concerns					
Sexuality in the media					
Pornography					
Teenage prostitution					

Part D. Below is a list of sexual health education topics that could be covered in the classroom. For each topic, on a scale of 1 to 5, please circle the number that represents the extent to which you:

(a) **feel knowledgeable** enough right now to teach this topic;
(b) **feel comfortable** teaching this topic right now;
(c) **are willing** to teach this topic right now.

If you were asked to teach this topic as part of the Sexual Health Curriculum:

	How knowledgeable do you feel? 1 = Not at all knowledgeable 3 = Somewhat knowledgeable 5 = Extremely knowledgeable	**How comfortable do you feel?** 1 = Not at all comfortable 3 = Somewhat comfortable 5 = Extremely comfortable	**How willing are you?** 1 = Not at all willing 3 = Somewhat willing 5 = Extremely willing
Correct names for genitals	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Body image	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Puberty	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Wet dreams	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Menstruation	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Reproduction & birth	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Birth control methods & safer sex practices	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Abstinence	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Sexually transmitted diseases / AIDS	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Teenage pregnancy / parenting	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Personal safety (to prevent child sexual abuse)	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Sexual coercion & sexual assault	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Building equal romantic relationships	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

	How knowledgeable do you feel? 1 = Not at all knowledgeable 3 = Somewhat knowledgeable 5 = Extremely knowledgeable	**How comfortable do you feel?** 1 = Not at all comfortable 3 = Somewhat comfortable 5 = Extremely comfortable	**How willing are you?** 1 = Not at all willing 3 = Somewhat willing 5 = Extremely willing
Homosexuality	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Attraction, love, intimacy	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Communicating about sex	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Being comfortable with the other sex	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Dealing with peer pressure to be sexually active	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Masturbation	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Sexual behaviour (e.g., French kissing, intercourse)	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Sex as part of a loving relationship	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Sexual pleasure & orgasm	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Sexual problems & concerns	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Sexuality in the media	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Pornography	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Teenage prostitution	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

D2. How much experience do you have teaching Personal Safety (elementary school)?

a. No experience
b. Some experience
c. A moderate amount of experience
d. Considerable experience
e. Extensive experience
f. I have never taught elementary school

D3. How much experience do you have teaching Human Growth and Development (middle school)?

a. No experience
b. Some experience
c. A moderate amount of experience
d. Considerable experience
e. Extensive experience
f. I have never taught middle school

D4. How much experience do you have teaching aspects of sexual health in other courses?

a. No experience
b. Some experience
c. A moderate amount of experience
d. Considerable experience
e. Extensive experience

D5. Have you ever received training to teach sexual health?

a. Yes
b. No

D6. If you have received training to teach sexual health, how adequate was your training?

a. Excellent
b. Very Good
c. Good
d. Fair
e. Poor

D7. Please indicate with a check mark how each of the following factors **as you perceive them at the current time** affects your willingness to teach sexual health.

	Makes me more willing	**Has no effect**	**Makes me less willing**
(1) Amount of training I have had in sexual health			
(2) My level of knowledge			
(3) Nature of resources available			
(4) Amount of time allocated to sexual health			
(5) Level of support from school / district administration			
(6) Community attitudes toward sexual health education			
(7) Anticipated reactions from parents regarding specific topics in the sexual health curriculum			
(8) Comfort level & reactions of students to discussion of sexual health topics			
(9) My level of comfort answering student questions			
(10) Being required to teach topics that conflict with my personal beliefs			
(11) My personal level of comfort talking about sexual health			
(12) Other (please specify) _____			

D8. Look back at the factors listed in Question D7. Please indicate which three of these factors you consider to be the greatest barriers to your willingness to teach sexual health by writing the **numbers** corresponding to these factors in the spaces below.

Greatest barrier: _____

Second greatest barrier: _____

Third greatest barrier: _____

D9. Would you feel more comfortable teaching sexual health to:

a. Single sex groups
b. Mixed sex groups
c. I would feel equally comfortable teaching single and mixed sex groups

D10. Please indicate how important the availability of each of the following resources is in determining your willingness to teach sexual health.

1 = Not at all important
2 = Somewhat important
3 = Important
4 = Very important
5 = Extremely important

	Not at all important		**Important**		**Extremely important**
Videos/films	1	2	3	4	5
Anatomical models	1	2	3	4	5
Standardized handouts	1	2	3	4	5
Lesson plans	1	2	3	4	5
Suggestions for interactive activities	1	2	3	4	5
Reference books	1	2	3	4	5

Part E. Although we do not need to know who you are, it would be helpful to be able to identify some of the characteristics of the people who complete this questionnaire. Please provide the following information about yourself by circling the appropriate answer.

E1. Gender:
- a. Male
- b. Female

E2. Age
- a. Under 30
- b. 30-39
- c. 40-49
- d. 50+

E3. Do you live in a
- a. Rural community
- b. Town
- c. City

E4. What grade(s) are you teaching this year? _____

E5. What other grades have you taught in the past? _____

E6. How many years have you been teaching? _____

Part F.

F1. Please provide any other comments regarding sexual health education in the schools.

F2. What more could the Department of Education do to make it easier for you to teach sexual health topics?

F3. If the Department of Education was to offer it, would you be interested in the following types of in-service training:

(1) factual information on sexual health topics
   a. Yes
   b. No
   c. Not sure

(2) instructional strategies (e.g., role play, small group discussion) for teaching sexual health topics
   a. Yes
   b. No
   c. Not sure

(3) training aimed at increasing your personal comfort in teaching sexual health topics
   a. Yes
   b. No
   c. Not sure

F4. If you are interested in further training, what topics especially interest you?

Thank you very much for taking the time to complete our questionnaire. Your answers will help us revise the sexual health education curriculum. Please seal this questionnaire in the envelope provided and return it directly to the main office of your school within one week.

To request a copy of the results of this survey, please contact Dr. Sandra Byers or Dr. Heather Sears at the University of New Brunswick by telephone (453-4707) or e-mail (s2jb5@unb.ca).

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