Perceptions of a School-Based Sexuality Education Curriculum: Findings from Focus Groups with Parents and Teens in a Southern State

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Abstract

School-based sexuality education is widely supported by most Americans. However, there is debate over the topics that should be taught. Also, a better understanding of desires adolescents and parents have for equipping youth to make healthy decisions is needed. This study gathered perceptions from parents and students about the sexuality education curriculum being implemented in selected, priority high schools in Arkansas. Separate parent and student focus groups were conducted at four of the fifteen priority high schools with high rates of sexually transmitted infection (STI) and teen pregnancy. Common themes included: 1) sex education should be comprehensive and is currently inadequate; 2) characteristics valued in friendships are not currently reinforced in schools leaving a disconnect for students when it comes to healthy romantic relationships; 3) students feel ill-equipped to pursue healthy dating relationships and lack realistic role models for healthy dating relationships; and 4) many teens are believed to be in abusive dating relationships. A comprehensive sexuality education curriculum is recommended to better address all relationship types and equip students to make healthy decisions in the context of their relationships.

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Introduction

Sex education delivered through schools is widely supported by most Americans (Heller & Johnson, 2013; Kaiser Family Foundation (KFF), 2004; Landry, Darroch, Singh, & Higgins, 2007; Planned Parenthood, 2014). Parental opinions of appropriate sex education have been well-assessed (Barr, Moore, Wilson, Parisi & McCann, 2017; Eisenberg, Bernat, Bearinger, & Resnik, 2008; Gizlice, Owen-O'Dowd, Foust, Leone, & Miller, 2006; KFF, 2000; Kantor & Levitz, 2017; Yarber, Milhausen, Crosby, & Torabi, 2005) and most parents are agreeable to a comprehensive curriculum in schools (Barr et al, 2017; KFF, 2004). Yet the need for comprehensive sexuality education (CSE) remains a critical public health issue.

Arkansas ranks first in the United States for teen birth (Martin, Hamilton,

Osterman, Driscoll, & Mathews, 2017), second for teen pregnancy (Kost, Maddow-Zimmet, Arpaio, 2017) and has STI rates above the national average among ages 15-24 (Centers for Disease Control and Prevention [CDC], 2013). Despite this, Arkansas law does not require schools to teach sexuality education (Guttmacher Institute, 2019; Population Institute, 2018; Sex, Etc., 2017). If sexuality education is taught, abstinence must be emphasized but local school leaders decide what content is taught (Sexuality Information and Education Council of the United States [SIECUS], 2017). The Division of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion, and CDC identified 19 recommended topics for sexuality education programs, yet only 38% of high schools in Arkansas taught all 19 (Arkansas Department of Education [ADE], 2016). Additionally, only 18% of middle schools that taught sexuality education taught all 19 topics (ADE, 2016).

Recommendations have been made by various councils, organizations, and experts on what topics ought to be taught in sexuality education (CDC, 2014; Oregon Department of Education, 2015). However, topics adolescents want to learn to feel equipped to make healthy decisions are less known.

Only one nationally representative study asked students in the US about desired topics. In 2000, The Kaiser Family Foundation [KFF] surveyed students, parents, sexuality educators, and principals nationwide asking about sex education and sex issues. Of the students who had taken sex education in seventh through twelfth grades, about half responded they wanted more information about 40% of the specified topics. The results showed students wanted more information on STIs, HIV/AIDS, STI/HIV testing, what to do if they or a friend were sexually assaulted, dealing with emotional consequences and issues of being sexually active, and partner communication about STIs and contraception (KFF, 2000). This study indicated adolescents desired more information about traditional sexual health topics along with communication, negotiation, and safer sex skills (KFF, 2000); valuable skills given the rise in adolescent dating violence and abuse (ADVA) (Stonard, Bowen, Walker, & Price, 2015). Even though students who received CSE were more likely to report being "very prepared" on preparedness questions (i.e., questions regarding communicating about sexual health issues, accessing birth control, how to use contraceptives, dealing with emotional issues and consequences of being sexually active, including the pressures surrounding sex, and deciding to abstain or wait), these adolescents did not feel prepared enough to handle sexual decision-making, and the majority of them did not demonstrate sufficient topical knowledge in sex education when assessed (KFF, 2000).

If curriculum leaders ignore topics students are interested in, adolescents often turn to their peers (Baheiraei et al., 2014) or the Internet (Buhi, Daley, Oberne, Smith, Schneider, & Fuhrmann, 2010; Simon & Daneback, 2013) for sexual health information. The latter is especially true among sexual minority adolescents (Guse, Levine, Martins, Lira, Gaarde, Westmorland, & Gilliam, 2012). This is problematic because these adolescents are at high risk for poor sexual health outcomes (Wilson, Maness, Thompson, Rosen, McDonald & Wiley, 2018) with different sex education topical preferences from their heterosexual peers (Wilson, Rosen, Thompson & Maness, 2017).

The purpose of this project was to assess the perceptions of a sexuality education curriculum in selected, priority high schools in Arkansas, with attention to how well the curriculum addressed "healthy relationships" (e.g. friendships, romantic relationships, etc.). The Arkansas Department of Education (ADE) was interested in identifying and promoting a curriculum that incorporated all types of healthy relationships. The researchers queried if students believed they were being taught what they needed to make healthy decisions in all of their relationships, and how both parents and students perceived the current curriculum.

Materials and Methods

Fifteen high schools in Arkansas were previously identified and prioritized for having high STI and teen pregnancy rates by ADE. In order to evaluate how well the curriculum being implemented was perceived by students and parents, the School Health Coordinator at ADE partnered with the researchers to conduct focus groups of parents and students. Focus groups were conducted at four of the 15 priority schools. The researchers selected the four schools to provide a demographically diverse sample. Schools differed by size and location. The smallest district had approximately 600 students in a rural part of the state while the largest district had a little over 22,000 students) in an urbanized area of the state (United States Department of Agriculture [USDA], 2017).

Participants identified by the school health coordinator at each site were parents from volunteer lists and were willing and able to participate in the focus group at the date and time designated by the coordinator. Students were identified in a similar manner.

The institutional review board at the University of Arkansas for Medical Sciences approved this study (IRB#206499 approved March 1, 2017). The researcher described the purpose of the study to, and received verbal consent from all participants to participate in the study prior to the focus groups. This study did not require written consent or parental consent. Demographic information, such as age, race/ethnicity, and gender identity, were collected from participants, excluding personal identifiers.

The researchers conducted focus groups to gather thoughts on several topics covered in a short amount of time (Pitney & Parker, 2009). Data were collected from parents and students separately and thus, participants were not necessarily parent-child dyads. Because identifiable data were not collected, the number of parent-child dyads is unknown.

The focus group scripts were developed in partnership with the School Health Coordinator at ADE. Focus group questions were categorized into domains addressing friendships, dating relationships, and sexuality education. For example, questions posed to parents under the domain "healthy dating relationships" included: 1) Tell me what comes to your mind when I say, "healthy dating relationships." 2) Tell me what comes to your mind when I say, "unhealthy dating relationships." 3) What do you think your children are being taught in regard to these types of relationships? 4) In terms of dating relationships, what do you want your children to learn in school? 5) At what age do you feel it is necessary for the schools to teach your children about healthy dating relationships?

For students, some questions in this domain were the same but some differed including: 1) Have there been any lessons or activities that you can recall about dating? If yes, what were they like? 2) Who do you look to as role models for healthy dating relationships? 3) Since relationships are a part of human sexuality, what else would you want to know to be better equipped to have a healthy dating relationship? Additional follow-up questions or probes were asked occasionally to gain clarity on participant responses.

All focus groups were audio recorded and transcribed by a professional transcription service. The researchers performed conventional content analysis to code the qualitative data (Hsieh & Shannon, 2005). The lead author and a graduate student coded the data separately using open coding (Marshall & Rossman, 2016) identifying key ideas and noting patterns in the data. The researchers then performed axial coding by grouping their initial codes into categories reflecting conceptual commonalities (Strauss & Corbin, 1998). The two researchers then reached consensus and grouped the codes according to each pre-determined domain (i.e. friendships, healthy dating, unhealthy dating, and sexuality education). As a result, common themes were identified in these domains through discussion and consensus following the basic framework of grounded theory (Strauss & Corbin, 1998).

Students completed a brief survey

constructed to gauge their interest in a variety of topics that may or may not have been covered by their curriculum (e.g. “LGBT-related topics,” “Love,” “HIV/STIs,” “Pregnancy,” “How to report bullying,” “Online safety,” etc.). To efficiently gather responses, next to each topic students marked whether the topic was “already covered,” which indicated the topic was sufficiently addressed; “wish it was covered,” which indicated the topic was not addressed at all; or “wish it was covered more,” which indicated the topic was covered but insufficiently so. Students were asked to complete these surveys after discussions ended. The surveys were used to gather information that would inform school health coordinators, teachers, and administrators what topics are sufficiently covered and most desired by the students.

Results

Participant Demographics

Twenty of thirty-three students identified as female with a mean age for all subjects of 16 years of age. Additional student demographics included: 19 white, 6 Black, 3 Hmong, 5 Hispanic (including Latino and/or Mexican identities), and 1 biracial student.

Both parents (n=22) and grandparents (n=7) who were the primary caregivers participated in the parent focus groups. Most subjects were female (n=24), and white (n=20), while others identified as Black (n=6) or Hispanic (n=3). Age and highest education level of parents/caregivers are not reported as these data were only collected at three of the four sites.

Focus Group Findings

Themes emerged in the following domains: sex education, friendships, healthy dating, and unhealthy dating. Content analysis revealed the following themes shared between parents and students: 1) sex education should be comprehensive and is currently inadequate; 2) characteristics valued in friendships are not currently reinforced in schools leaving a disconnect for students when it comes to healthy romantic relationships; 3) healthy dating should build on friendship, but teens lack realistic role models for healthy dating relationships; and 4) many teens are believed to be involved in abusive dating relationships. See Table 1 for the list of codes and shared themes from the qualitative data. Occasionally, where appropriate, a finding that represents a viewpoint shared by a minority of participants is shared to show the diversity of perspectives captured by the focus groups. In one instance, a singular, negative case is shared that differs from the majority on that topic.

Theme 1, Part A: Sex education should be comprehensive. When discussing sex education, both parents and students desired comprehensive curriculum including contraception, STI and pregnancy prevention, and relationships. When asked “what comes to mind when I say sex education?” Many parents and students said, “putting a condom on a banana.” Regardless, both parents and students desired the curriculum cover more content. One parent said:

> There’s the biology part of it, and then there’s the relationship part of it, and a lot of times, our kids get taught the biology part of it, but they don’t really equate that to an actual relationship, until they’re already in the backseat of a car or something. Then they’re like ‘Oh my gosh!’ They don’t know how to deal with that.

When asked what should be covered, many participants said, “Everything!” While many parents wanted the curriculum to continue to stress abstinence, most parents and students believed that sex education is inadequately covered in their respective schools. One student indicated they wanted the “good” and “bad.” One student said:

> Instead of being like, ‘Don’t do this because you could get pregnant or you could get and STD or STI,’ I feel like they should tell us, ‘Well if you’re gonna do it, you’re gonna do it.’ Just…teach safe sex.

Some students indicated that schools covered sex education simply with the message “don’t do it.” Additionally, several students felt

Table 1
Summary of findings from focus groups of parents (n=29) and students (n=33)

Coding Domains	Codes and Key Points/Phrases	Common Themes
Sex Education	Comprehensive, STI prevention, birth control options, reproduction; needs to be taught differently (different approach; potentially different instructor)	**Theme 1:** Sex education should be comprehensive and currently inadequately covered in schools.
Friendship	Trust, support, honesty, acceptance/ no judgement, respect, and good communication; believe in the value of these characteristics; the school is not teaching them	**Theme 2:** Characteristics valued in friendships are not currently reinforced in schools leaving a disconnection for students when it comes to healthy romantic relationships.
Healthy Dating	Encouragement, respect, and support; believe dating should build on friendship with addition of love, commitment, and be free of pressure for sex; students lack models	**Theme 3:** Students feel ill-equipped to pursue healthy dating relationships and lack realistic role models for healthy dating relationships.
Unhealthy Dating	Disrespect, jealousy, controlling, abuse, and feeling compelled to be in a relationship; identified signs of abuse; lack of real life models; mimicking relationships seen in the media	**Theme 4:** Many teens are believed to be involved in abusive dating relationships.

as if teachers either tried to scare them from having sex or avoided sex education altogether. One parent acknowledged their lack of exposure to sex education or any education on developing healthy relationships by saying they did not have "anything" when they were in school. Another parent commented, "just about reproduction and that's it." Another parent admitted:

> I think if we had talked about it in schools growing up…that we'd be more at ease with our children. I think the subject itself – because we weren't taught that or anything – that we're uneasy and therefore, a lot of people just ignore it.

While many parents approved of a more detailed and comprehensive curriculum, a few parents spoke of not approving of any topic being taught to their children beyond "the body parts." To clarify their statements, a researcher asked specifically which topics they did not want taught, and one parent became visibly uncomfortable and just kept repeating "you know…you know…" while other parents offered recommendations.

Theme 1, Part B: Sex education is currently inadequate. In order to more adequately and appropriately address any of the desired topics, several participants indicated the delivery of the curriculum needed to change. A few parents and students suggested the sex education curriculum be taught after school. Although only a few participants made this suggestion aloud, there was little disagreement, but some students indicated they would have difficulty participating in an after-school program since they were already participating in other extracurricular activities or had jobs or would have transportation issues. Some students mentioned having sex education online as an option in their school. These

suggestions implied the content would be taught in a different way or in a different setting than typical classroom courses. Several students mentioned (often with laughter and/or eye rolls) that a coach taught their health class and limited sex education to assigning reading a chapter on STIs. However, students named other teachers or school counselors who they felt comfortable talking to about these topics. Some participants desired the sex education curriculum be taught in small groups with discussion and others hoped that lessons would incorporate several types of learning activities. One student stated simply, "We need to talk about this more."

Theme 2: Characteristics valued in friendships are not currently reinforced in schools leaving a disconnect for students when it comes to healthy romantic relationships. Regarding friendships, both parents and students valued many of the same characteristics. Friendships were commonly characterized by trust, support, respect, dependability, good communication, and just being fun. Many parents felt responsible to teach their children to develop these characteristics. However, both parents and students did not feel as though these characteristics were reinforced by the school's curriculum. One student said, "I don't think a lot of teens know how important relationships really are, and they need to be taught more."

A few students mentioned their school often had a "theme" or a character trait promoted periodically. However, outside of posting the word on the school's signage, it was not believed these characteristics were actively taught during the school day. Furthermore, a few students said, "it was cool to be cold," meaning it was acceptable to be emotionally disconnected from one's peers. While being "heartless" was not promoted by the school curriculum, the sentiment was not countered either. Parents also noted that being dismissive and cold-hearted towards friends was common among their children or their children's peers. Both parents and students described instances of social and/or emotional bullying that occurred even between friend groups at school. One parent said, "one day you are in and the next day you are out." Participants also mentioned that bullying frequently occurred on social media, which was difficult to control. They also acknowledged they were not sure about the school's role or ability to enforce an anti-bullying policy for such instances of non-school based electronic bullying.

Theme 3, Part A: Students feel ill-equipped to pursue healthy dating relationships. Regarding dating, parents and students both shared the belief that dating relationships should be built on encouragement, respect, and support, with the addition of love and commitment, but should be free of pressure or coercion for sex. Students wanted topics such love and "how to deal with heartbreak" to be taught by their teachers. Among parents, when asked what comes to mind with "healthy dating," many said "abstinence." A few students responded in a similar fashion as well.

Both parents and students also wanted topics like consent taught. One student added, "You don't have to have sex to have a healthy relationship. That's important. Especially for people who are LGBT, they don't really know. There's not a lot of people who talk about it." This comment also reinforced another point made by many students. They believed a variety of romantic relationships, inclusive of different sexual orientations and gender identities, should be covered in their curriculum. However, only one parent noted he/she believed providing information was equal to "promoting homosexuality," which that person opposed.

Theme 3, Part B: Students lack realistic role models for healthy dating relationships. Both parents and students agreed that teens lack realistic and/or relatable role models for romantic relationships. Some students pointed to grandparents who had loving, lasting relationships, but few students indicated they had relatable role models. Without the presence of healthy romantic relationships to model, many teens admitted they either mimicked the relationships seen in the media or simply attempted to "learn

from experience." One student waited until her junior year to date and admitted that she did not really know what to do or how to be in a romantic relationship. She admitted to being jealous and manipulating her dating partner, but learned from her experiences and was "better now" as a senior. Another student said, "They don't ever tell us how it should be. We just have to guess and go off of TV." Parents did not dispute these claims. Both parents and students wanted healthy dating taught so students could identify characteristics of healthy and unhealthy relationships.

Theme 4: Many teens are believed to be involved in abusive dating relationships. Both parents and students described warning signs of abusive dating relationships observed among teenage relationships in their community. Participants mentioned several instances of controlling or manipulative behaviors displayed among teens. Several participants noticed constant texting to "keep tabs on each other" to find out where their respective romantic partners were, what they are doing, and with whom. A few participants implied that not having peer approval would be problematic for their respective relationships. A few teens mentioned observing peers in verbal or physical fights over apparent missteps in their respective relationships.

One parent mentioned an occasion when her daughter's boyfriend would approve or disapprove of her daughter's clothing to wear to a football game via texting. The parent intervened by telling her daughter to "wear the tank top if she wanted to" even though the boyfriend had vetoed that choice. The parent recognized the boyfriend exhibited unhealthy, controlling behavior. Some parents shared a feeling of being exasperated by these behaviors they had observed with their own teens and/or their teens' friends. (Additional note: The researchers noticed a lot of nonverbal agreement over this topic, including shaking of heads as if to say "it's such a shame" to show how disappointed they were that these behaviors occurred so often.)

Survey Results

Frequency analysis of the student surveys identified the top two topics students "wish were covered" as LGBT-related topics (66%) and love (63%). Students also want more information on pregnancy (61%), HIV/STIs (58%), sexual behaviors (56%), and dating (55%). Other topics

Table 2
The most frequently selected topics* by students (n=33) according to level of interest

Student Level of Interest	Most Frequently Selected Topics	Frequency (n)	Percent
Wish it were covered	LGBT-related topics	21	66%
	Love	20	63%
Already covered	How to report bullying	19	56%
	Developing anti-bullying policy for your school	19	55%
	Online safety	17	52%
Wish it were covered more	Pregnancy	22	61%
	HIV/STIs	19	58%
	Sexual behaviors	20	56%
	Dating	18	55%
	Relational or emotional abuse	19	58%
	Sexual abuse	18	55%
	Sexual harassment	18	55%

*Reported by 50% or more students

that students wished were covered more included many of the topics in the unhealthy relationships category, such as relational or emotional abuse (58%), sexual abuse (55%), and sexual harassment (55%).

In terms of topics that were "already covered," the most frequently selected topics were in the domain of bullying and included how to report bullying (56%) and developing an anti-bullying policy for your school (55%). Students also indicated that online safety (52%) was already covered sufficiently. These topics are not addressed beyond reporting them in this section because they were viewed as being sufficiently covered. The other results presented above, along with the following discussion section, address desired topics viewed as insufficiently covered by the school. (See Table 2 for more detail.)

Discussion

Both parents and students said the current approach to addressing relationships, specifically in sex education, was inadequate, which is consistent with previous research (KFF, 2000). Students and most parents requested a more comprehensive curriculum that covers all methods of contraception and/or birth control and includes discussion about a variety of sexual identities and types of relationships. These results complement other studies reporting parental support of a wide range of topics being addressed in sex education (Kantor & Levitz, 2017; Planned Parenthood, 2018).

As indicated by previously reported trends, there has been a decline in formal sex education in schools, particularly regarding birth control, consent, and STIs/HIV; and parents seemingly not addressing these education gaps (Lindberg, Maddow-Zimet & Boonstra, 2016). Several parents from this study stated their avoidance of these topics was due to their own lack of knowledge. Only 30.2% of secondary schools (grades 6-12) in Arkansas provided families with health information designed to increase parent and family knowledge to prevent HIV, STIs, and pregnancy (ADE, 2016), and several parents in the focus groups requested more education. Specifically, some parents requested parent sexuality education classes. The researchers support this suggestion, namely, because many parents did not know basic terminology related to sexual orientation and/or gender identity and struggled to identify themselves accordingly on the demographic form. Previous research revealed that parents believe talking to their children about sex is important but many had not, and one of the primary reasons was feeling ill equipped to do so (Wilson, Dalberth, Koo & Gard, 2010). The researchers believe that covering much of the same material with parents can help assuage fears about their child's sex education, while also equipping parents to address these topics with their children.

Findings from this research also suggest a need for training for special topics related to sexuality education. Over half of the leading health education teachers in Arkansas reported wanting to receive professional development in all areas related to teaching sexual health education (ADE, 2016). Funding for and access to annual professional development is suggested for instructors teaching sexuality education to stay current with relevant data, trends, skills, and topics of student interest. Continuing education for instructors should increase their comfort level and subsequently help ameliorate participants' concerns about providing appropriate sexuality education.

Parents were generally supportive of comprehensive curriculum including contraception; similar to findings in another conservative, southern state (Kershner, Corwin, Prince, Robillard, Oldendick, 2017). Yet parents strongly desire to be informed of exact content being taught. Therefore, the researchers also suggest administrators and teachers be proactive when anticipating how to address possible opposition from parents. Scheduling a time when parents can learn about sexuality education topics can be an effective technique to overcome potential barriers, alleviate anxiety associated with introducing new topics perceived to be

controversial by some parents (i.e. LGBTQ+, pregnancy & STI prevention, consent, etc.), and provide important education.

One of the surprising findings was the number of times both parents and students identified or described abusive behaviors occurring between students involved in dating relationships. Because "ADVA [adolescent dating violence and abuse] has been recognized as a risk to adolescents' health and well-being (Ackard, Eisenberg & Neumark-Sztainer, 2007; Callahan, Tolman & Saunders, 2003; Ismail, Berman & Ward-Griffin, 2007; Silverman, Rag, Mucci & Hathaway, 2001)" [in Stonard et al., 2015, p.3], this is a concern shared by participants and needs to be addressed. Participants described manipulation and controlling behaviors in many peers' relationships, but a few students also mentioned physical violence such as hitting and choking. Issues of power and control are common in emerging dating relationships among teens and may be based on behaviors performed in previous interactions with peers (e.g. experiences with bullying) (Furman & Collins, 2008). This mind-set can be problematic because, "experiences in healthy dating relationships help adolescents to develop a sense of identity, foster interpersonal skills, and promote feelings of self-worth (Barber & Eccles, 2003), it appears that adolescents who bully are at a serious disadvantage in their romantic relationships" (Ellis & Wolfe, 2014, p. 16).

In addition, a consent in relationships should be addressed. Previous research acknowledges that dating relationships are new experiences for teens, and they typically have a limited understanding of what are acceptable behaviors in the context of dating (Foshee et al., 2007). Researchers recommend that the state-mandated curriculum should include:

- Characteristics of healthy and unhealthy relationships
- Warning signs of abuse and how to report abuse
- Effective communication strategies
- Consent and respect
- Appropriate refusal skills
- How to end an unhealthy relationship
- Healthy coping strategies for handling rejection
- Harmful effects of jealousy
- Strategies for resolving conflict
- Unhealthy and controlling behaviors involving electronic communication and social media

Recommendations

The researchers recommend that schools use evidence-based comprehensive curricula that cover a variety of topics that students want, along with a balanced presentation of material combined with teaching effective decision-making skills and healthy coping strategies. This will equip students to make healthy decisions regarding relationships and their sexual health. Most of the students in this study indicated they themselves were the people who had the most influence on their personal decisions about sex. While some students may have mentioned their parents or their partners, most believed themselves to have the most influence or control over their decisions regarding sex. One student said, "I feel like by this age, I'm my own person. I've seen enough to know how I think I should act." Thus, schools have a powerful opportunity to equip these students with the knowledge and skills necessary to make healthy decisions.

School district administrative support along with parental support could help facilitate providing a curriculum that is both needed and desired by both parents and students. Involving parents in curriculum selection helps reduce the potential backlash from parents when implementing a CSE curriculum . Because most parents want, or even expect, their children to learn how to have healthy relationships and how to be protected from STIs/pregnancy, coercion or abuse but are often uncertain as to how address these topics with them, implementing such a curriculum (with their involvement) in the schools is desired. Ultimately, the common goal is for adolescents to have adequate knowledge

and skills to make informed, healthy decisions. In order to reach this goal, administrators, teachers, parents, and students must work together.

Furthermore, while students and parents alike expressed that teens do not always have role models for healthy relationships, several participants pointed to grandparents or other exemplars in healthy, committed, and loving relationships. Perhaps schools could incorporate guest speakers or have students interview diverse couples in healthy relationships to talk about what works and what lessons they have learned to maintain a healthy relationship. These activities could provide and reinforce healthy role models. Providing realistic and relatable models may also help teens who are prone to seek most of their information from their peers, online, and/or the media.

Limitations

One limitation of this study was that school health coordinators identified participants at each site, and participation was based on willingness and availability to participate. Thus, the researchers did not control selection criteria and used a convenience sample; some bias could be present in the participant pool and in the perspectives shared.

Another limitation was not collecting some demographic information from one of the parent groups. This oversight is unfortunate as it did not allow the researchers to collectively report the demographic makeup of the participating parents.

Conclusion

Most participants, especially students, want a more comprehensive approach to sex education. Students are not being consistently taught what they want or what they need to make healthy decisions and develop healthy relationships. Parents and students agreed more than they disagreed about what needed to be addressed by the schools' curriculum. Many parents were also unaware and uneducated themselves about sexuality or how to have healthy relationships. Further, the parent participants did not feel equipped to address many of these topics with their teens. Thus, both parents and students requested and would benefit from education about healthy relationships. After all, the purpose is to help teens to become healthy adults and to make healthy, informed decisions that will affect their lifetime relationships and overall wellbeing.

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Perceptions of a School-Based Sexuality Education Curriculum: Findings from Focus Groups with Parents and Teens in a Southern State

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1. According to research by Martin, Hamilton, Osterman, Driscoll, & Mathews, where does Arkansas rank in the United States for teen birth rates?
    a. Second
    b. First
    c. Above average
    d. Nineteenth

2. What percent of high schools in Arkansas teach all 19 recommended sexuality education topics?
    a. 38%
    b. 18%
    c. 100%
    d. 55%

3. Where are youth most likely to get information regarding sexual health?
    a. Peers
    b. Parents
    c. Teachers
    d. Healthcare providers

4. What was the purpose of this study by Marshall, Hudson and Stigar?
    a. To examine if abstinence based curricula is reducing the number of unintended pregnancies in Arkansas
    b. To explore what students know about safe sex practices in Arkansas
    c. To assess perceptions of the current sexuality education curriculum in Arkansas
    d. To determine whether or not parents/guardians are providing youth with comprehensive sex education in Arkansas

5. What potential bias was mentioned in this study by Marshall, Hudson & Stigar as a limitation?
    a. Not all demographic information was collected
    b. The parents agreed that comprehensive sexuality education should be taught in schools
    c. Students requested comprehensive sexuality education
    d. Participants were identified by the school health coordinator

6. Where do youth, who participated in this study, reportedly get their ideas of what a romantic relationship is supposed to look like?
    a. Media
    b. Parents
    c. Peers
    d. Health care providers

7. What were the top two topics requested by students who participated in this study?
    a. HIV/STIs and Sexual Behaviors
    b. Sexual Abuse and Sexual Harassment
    c. LGBT-related topics and Love
    d. Pregnancy and Dating

8. What was the primary reason parents reported not talking to their kids about sex according to research by Wilson, Dalberth, Koy, and Gard?
    a. They want to pretend their kids are not having sex
    b. They feel ill equipped
    c. It's not appropriate
    d. That's the teachers job

9. According to the students participating in the study by Marshall, Hudson & Stigar, who has the most influence over the decisions youth make regarding sex?
    a. Parents
    b. Teachers
    c. Themselves
    d. Peers

10. What was the main conclusion of this study by Marshall, Hudson & Stigar?
    a. Parents and students both want a more comprehensive approach to sex education
    b. Students are not receiving the information they need to make informed decisions
    c. Parents should be in charge of teaching sexuality education to their children
    d. Abstinence based education is working in the state of Arkansas