



## Motivators and Barriers to Sexual-Health Information Provision in High School Libraries: Perspectives from District-Level Library Coordinators and High School Principals

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### Abstract

*Adolescents who receive current, accurate, reliable, and balanced sexual-health information are more likely to express healthier sexual attitudes and engage in healthier sexual behaviors than adolescents receiving limited or no sexual-health information. High school librarians have the potential to help meet sexual-health information needs of their adolescent patrons, thereby contributing to a healthier society. This Delphi study explored the role of high school librarians as sexual-health information provider, as perceived by two groups who supervise them: district-level library coordinators and high school principals. The two groups expressed conflicting expectations about high school librarians' playing this role. Members of the groups identified twelve motivators and five barriers to sexual-health information provision in high school libraries, both supporting and further contributing to previous findings of related research.*

### Introduction

American adolescents currently receive unequal access to sexual-health education and information in the home and at school. They also consistently report expressing unhealthy sexual attitudes and engaging in unhealthy sexual behaviors when compared to adolescents in other industrialized countries. Such unhealthy attitudes and behaviors can potentially result in detrimental psychological and/or physiological effects for themselves, their current and/or future partners, and their existing and/or future children. A positive correlation exists between adolescents who have access to educational programs and information providing balanced perspectives of sexual health and development, and adolescents' short- and long-term sexual attitudes and behaviors.

High school librarians have the potential to play the role of sexual-health information provider, thereby helping to bridge this information gap for their adolescent patrons and possibly contribute to healthier decision-making. High school librarians work within two professional

communities, each with their own expectations regarding sexual-health information provision for adolescents. The Library and Information Science (LIS) community typically encourages school librarians to play this role, while the education community can both encourage and discourage school librarians from playing this role. LIS literature has identified predominant factors serving as motivators and barriers to information provision in the school library; these factors can positively or negatively affect adolescents' access to sexual-health information.

This baseline Delphi study explores the expectations district-level library coordinators and high school principals have about high school librarians' playing the role of sexual-health information provider, and the factors library coordinators and principals perceive as encouraging and discouraging high school librarians from potentially playing this role.

## Literature Review

### Adolescent Sexual Behaviors

In 2009 46.0% of American adolescents, defined as any person between the ages of 13 and 19 years, had been sexually active, and numerous adolescents practiced unhealthy sexual behaviors. The Centers for Disease Control and Prevention (CDC) identify unhealthy behaviors as engaging in sexual activity at an early age, having multiple partners, and not using contraception. In 2009 5.9% engaged in sexual intercourse prior to the age of 13 years; 34.2% were currently sexually active; 13.8% had at least four sexual partners; and 38.9% did not use a condom during the most recent act of sexual intercourse (CDC 2010a).

Sexually transmitted disease (STD) contraction rates and pregnancy rates are higher among American adolescents when compared to rates among adolescents in other industrialized nations (Blinn-Pike 1996; Singh and Darroch 1999; Abma et al. 2004; Kirby 2007). Every year approximately 50% of the 19 million Americans contracting STDs are between the ages of 15 and 24, despite the fact that this age group represents only 25% of the national population. This age range covers both high school and college students, but the CDC, which provides the most reliable data, did not further divide this age group for this statistic. More cases of chlamydia and gonorrhea are reported among females between the ages of 15 and 19 than in any other age group. Among males of all ages, the 15- to 19-year-old age group reports the second-highest number of cases of chlamydia and gonorrhea (CDC 2008). Reported HIV/AIDS cases also increased among the adolescent age group between 2006 and 2009, although not all adolescents contracted the virus through sexual relations (CDC 2011).

In 2005 70.6 per 1000 (7.06%) females between 15 years and 19 years, and 1.6 per 1000 (0.0016%) females under the age of 15 years became pregnant (Ventura et al. 2009). Adolescent pregnancies negatively affect American society's economic, educational, medical, and social services systems. These pregnancies also potentially negatively affect the adolescent mothers and their children's physical and emotional health, educational success, and economic situation. Taxpayers spend approximately \$9.1 billion each year on costs related to adolescent pregnancy. Adolescent mothers are less likely to complete high school and are more likely to remain single parents, to live in poverty, and to have health problems (e.g., obesity, anemia, hypertension, and STDs) than women who give birth later in life. Children born to adolescent mothers are more likely to have learning disabilities and health problems, and are more likely to be victims of abuse or neglect (Hoffman, Foster, and Furstenberg 1993; Moore, Morrison, and Greene 1997; Kirby 2007; National Campaign to Prevent Teen and Unplanned Pregnancy 2012).

## Sexual-Health Education and Information

Most adolescents receive their sexual information through both formal and informal means. Formal means include schools, churches, and other organizations (Cornog and Perper 1996; Bleakley et al. 2009). Adolescents receiving their sexual information from formal sources engage in fewer risky sexual behaviors and hold more cautious attitudes about sex than adolescents receiving information from peer and popular media sources (Somers and Surmann 2005; Bleakley et al. 2009). When receiving age-appropriate sexual-health information from schools at a younger age, i.e., before or during the onset of puberty, adolescents are also less likely to engage in risk-taking behaviors (Somers and Surmann 2005).

Informal sources include peers, family members, and/or mass media in various forms, including but not limited to the Web, movies, television, periodicals, and books (Cornog and Perper 1996; Bleakley et al. 2009). More adolescents consult family members and peers than mass media resources, but when adolescents use mass media resources they gather information from television and movies more frequently than from the Web and periodicals (Sutton et al. 2002; Bleakley et al. 2009).

Informal resources, however, do not consistently provide accurate information and thus can initiate and/or perpetuate adolescents' misconceptions about sexual health. Using peers and various mass media outlets as information sources more often results in unhealthy outcomes, meaning adolescents engage in risky sexual behaviors more frequently and at younger ages, and express more permissive attitudes and beliefs than their peers receiving sexual information from formal sources (Somers and Surmann 2005; Bleakley et al. 2009).

Federal and private health agencies, such as CDC's Division of Adolescent and School Health (CDC 2010b), the CDC's National Center for Chronic Disease Prevention and Health Promotion (National Center for Chronic Disease Prevention and Health Promotion 2011), the National Campaign to Prevent Teen and Unplanned Pregnancy (National Campaign to Prevent Teen and Unplanned Pregnancy 2011), and the Sexuality Information and Education Council of the United States (SIECUS n.d.), promote access to age-appropriate and accurate sexual-health information and education, including information on puberty, abstinence, STDs, HIV/AIDS, pregnancy and disease prevention, communication skills, and relationships. The CDC's Division of Adolescent and School Health recognizes the benefits of students' receiving sexual-health information in school and encourages schools to provide this information to improve the sexual health of American adolescents (CDC 2010b).

Title V, Section 510 of the Social Security Act, however, encourages public schools to teach abstinence-based sexual education, if and when sexual education is taught (USSSA 2009). For the 1998–2003 fiscal years, the U.S. federal government offered \$50,000,000 per year to any state promoting abstinence education. Funding could be disseminated to school districts as well as community-based organizations (Dailard 2006). Abstinence programs provide limited information about sexuality, focusing on abstinence until marriage as the expected behavior, and often ignore other sexual-health topics for which adolescents have expressed information needs (Herz and Reis 1987; Hoff and Greene 2000). Thus, these programs do not adequately address the information needs of adolescents who choose to engage in premarital sex.

The U.S. Department of Health and Human Services evaluated four programs receiving Section 510 funds (Trenholm et al. 2007), ten states conducted program evaluations within three to seventeen months after the abstinence programs' conclusions (Hauser 2008), and one private organization developed a meta-analysis of approximately 450 research studies on sexual education programs (Bleakley, Hennessey, and Fishbein 2006; Kirby 2007). These evaluations indicated no statistically significant long-term positive results of abstinence-based programs (Trenholm et al. 2007). Abstinence programs tended to change adolescents' attitudes toward sexual behaviors immediately after completion of the educational course, but participation in these courses did not typically result in long-term behavioral or attitudinal changes. Adolescents were not more likely to remain abstinent, to delay onset of sexual intercourse, to return to abstinence, to use contraception, or to reduce their numbers of sexual partners. Despite these results, the U.S. Social Security Administration (2010) recently re-implemented Title V, Section 510 for the fiscal years 2010–2014. As before, states can receive \$50,000,000 per fiscal year and then disseminate the money to organizations and school districts implementing abstinence education programs.

Abstinence programs are not entirely without merit, however, as adolescents participating in abstinence programs convey a greater factual understanding about sexual health, and demonstrate more cautious attitudes and behaviors than adolescents who have never participated in a sexual education program (Hoff and Greene 2000). Adolescents receiving access to a comprehensive presentation of sexual-health education and information, including information about puberty, abstinence, STDs, HIV/AIDS, pregnancy and disease prevention, communication skills, and relationships, however, typically demonstrated short- and long-term healthier behaviors and attitudes than their counterparts receiving no education and information, or receiving abstinence-based formal sexual education or information. Access to comprehensive educational programs and information “delayed the initiation of sex, reduced the number of sexual partners, and increased condom or contraceptive use...reduced the frequency of sex (including a return to abstinence)...and reduced unprotected sex” (Kirby 2007, 15).

Since the implementation of Section 510, statistically significantly fewer adolescents have received formal sexual-health education at school. Despite moderately negative effects of abstinence programs compared to comprehensive programs, these programs continue to be the norm in public schools offering sexual education programs (Alan Guttmacher Institute 2012). American adolescents have expressed a need for more information and education than current abstinence-based programs—or no programs—provide (Herz and Reis 1987; Hoff and Greene 2000). Adolescents in the U.S. also continue to exhibit behaviors suggesting they need more information and education than they receive now (Blinn-Pike 1996; Singh and Darroch 1999; Abma et al. 2004; Kirby 2007; CDC 2008). High school librarians can potentially assist in meeting the sexual-health information needs of their adolescent patrons, thereby contributing to a sexually healthier population.

### **Librarians as Sexual-Health Information Providers**

School librarians play five roles as outlined in the American Association of School Librarians' *Empowering Learners*: leaders, teachers, information specialists, instructional partners, and program administrators. As leaders, school librarians advocate for the 21st-century learning needs of their students. As teachers, school librarians teach patrons, including adolescents, how to locate, evaluate, and use information from a variety of sources, for multiple purposes, and within different contexts. As information specialists, they connect patrons to high-quality,

accurate, and current information. As instructional partners, school librarians collaborate with the school community to improve the academic success of their students through lesson development, instruction, and assessment. As program administrators, school librarians develop library programs that identify and meet the 21st-century needs of their school community members (AASL 2009).

Within these five roles numerous sub-roles exist, including that of sexual-health information provider. Understanding and advocating for the health information needs of 21st-century learners, teaching high school students how to find, evaluate, and use health information resources, providing patrons with access to sexual-health information resources in multiple formats, creating lessons to address health curricular needs, and developing programs identifying and meeting both the curricular and personal needs of adolescent patrons fall within the five primary roles a school librarian plays.

The American Library Association states librarians should develop collections “that support the intellectual growth, personal development, individual interests, and recreational needs of students” (ALA 2008). Sexual-health information resources can support the personal development and individual interests of adolescent patrons. High school librarians have the opportunity to provide their adolescent patrons with access to sexual-health information in both print and electronic formats, as well as teach information literacy lessons for over six hours per day, nine or ten months per year, over the course of several years.

The CDC encourages schools to provide information promoting abstinence while also addressing the needs of adolescents engaging in sexual behaviors (CDC 2010b). School libraries are part of the school system. LIS scholars also promote adolescent access to sexual-health information in libraries, including school libraries, thus meeting the sexual-health information needs of their adolescent population (Cunningham and Hanckel 1978; Campbell 1979; Fasick 1979; Chelton 1981; Walter 1994; Cornog and Perper 1996; Gross 1997; Levine 2002; Lukenbill and Immroth 2007). In the school library, adolescents can receive the benefits of formal sources with the appeal of informal sources. School librarians can provide access to current and accurate information representing a balanced view of sexual-health education. Because adolescents typically prefer informal sources, librarians can select resources in a variety of formats appealing to adolescents’ preferences: periodicals, Web resources, films, and books. Although adolescents will be using informal sources, they are receiving carefully selected, high-quality information in a formal setting, a circumstance that multiple studies suggest results in long-term sexually healthier attitudes and behaviors (Cornog and Perper 1996; Somers and Surmann 2005; Bleakley et al. 2009).

Despite encouragement from the CDC, ALA, and LIS scholars, as well as the data indicating adolescents benefit from access to accurate and current sexual-health information received in school, school librarians face challenges preventing them from playing the role of sexual-health information provider. These challenges include, but are not limited to, censorship (Lukenbill and Immroth 2007; Hill 2010; Whelan 2009; ALA 2010), curriculum requirements (Cornog and Perper 1996; AASL 2007), and community standards (Lukenbill and Immroth 2007).

High school librarians can potentially contribute to a sexually healthier adolescent population through meeting the sexual-health information needs of their adolescent patrons, but do they? Members of two groups who supervise high school librarians, district-level library coordinators



and high school principals, shared their perceptions about high school librarians' playing the role of sexual-health information provider and about the factors coordinators and principals perceive as encouraging and discouraging school librarians from doing so.

## Research Questions

This Delphi study explores the potential role high school librarians play in providing sexual-health information for their adolescent patrons as perceived by two supervising groups: their district-level library coordinators and their high school principals. Participants shared perceptions, based on their professional experiences, to create a socially constructed understanding answering two research questions:

- Do district-level library coordinators and campus-level high school principals in Texas public school districts perceive their librarians as playing the role of sexual health-information provider?
- What factors do these participants perceive as influencing their librarians' role as sexual-health information provider?

## Method

### Sample and Site

Members of two groups who supervise or direct high school librarians in public school districts participated in this study: district-level library coordinators and high school principals. For this study, high school is defined as a campus serving students in grades 9–12.

District-level library coordinators supervise or direct high school librarians within their district. They engage in leadership, administration, consultation, communication, and coordination between their librarians, the district staff, and the greater school community (AASL and AECT 1998). To participate in this study, each district-level library coordinator had to be a Texas Education Agency (TEA) certified librarian, currently employed in a Texas public school district, and currently employed as a district-level library coordinator.

Principals in Texas public high schools manage their individual campuses and act as liaisons between their individual campuses and the district-level administration. School librarians report directly to the principal. To participate in this study, each principal had to be currently employed as a principal in a Texas public high school, have been a high school principal for a minimum of one full academic year, and have a full-time TEA-certified librarian on campus.

### Data Collection and Analysis

To collect data I used the Delphi technique, a method through which, over multiple rounds of data collection, a consensus is developed among a panel of informed individuals, based on participants' experiences and perceptions. Participants' contributions in the first round provide qualitative data that serve as the foundation for quantitative data-collection instruments in subsequent rounds. Typically participants engage in three or more rounds of data collection. In each round, data from the previous round is used to refine statements and opinions until the participant group reaches consensus (Ludwig 1997; Dwyer 1999; Cline 2000; Colton and Hatcher 2004; Lukenbill and Immroth 2009) or until the data consistently suggests a consensus

cannot be reached (Keeney, McKenna, and Hasson 2010). For this study, data collection consisted of three rounds.

### **Round 1**

In Round 1 of this study, participants answered three open-ended questions designed to allow participants to state whether they perceive high school librarians as playing a role in providing sexual-health information for adolescent patrons, identify factors that encourage information provision, and identify factors that discourage information provision. Sixteen library coordinators and thirteen principals participated in Round 1.

The open-ended questions in Round 1 produced short narrative responses. To analyze these responses, I used content analysis. Content analysis is a systematic process for analyzing messages participants provide (Weber 1990; Stemler 2001). Relevant sentences, phrases, and/or words are extracted from larger bodies of text and assigned codes, or thematic phrases, based on the meaning of the extracted text (Powell 2003). Because this study is the first of its kind, no preexisting or prefabricated codes exist, so I used emergent coding. In emergent coding, codes and definitions develop through analysis based on themes the participants present in the raw data (Stemler 2001). During the initial round of coding, I developed a codebook of definitions for each theme based on the participants' responses. I then reanalyzed the data using the codebook as a guide.

Participants identified seventeen factors that they perceive encourage school librarians to provide and twenty-two factors that they perceive discourage school librarians from providing sexual-health information for their adolescent patrons. Participants identified ten of those factors as both encouraging and discouraging. For example, seven library coordinators and four principals identified access to information as encouraging school librarians to provide sexual-health information, while one library coordinator identified this same potential factor as discouraging school librarians from providing such information. Thus, the same factor was identified as both encouraging and discouraging.

### **Round 2**

The factors identified in Round 1 were presented in the Round 2 testing instrument using thirty-four 5-point Likert scale statements for which participants indicated their levels of agreement with each statement; levels ranged from "strongly agree," through "agree," "neutral," and "disagree," to "strongly disagree." An empty comment box after each statement invited participants to contribute additional insights not addressed by the statements in the testing instrument. Ten principals and fifteen library coordinators responded in Round 2, for a return rate from Round 1 of 76.92% for principals and 93.75% for library coordinators. Response rates for both groups were above the recommended 70% (Bork 1993; Sumsion 1998).

I calculated the mean of each item. Items with a mean of 3.8 – 5.0 reached a consensus of agreement, meaning at least 70.0% of participants agreed with the statement. For example, the statement "High school librarians provide sexual-health information resources to address their adolescent patrons' curricular information needs" received a mean of 4.6 among all participants. Thus, 90.0% of participants agreed with that statement, well over the minimum of 70.0%. Conversely, items with a mean of 1 – 2.2 reached a consensus of disagreement, meaning at least 70.0% of participants disagreed with the statement, thereby meeting a consensus of disagreement. For example, the statement "Legal liability encourages high school librarians to

provide sexual-health information resources for their adolescent patrons” received a mean of 2.2 among principals; 70% of principals disagreed with that statement, and thus reached a consensus of disagreement.

Library coordinators reached a consensus of agreement for eleven factors and a consensus of disagreement for three factors. Principals reached a consensus of agreement for two factors and a consensus of disagreement for one factor.

### Round 3

For Round 3 I eliminated Round 2 factors for which participants arrived at a consensus. Participants used the same rating scale in Round 3 as in Round 2, but because library coordinators and principals as individual groups expressed distinctly different opinions regarding encouraging and discouraging factors, Round 3 required two separate testing instruments: one for library coordinators and one for principals. Factors that had reached consensus were removed, and statements not reaching consensus (mean between 2.3 and 3.7) were revised. Library coordinators responded to twenty-one 5-point Likert scale thematic statements, and principals responded to thirty-four 5-point Likert scale thematic statements. Two factors tested in Round 2 were divided into two or three statements to address subtle differences based on participants’ comments, thus adding to the number of items on the questionnaire.

One hundred percent of respondents from Round 2 participated in Round 3. Library coordinators reached a consensus of agreement for four factors and a consensus of disagreement for three factors. Principals reached a consensus of agreement for one factor and a consensus of disagreement for one factor. Data collection stopped after Round 3.

## Results

### Perceived Role of the Librarian

One of the three open-ended questions in Round 1 asked participants whether they perceive Texas high school librarians as playing a role in providing Texas adolescents with sexual-health information. Library coordinators and principals expressed distinctly different opinions (see table 1).

**Table 1**

*Library coordinators’ and principals’ responses to the question “Do you perceive Texas high school librarians as playing a role in providing Texas adolescents with sexual health information?”*

Response	Library Coordinators	Principals
Yes	13 (81.25%)	3 (23.10%)
No	2 (12.50%)	7 (53.80%)
Maybe	0 (0.00%)	1 (7.70%)
Other	1 (6.25%)	2 (15.40%)

The two participant groups expressed conflicting views regarding high school librarians’ role as sexual-health information providers. Library coordinators perceive high school librarians as playing this role (81.25% agreement), whereas principals perceive librarians as not playing this



role (53.80% disagreement). One (6.25%) library coordinator and two (15.4%) principals replied with vague comments instead of definite answers, such as “the role of the librarian should be to order books and resources as requested by teachers, counselors, and administrators,” so these responses could not be clearly categorized as “yes” or “no.”

**Motivators and Barriers**

Motivators are factors about which participants reached a consensus as encouraging school librarians to provide sexual-health information resources. Barriers are factors about which participants reached a consensus as discouraging school librarians from providing sexual-health information resources (see table 2).

**Table 2**

*Factors on which participants reached consensus that the factors serve as motivators or barriers to provision of sexual-health information.*

	<b>Library Coordinators</b>	<b>Principals</b>
<b>Motivators</b>	Access to information Adolescents’ lack of knowledge about sexual health Appropriateness of content within resources Availability of resources Confidentiality of patron circulation records Emotional maturity of patrons Job responsibility Patrons’ curricular information needs Patrons’ personal information needs Physiological maturity of patrons Professional guidelines Rapport between librarian and student	Patrons’ curricular information needs
<b>Barriers</b>	Conflict avoidance Librarians’ personal beliefs Political climate Reconsideration request concerns	Legal liability Librarians’ personal beliefs

In Round 1 participants identified seventeen factors potentially encouraging sexual-health information provision and twenty-two factors potentially discouraging information provision. By the conclusion of Round 3, library coordinators reached consensus of agreement on twelve motivators and four barriers, and the principals reached a consensus of agreement on one motivator and two barriers.

Participants suggested two factors in Round 1 and reached a consensus of agreement or disagreement on these factors, but these factors are not considered motivators or barriers: “no factors” and “availability of time for collection development.” In Round 1, one library coordinator suggested a lack of time may discourage librarians from providing sexual-health information resources. Both participant groups reached a consensus of disagreement for that suggestion. Lack of time not serving as a barrier to information provision does not inherently mean an abundance of time motivates school librarians to provide such information. Thus, this factor was not included as a motivator to information provision.

Four principals purported in Round 1 that no factors exist encouraging librarians to provide sexual-health information resources for adolescent patrons. In Round 2, library coordinators reached a consensus of disagreement with the idea that no factors encourage librarians; thus, they acknowledge factors indeed exist that encourage information provision. By the end of Round 3, the ten principals came close to arriving at a consensus of disagreement (mean of 2.6) with the suggestion that no factors exist that would encourage information provision. Although “no factors” technically is not a definable factor and was excluded from table 2, library coordinators’ consensus of disagreement, principals’ close consensus of disagreement, and both groups’ arriving at a consensus of agreement on factors encouraging information provision negates the assertion that no factors exist to encourage information provision.

## Discussion

### Themes

LIS research has identified predominant themes encouraging and discouraging school librarians from adding controversial materials to their collections. LIS professional organizations and scholars have stressed the professional obligations librarians have to meet the curricular and personal needs of their adolescent patrons (Cunningham and Hanckel 1978; Campbell 1979; Fasick 1979; Chelton 1981; Walter 1994; Cornog and Perper 1996; Gross 1997; Levine 2002; Lukenbill and Immroth 2007; ALA 2008). Conversely, LIS literature has identified censorship, curriculum, and community standards as factors frequently discouraging information provision (Cornog and Perper 1996; AASL 2007; Lukenbill and Immroth 2007; ALA 2010; Hill 2010; Whelan 2009).

Participants addressed all of these themes at some point in the study. They agreed that professional obligations (professional guidelines and job responsibility) and patron needs (adolescents’ lack of knowledge about sexual health, their emotional maturity, physiological maturity, personal information needs, curricular information needs) serve as motivators to sexual-health information provision, as well as that censorship issues (concerns about reconsideration requests and self-censoring based on librarians’ personal beliefs) serve as barriers to information provision. Although members of both participant groups in Round 1 suggested that community standards in the form of the school community, parents, and the greater local community are both encouraging and discouraging factors, neither group of participants arrived at a consensus of agreement or disagreement regarding community standards as a motivator or barrier.

Participants also identified and reached consensus on multiple other factors not typically discussed in LIS literature. They perceive economic factors, confidentiality, rapport, legal

liability, conflict avoidance, and political climate as influencing a school librarian's willingness to play the role of sexual-health information provider.

### **Economic Factors**

During Round 1 Texas announced massive budget reductions to schools, resulting in slashed library budgets in some cases and elimination of library staff in others. Despite the fears of reduction in library monies, no participants identified limited budgets as a factor discouraging information provision. Instead, both participant groups suggested a market availability, or lack thereof, of age-appropriate resources, circumstances which, in turn, can affect access to these resources, as both encouraging and discouraging factors. By the conclusion of Round 3 library coordinators arrived at a consensus that the market availability of resources, the age-appropriate content within these resources, and access to these resources serve as motivators to sexual-health information provision. Principals did not arrive at a consensus for the factors of availability, access to, or appropriateness of resources.

### **Confidentiality**

In Round 1 one participant suggested circulation systems' keeping histories of student library records may discourage information provision. Library coordinators, however, arrived at a consensus of agreement that confidentiality serves as a motivator for information provision, as regulations, procedures, and technological safeguards can protect the confidentiality of patrons when borrowing school library materials.

### **Rapport**

Rapport between school librarians and their adolescent patrons was a polarizing suggestion within both groups in Round 1. Library coordinators and principals both suggested school librarians have formed trusted relationships with students, and thus develop an environment whereby adolescents feel comfortable in using the school library to access sexual-health information resources. Conversely, both participant groups also suggested that limited interaction between school librarians and their patrons discourages adolescents from seeking such information in the school library, thereby discouraging information provision. Although principals ultimately remained neutral on this factor, library coordinators perceive the rapport between librarians and their patrons as a motivator.

### **Legal Liability**

Principals expressed neutral opinions on the majority of factors tested. They quickly and strongly, however, reached a consensus of agreement regarding legal liability as a barrier to provision of sexual-health information. They stated that a fear of lawsuits and/or being held liable in any way for information provision discourages school librarians from providing sexual-health information resources. Library coordinators, conversely, did not suggest legal liability as a potential factor in Round 1, nor in later rounds did they arrive at a consensus of agreement or disagreement on this factor.

### **Conflict Avoidance**

Library coordinators perceive conflict avoidance as a barrier to information provision. They expressed concerns regarding school librarians' fear of conflict with multiple entities, including students, school employees, parents, and the local media, as well as the potential personal negative results they may experience from such conflict, including a formal reprimand or termination. Participants indicated that high school librarians' desire to avoid conflict potentially

outweighs their professional obligations to provide resources meeting both the curricular and personal information needs.

### **Political Climate**

Both library coordinators and principals initially suggested that political climate discourages school librarians from playing the role of sexual-health information provider. Participants indicated that the political climate of individual geographic sections within the state, as well as of the state as a whole—but not the national political climate—served as a discouraging factor, despite the fact that Section 510 of the Social Security Act is a federal initiative. No participants expressed knowledge of Section 510. Although principals almost arrived at a consensus of agreement (mean of 3.7), library coordinators did reach a consensus of agreement that political climate serves as a barrier to information provision.

### **Expectations**

The results of this study suggest that the two participant groups supervising high school librarians have differing understandings, and perhaps expectations, of the role of high school librarians as sexual-health information providers. Library coordinators shared a more positive opinion about school librarians playing the role of sexual-health information providers for adolescent patrons, identified more encouraging and discouraging factors in Round 1, and reached consensus on more motivators and barriers in Rounds 2 and 3 than did high school principals. Principals typically remained neutral throughout Rounds 2 and 3, as evidenced by so few points of consensus and the means' averaging close to 3.0 (3.0 represented neutral) for most factors. Principals also offered fewer additional comments than did library coordinators.

The library coordinator participants in this study have all served as campus-level librarians. Thus, they are knowledgeable about a school librarian's roles and responsibilities in serving adolescent patrons. None of the principal participants indicated an LIS background. The principals' often-neutral responses may indicate a lack of understanding about school librarians' roles and responsibilities in meeting the information needs of adolescent patrons.

School librarians report directly to their principals, who set expectations for their individual campuses. Over 50% of the principals in this study disagree with the idea that high school librarians should play the role of sexual-health information provider, suggesting that their librarians may be discouraged from playing this role. Although the LIS community encourages sexual-health information provision for adolescents, librarians working on campuses with expectations discouraging provision of sexual-health information are faced with conflicting expectations. School librarians working within this role conflict may choose not to provide sexual-health information and, thus, deny adolescents information access. Further exploration of role conflict possibly experienced by high school librarians can provide additional insight.

## **Conclusion**

American adolescents continue to make unhealthy decisions about their sexual health, a circumstance that can result in both short- and long-term negative consequences at the individual and societal levels. Educational programs in public schools have been one of the more widespread and effective means of promoting healthy sexual behaviors and attitudes, but adolescents do not receive equal access to such programs and information. As multiple research studies have concluded, adolescents with access to sexual-health information from formal sources, such as a school library, are more likely to express healthier sexual attitudes and engage

in healthier sexual behaviors than adolescents with limited or no access to sexual-health information.

High school librarians can play the role of sexual-health information provider by giving adolescents access to accurate, current, and authoritative sexual-health information resources, and teaching health-information literacy, thereby promoting healthy decision-making among adolescents. Multiple factors influence high school librarians' willingness to play this role. By better understanding this perceived role, and the motivators and barriers to information provision, the LIS community can better advocate for our role in promoting positive healthy outcomes for our adolescent patrons.

## Works Cited

- Abma, J., G. Martinez, W. Mosher, and B. Dawson. 2004. "Teenagers in the United States: Sexual Activity, Contraceptive Use, and Childbearing, 2002." *Vital and Health Statistics* 23 (24). <[www.cdc.gov](http://www.cdc.gov)> (accessed November 9, 2011).
- Alan Guttmacher Institute. 2012. *State Policies in Brief: Sex and STI/HIV Education*. <[www.guttmacher.org](http://www.guttmacher.org)> (accessed March 29, 2012).
- American Association of School Librarians. 2007. "Standards for the 21st-Century Learner." <[www.ala.org/aasl](http://www.ala.org/aasl)> (accessed March 8, 2009).
- . 2009. *Empowering Learners: Guidelines for School Library Programs*. <<http://www.ala.org/aasl/guidelines>> Chicago: ALA.
- American Association of School Librarians and Association for Educational Communications and Technology. 1998. *Information Power: Building Partnerships for Learning*. <<http://www.ala.org/aasl/aaslpubsandjournals>> Chicago: ALA.
- American Library Association. 2008. "Access to Resources and Services in the School Library Media Program: An Interpretation of the Library Bill of Rights." <[www.ala.org](http://www.ala.org)> (accessed July 1, 2010).
- . 2010. *Number of Challenges by Year, Reason, Initiator, and Institution (1990–2010)*. <[www.ala.org](http://www.ala.org)> (accessed August 29, 2010).
- Bleakley, A., M. Hennessy, and M. Fishbein. 2006. "Public Opinion on Sex Education in U.S. Schools." *Archives of Pediatrics and Adolescent Medicine* 160: 1151–56.
- Bleakley, A., M. Hennessy, M. Fishbein, H. C. Coles, Jr., and A. Jordan. 2009. "How Sources of Sexual Information Relate to Adolescents' Beliefs about Sex." *American Journal of Health Behavior* 33 (1): 37–48.
- Blinn-Pike, L. 1996. "Preteen Enrichment: Evaluation of a Program to Delay Sexual Activity among Female Adolescents in Rural Appalachia." *Family Relations* 45 (4): 380–86.
- Bork, C., ed. 1993. *Research in Physical Therapy*. Philadelphia: Lippincott.



- Campbell, P. 1979. *Sex Education Books for Young Adults*. New York: Bowker.
- Centers for Disease Control and Prevention. 2008. *Sexually Transmitted Disease Surveillance 2007*. Atlanta, GA: U.S. Dept. of Health and Human Services. <[www.cdc.gov](http://www.cdc.gov)> (accessed November 10, 2011).
- . 2010a. “Youth Risk Behavior Surveillance System: Sexual Behaviors.” Atlanta, GA: U.S. Dept. of Health and Human Services. <<http://apps.nccd.cdc.gov>> (accessed September 13, 2011).
- . 2010b. *Bringing High-Quality HIV and STD Prevention to Youth in Schools*. Atlanta, GA: U. S. Dept. of Health and Human Services. <[www.cdc.gov](http://www.cdc.gov)> (accessed September 13, 2011).
- . 2011. “Diagnoses of HIV Infection and AIDS in the United States and Dependent Areas, 2009.” *HIV Surveillance Report* 21. <[www.cdc.gov](http://www.cdc.gov)> (accessed September 14, 2011).
- Chelton, M. 1981. “The Public Library as a Sex Education Resource for Adolescents.” *Collection Building* 3 (1): 31–42.
- Cline, A. 2000. “Prioritization Process Using Delphi Technique.” <[www.msilearning.org](http://www.msilearning.org)> (accessed August 29, 2010).
- Colton, S., and T. Hatcher. 2004. “The Web-Based Delphi Research Technique as a Method for Content Validation in HRD and Adult Education Research.” <[www.mpc.edu](http://www.mpc.edu)> (accessed July 8, 2010).
- Cornog, M., and T. Perper. 1996. *For Sex Education, See Librarian: A Guide to Issues and Resources*. Westport, CT: Greenwood.
- Cunningham, J. and F. Hanckel. 1978. “The Librarian’s Role in Young Adult Sex Education.” *Drexel Library Quarterly* 14 (1): 53–64.
- Dailard, C. 2006. “Legislating Against Arousal: The Growing Divide between Federal Policy and Teenage Sexual Behavior.” *Guttmacher Policy Review* 9 (3): 12–16.
- Dwyer, M. 1999. “A Delphi Survey of Research Priorities and Identified Areas for Collaborative Research in Health Sector Library and Information Services UK.” *Health Libraries Review* 16 (3): 174–91.
- Fasick, A. 1979. “Parents and Teachers View Library Service to Children.” *Top of the News* 35 (3): 309–14.
- Gross, M. 1997. “Library Service to Pregnant Teens: How Can We Help?” *School Library Journal* 43 (6): 36–37.

- Hauser, D. 2008. "Five Years of Abstinence Only-Until-Marriage Education: Assessing the Impact." Washington, DC: Advocates for Youth. <[www.advocatesforyouth.org](http://www.advocatesforyouth.org)> (accessed March 29, 2009).
- Herz, E., and J. Reis. 1987. "Family Life Education for Young Inner-City Teens: Identifying Needs." *Journal of Youth and Adolescence* 16 (4): 361–77.
- Hill, R. 2010. "The Problem of Self-Censorship." *School Library Monthly* 27 (2): 9–12.
- Hoff, T., and L. Greene. 2000. *Sex Education in America: A Series of National Surveys of Students, Parents, Teachers, and Principals*. Menlo Park, CA: Kaiser Family Foundation. <[www.kff.org](http://www.kff.org)> (accessed April 11, 2009).
- Hoffman, S., E. Foster, and F. Furstenberg. 1993. "Reevaluating the Costs of Teenage Child-Bearing." *Demography* 30 (1): 1–13.
- Keeney, S., H. McKenna, and F. Hasson. 2010. *The Delphi Technique in Nursing and Health Research*. Chichester, West Sussex: Wiley.
- Kirby, D. 2007. *Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases: Summary*. Washington, DC: National Campaign to Prevent Teen and Unplanned Pregnancy. <[www.thenationalcampaign.org](http://www.thenationalcampaign.org)> (accessed September 13, 2011).
- Levine, A. 2002. "Providing Information on Sexuality: Librarians Can Help Youth Become Sexually Healthy Adults." *Journal of Youth Services in Libraries* 15 (2): 45–48.
- Ludwig, B. 1997. "Predicting the Future: Have You Considered Using the Delphi Methodology?" *Journal of Extension* 35 (5). <<http://joe.org>> (accessed August 29, 2010).
- Lukenbill, W., and B. Immroth. 2007. *Health Information for Youth: The Public Library and School Library Media Center Role*. Westport, CT: Libraries Unlimited.
- . 2009. "School and Public Youth Librarians as Health Information Gatekeepers: Research from the Lower Rio Grande Valley of Texas." *School Library Media Research* 12. <[www.ala.org](http://www.ala.org)> (accessed July 8, 2010).
- Moore, K., D. Morrison, and A. Greene. 1997. "Effects on the Children Born to Adolescent Mothers." In *Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy*, edited by R. Maynard, 145–80. Washington, DC: Urban Institute.
- National Campaign to Prevent Teen and Unplanned Pregnancy. 2011. "Briefly...A Summary of Effective Interventions." Washington, DC: National Campaign to Prevent Teen and Unplanned Pregnancy. <[www.thenationalcampaign.org](http://www.thenationalcampaign.org)> (accessed August 28, 2011).
- National Campaign to Prevent Teen and Unplanned Pregnancy. 2012. "Counting It Up: The Public Costs of Teen Childbearing." Washington, DC: National Campaign to Prevent

- Teen and Unplanned Pregnancy. <[www.thenationalcampaign.org](http://www.thenationalcampaign.org)> (accessed April 3, 2012).
- National Center for Chronic Disease Prevention and Health Promotion. 2011. "Goals of Coordinated School Health." <[www.cdc.gov](http://www.cdc.gov)> (accessed August 28, 2011).
- Powell, C. 2003. "The Delphi Technique: Myths and Realities." *Journal of Advanced Nursing* 41 (4): 376–82.
- Sexuality Information and Education Council of the United States. n.d. "Sexual Education Q & A." <[www.siecus.org](http://www.siecus.org)> (accessed August 28, 2010).
- Singh, S., and J. Darroch. 1999. "Adolescent Pregnancy and Childbearing: Levels and Trends in Developed Countries." *Family Planning Perspectives* 32 (1): 14–23.
- Somers, C., and A. Surmann. 2005. "Sources and Timing of Sex Education: Relations with American Adolescent Sexual Attitudes and Behavior" *Educational Review* 57 (1): 37–54.
- Stemler, S. 2001. "An Introduction to Content Analysis: ERIC Digest." ERIC Identifier: ED 458 218. <<http://permanent.access.gpo.gov>> (accessed February 14, 2011).
- Sumsion, T. 1998. "The Delphi Technique: An Adaptive Research Tool." *British Journal of Occupational Therapy* 61 (4): 153–56.
- Sutton, M., J. Brown, K. Wilson, and J. Klein. 2002. "Shaking the Tree of Knowledge for Forbidden Fruit: Where Adolescents Learn about Sexuality and Contraception." In *Sexual Teens, Sexual Media: Investigating Media's Influence on Adolescent Sexuality*, edited by J. Brown, J. Steele, and K. Walsh-Childers, 25–58. Mahwah, NJ: Erlbaum.
- Trenholm, C., B. Devaney, K. Fortson, L. Quay, J. Wheeler, and M. Clark. 2007. *Impacts of Four Title V, Section 510 Abstinence Education Programs*. Washington, DC: U.S. Dept. of Health and Human Services. <<http://aspe.hhs.gov>> (accessed March 25, 2011).
- U.S. Social Security Administration. 2009. "Separate Program for Abstinence Education, Section 510." <[www.ssa.gov](http://www.ssa.gov)> (accessed March 29, 2009).
- . 2010. "Separate Program for Abstinence Education, Section 510." <[www.ssa.gov](http://www.ssa.gov)> (accessed March 25, 2011).
- Ventura, S., J. Abma, W. Mosher, and S. Henshaw. 2009. "Estimated Pregnancy Rates for the United States, 1990–2005: An Update." *National Vital Statistics Reports* 58 (4). <[www.cdc.gov](http://www.cdc.gov)> (accessed November 9, 2011).
- Walter, V. 1994. "Information Needs of Children." *Advances in Librarianship* 18: 111–29.
- Weber, R. 1990. *Basic Content Analysis*, 2nd ed. Newbury Park, CA: Sage.

Whelan, D. 2009. "A Dirty Little Secret: Self-Censorship." *School Library Journal* 55 (2): 26–30.

## Cite This Article

Richey, Jennifer. 2012. "Motivators and Barriers to Sexual-Health Information Provision in High School Libraries: Perspectives from District-Level Library Coordinators and High School Principals", *School Library Research*. American Library Association.  
<[www.ala.org/aasl/aaslpubsandjournals/slmrb/slmrcontents/volume15/richey](http://www.ala.org/aasl/aaslpubsandjournals/slmrb/slmrcontents/volume15/richey)>.



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