

# Sexuality Education in Fifth and Sixth Grades in U.S. Public Schools, 1999

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**Context:** While policymakers, educators and parents recognize the need for family life and sexuality education during children's formative years and before adolescence, there is little nationally representative information on the timing and content of such instruction in elementary schools.

**Methods:** In 1999, data were gathered from 1,789 fifth- and sixth-grade teachers as part of a nationally representative survey of 5,543 public school teachers in grades 5–12. Based on the responses of 617 fifth- and sixth-grade teachers who said they teach sexuality education, analyses were carried out on the topics and skills sexuality education teachers taught, the grades in which they taught them, their teaching approaches, the pressures they experienced, whether they received support from parents, the community and school administrators, and their needs.

**Results:** Seventy-two percent of fifth- and sixth-grade teachers report that sexuality education is taught in their schools at one or both grades. Fifty-six percent of teachers say that the subject is taught in grade five and 64% in grade six. More than 75% of teachers who teach sexuality education in these grades cover puberty, HIV and AIDS transmission and issues such as how alcohol and drugs affect behavior and how to stick with a decision. However, when schools that do not provide sexuality education are taken into account, even most of these topics are taught in only a little more than half of fifth- and sixth-grade classrooms. All other topics are much less likely to be covered. Teaching of all topics is less prevalent at these grades than teachers think it should be. Gaps between what teachers say they are teaching and teachers' recommendations for what should be taught and by what grade are especially large for such topics as sexual abuse, sexual orientation, abortion, birth control and condom use for STD prevention. A substantial proportion of teachers recommend that these topics be taught at grade six or earlier. More than half (57%) of fifth- and sixth-grade sexuality education teachers cover the topic of abstinence from intercourse—17% as the only option for protection against pregnancy and STDs and 40% as the best alternative or one option for such protection. Forty-six percent of teachers report that one of their top three problems in teaching sexuality education is pressure, whether from the community, parents or school administrators. More than 40% of teachers report a need for some type of assistance with materials, factual information or teaching strategies.

**Conclusions:** A large proportion of schools are doing little to prepare students in grades five and six for puberty, much less for dealing with pressures and decisions regarding sexual activity. Sexuality education teachers often feel unsupported by the community, parents or school administrators. *Family Planning Perspectives*, 2000, 32(5):212–219

The questions of whether sexuality education belongs in American schools and what subjects should be covered at what age levels have been and continue to be of concern to many parents and communities throughout the United States.<sup>1</sup> Even though most Americans say they believe that schools have an impor-

tant role in providing young people with information about reproduction and sexuality,<sup>2</sup> there is little national information that focuses specifically on the teaching of sexuality education in public schools, especially at the elementary level.\* In a 1988 national survey, secondary school sexuality education teachers said it was appropriate for many of the topics they were covering to be taught before grade seven—earlier than the subjects were then being taught.<sup>3</sup>

As they develop physically and emotionally, children in grades five and six will face important decisions. They often will encounter considerable external pressure—through the mass media and from their peers—to become sexually active and to adopt behaviors that threaten their health.<sup>4</sup> During their adolescence, most

will become at risk of pregnancy or of infection with HIV or other sexually transmitted diseases (STDs).<sup>5</sup> National studies have found that substantial proportions of young adolescents have used alcohol, tobacco and marijuana.<sup>6</sup> The 1999 Youth Risk Behavior Survey (YRBS) found that among American high school students in grade nine, 6% of girls and 18% of boys have had intercourse before age 13 (approximately before grade seven), and that 33% and 45%, respectively, have ever had intercourse.<sup>7</sup> Among female students of all races in grade nine, 8% have had four or more sex partners in their lifetime, as have 16% of male students. The YRBS data also indicate that 13% of female high school students (grades 9–12) have been forced to have sexual intercourse, as have 5% of males.

This article presents findings from a 1999 national survey of public school teachers in grades five and six. There is widespread concern about American children's sexual behavior in their early teenage years and about the importance of preparing preteens for the transitions and changes they will encounter as they go through puberty. For this reason, we focus this article predominantly on the degree to which any sexuality education exists in public schools in fifth and sixth grades and, where it does, on its content related to sexual behavior—especially as such behavior affects prospects for adolescents' sexual health.

Some policymakers and educators promote teaching abstinence from intercourse as the only effective means to encourage

\*While some surveys provide information on sexuality education, they do not provide information specifically on teaching at the elementary level. In addition, though they address a broad range of health education topics, spanning key subjects such as dietary behaviors, emotional and mental health, environmental health, injury prevention, pregnancy and HIV prevention, they do not focus in-depth on sexuality education. (Sources: Collins JL et al., School health education, *Journal of School Health*, 1995, 65(8):302–311; and Grunbaum JA et al., Characteristics of health education among secondary schools—school health education profiles, 1998, *Morbidity and Mortality Weekly Report*, 2000, 49(No. SS-8):1–41.

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young unmarried people not to become sexually active and to help them avoid pregnancy and STDs.<sup>8</sup> However, little is known about the degree to which U.S. schools have adopted the abstinence-only approach, particularly at earlier grade levels. Therefore, this article also attempts to shed light on abstinence-only education and on the methods teachers are using to impart knowledge and skills connected with sexual behavior and its possible health and life consequences.

## Methods

In 1999, we conducted a survey of fifth- and sixth-grade public school teachers in the United States. The nationally representative sample included classroom teachers who teach most subjects, including sexuality education, to one class; teachers in certain specialties—health and physical education and science—who may teach sexuality education; and school nurses. This survey was part of a larger survey of a nationally representative sample of 5,543 5th–12th-grade public school teachers. Most aspects of the methodology (questionnaire development, fieldwork, data processing and analysis) of the survey of fifth- and sixth-grade teachers are the same as those of the survey of 7th–12th grade teachers and are discussed elsewhere.<sup>9</sup> [Editor's note: See related article, page 204.]

For the purposes of our survey, we defined sexuality education to include any instruction about human sexual development, the process of reproduction, or interpersonal relationships and sexual behavior. We asked teachers whether they cover specific topics (such as physical development or relationships and the personal skills needed to negotiate them), based on a broad range of topics considered to be necessary and basic components of family life and sexuality education.<sup>10</sup> Because our larger project also surveyed teachers in grades 7–12, we are able to compare the extent of sexuality education and content of curricula at grades five and six with those at higher grades.

## Sample Design

We drew the sample from a national database of teachers maintained by a commercial firm (Market Data Retrieval). The universe from which we drew the sample included all teachers of the selected categories who were teaching in spring 1999 in public schools responsible for grades five or six or both. The sample was a systematic random sample that was stratified by category of teacher. The categories of teachers ranged in size, the largest being fifth-grade

classroom teachers (of whom 911 were sampled) and the smallest being health education teachers (of whom 154 were sampled.)

The sample consisted of 3,815 fifth- and sixth-grade teachers in the selected categories. During the survey's fielding, 155 teachers (4% of those sampled) were found to be ineligible because they no longer taught that specialty and had not been replaced by another teacher, because they never taught the specialty identified by the sample or because their school had been permanently closed. The number of eligible teachers in the final sample was 3,660.

In all, 1,789 fifth- and sixth-grade teachers responded to the survey—representing 49% of all eligible surveyed teachers. Response rates varied by type of teacher, from 42% of sixth-grade classroom teachers to 68% of school nurses.\*

## Analysis

We calculated weights taking into account the sample design and response rates. All data presented here are weighted to reflect the national distribution of the 303,965 public school teachers in these grades and specialties.<sup>†</sup> Teachers who responded that they did not teach sexuality education in the 1998 or 1999 school years did not respond to further questions because the remaining questions were relevant only for sexuality education teachers. Therefore, most of our analysis is based on the 617 fifth- and sixth-grade teachers who in 1999 said they teach sexuality education in the current school year (555 respondents) or had done so in the previous school year (62 respondents).

Our sample includes some sexuality education teachers who teach only grade five (52%), some who teach only grade six (32%) and some who teach both grades (16%).

## Results

### Teaching of Sexuality Education

Fifty-six percent of teachers in public schools with a grade five report that sexuality education is taught in that grade, and 64% of teachers in public schools with a grade six say that the subject is taught in sixth grade. Almost three out of four sampled teachers (72%) report that sexuality education is taught in either grades five or six or in both. Thus, almost 30% of teachers teach in schools where sexuality education is not taught in either grade.

Thirty percent<sup>‡</sup> of fifth- and sixth-grade public school teachers in the selected categories—an estimated 90,070 of the teachers who teach grades five and six in public schools nationwide—say they teach sexuality education.<sup>§</sup> The proportion of

teachers who teach sexuality education varies by category of teacher: Thirty percent of fifth-grade classroom teachers cover this subject, as do 31% of sixth-grade classroom teachers, 59% of nurses and 17% of other specialized teachers (physical and health education and science teachers). At these grade levels, classroom teachers are the largest category of sexuality education teachers (77%), while 13% are school nurses and 10% are physical or health education or science teachers.

More than half of nurses teach only grades five and lower. By comparison, there are equal numbers of specialist teachers who teach only grade five or lower, only grade six or only grades five and six (data not shown).

### Content of Sexuality Education

Puberty, one of the most basic topics, is the most likely topic to be taught at these grades: More than 90% of sexuality education teachers cover this topic (Table 1, page 214). As typically described in curricula for this age-group (though not necessarily what was taught by these teachers), puberty includes such topics as changes in the functioning of glands, organs and hormones; their influence on the body, feelings and behaviors; and sexual behavior.<sup>11</sup> A large proportion of sexuality education teachers—60% at grade five and 74% at grade six—report that they cover sexuality as a natural and healthy part of life (Table 2, page 215). However, a very small proportion of teachers—7% at grade five and 14% at grade six—cover sexual orientation and homosexuality (Table 1).

The majority of sexuality education teachers—53% at grade five and 63% at grade six—cover sexual abuse (Table 1). However, only 13% of fifth-grade and 38% of sixth-grade teachers discuss the difference between consensual and forced

\*The response rates for other teacher categories were 43% for fifth-grade classroom teachers and science teachers, 46% for health education teachers and 51% for physical education teachers.

†Of the 303,965 teachers in the United States who taught in public schools with fifth and sixth grades in 1999, 134,275 were fifth-grade classroom teachers, 94,642 were sixth-grade classroom teachers, 41,106 were physical education teachers, 19,452 were school nurses, 10,930 were science teachers and 3,560 were health education teachers. (Source: Market Data Retrieval, Unpublished data of public school teacher universe counts, March 9, 1999, Shelton, CT: Market Data Retrieval, 1999.)

‡This percentage is based on data adjusted to reflect the national distribution of teachers in the sampled grades and specialties.

§Throughout the rest of this article, we refer to these teachers as sexuality education teachers.

**Table 1. Percentage of all public school fifth- and sixth-grade sexuality education teachers who cover specific topics, by grade; and percentage of public school fifth- and sixth-grade sexuality education teachers who think specific topics should be taught by grade five or earlier or by grade six or earlier, 1999**

Topic	% who cover topic			% who say topic should be taught in specified grades	
	Grades 5/6 (N=617)	Grade 5 (N=420)	Grade 6 (N=296)	≤grade 5 (N=617)	≤grade 6 (N=617)
Puberty	92.9	88.9	80.7*	96.5	99.6**
How HIV is transmitted	76.8	65.4	79.8**	70.7	90.5***
STDs	65.6	51.2	73.0***	56.1	83.8***
Sexual abuse	62.4	53.0	63.0	88.2	95.0**
Abstinence from intercourse	57.3	41.2	67.9***	47.8	75.4***
How to resist peer pressure to have intercourse	48.7	30.0	63.1***	42.2	73.4***
Implications of teenage parenthood	45.3	30.1	56.1***	37.0	67.0***
Dating	45.1	26.7	58.3***	39.6	74.2***
Nonsexual ways to show affection	41.3	26.4	54.3***	54.0	77.5***
Birth control methods	12.7	7.1	17.7**	12.5	30.8***
Abortion—factual information	11.5	6.7	16.4**	10.3	29.1***
Sexual orientation/homosexuality	11.2	6.9	14.3*	11.7	30.8***
Abortion—ethical issues	8.3	2.7	14.3***	8.3	25.9***
Where to go for birth control	3.3	0.7	5.8*	5.2	20.2***
Correct way to use a condom	1.8	0.5	2.9	4.6	19.2***

\* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ . Notes: All Ns are unweighted. For proportions of sexuality education teachers who teach various topics, comparisons are between grade five and grade six. Data for teachers who teach both grades five and six are included in the values for teachers who teach grade five and in the values for teachers who teach grade six. Teachers were asked about their teaching of each topic at each grade. It was therefore possible to identify precisely the grade in which topics were taught.

sexual contact, and only 10% of fifth-grade and 35% of sixth-grade teachers discuss the importance of both partners agreeing to any sexual behavior (Table 2).

With the exception of puberty, a larger proportion of sixth-grade teachers than fifth-grade teachers cover sexuality education topics. Between 54% and 68% of sixth-grade teachers—compared to 26–41% of fifth-grade teachers—cover topics related to decisions about relationships and sexual intercourse, including abstinence from intercourse, how to resist peer pressure to have intercourse, dating and nonsexual ways to show affection (Table 1). Among this group of topics, abstinence from intercourse is the most likely to be taught, by 68% of sixth-grade teachers and 41% of fifth-grade teachers.

On a direct question about their overall approach to teaching abstinence from intercourse, 43% of fifth- and sixth-grade teachers say they do not teach abstinence, 36% say they teach that abstinence is the best alternative for preventing pregnancy and STDs, 17% report that they teach that it is the only alternative and 4% say they present it as one alternative (data not shown). Eleven percent of fifth-grade teachers and 37% of sixth-grade teachers discuss specific ways to avoid sex (Table 2).

We also asked teachers whether they emphasize that birth control can effectively prevent pregnancy or, conversely, that birth control is ineffective; and whether they emphasize that condoms can be an effective means of preventing STD and HIV infection or, conversely, that

condoms are ineffective for that purpose. More than two-thirds (69%) of all fifth- and sixth-grade sexuality education teachers do not cover either of these issues (data not shown). However, among the approximately one-third of teachers who teach these topics, 17% of those who teach that abstinence is the only alternative for preventing pregnancy and STDs emphasize the effectiveness of both means of prevention, compared with 52% of those who teach that abstinence is one option or is the best option (data not shown).

We asked teachers whether they agreed or disagreed with several statements related to the impact of teaching about abstinence and contraception on students' behaviors. Most sexuality education teachers view both abstinence and contraception as effective messages. Seventy-two percent of teachers say that students who receive education that stresses abstinence are less likely to have intercourse than students who do not, and 86% of teachers say that students who learn about contraceptives are more likely than those who do not to use contraceptives if they are sexually active (data not shown). However, as many as one in five teachers (22%) think that students who receive both of these messages are more likely to become sexually active than students who only receive the abstinence message.

A large majority of fifth- and sixth-grade sexuality education teachers discuss how HIV and AIDS are transmitted: Approximately two-thirds (65%) teach this topic to fifth-grade students and 80% teach it to

sixth-grade students (Table 1). In addition, a majority of sexuality education teachers (66%) discuss the broad topic of STDs, though the proportions are somewhat smaller than those who teach about HIV. Fewer teachers discuss specific aspects of STDs, such as that only some STDs are curable and that symptoms of STDs and HIV are sometimes hidden, absent or unnoticed: Approximately one-third of fifth-grade teachers and almost two-thirds of sixth-grade teachers cover these topics (Table 2).

Overall, the proportions of fifth- and sixth-grade sexuality education teachers who cover the broad topics of birth control methods and factual information on abortion are quite small (7–18%) at both grades (Table 1). Slightly larger proportions—10% of fifth-grade and 29% of sixth-grade sexuality education teachers—teach that pregnancies should be planned. However, very few cover specific aspects of birth control—for example, how methods work (Table 2). While 62% of fifth- and sixth-grade teachers discuss both abstinence and STDs and HIV, half of these do not cover birth control at all, and most of the remaining half only answer students' questions on birth control but do not teach the topic (data not shown).

#### Estimates for All Teachers

So far, we have discussed the extent to which sexuality education teachers cover various topics of sexuality. To estimate the extent to which all fifth- and sixth-grade public school teachers in the United States teach sexuality education, we adjusted the proportion of teachers who say they cover each topic by the proportion of teachers who report that sexuality education is taught in their school in either fifth or sixth grade (72%). These estimates give a reasonable indication of the extent to which all fifth- and sixth-grade public school teachers in the sampled categories teach sexuality education and cover particular topics.

As may be expected, for all topics, the extent to which a topic is covered by all fifth- and sixth-grade teachers in the sampled specialties is much lower than the proportion of sexuality education teachers in our survey who say they teach each topic. Puberty and how HIV is transmitted are the only topics taught by half or more of all fifth- and sixth-grade public school teachers. These topics are taught by approximately 66% and 55% of all sampled fifth- and sixth-grade teachers, respectively (data not shown), compared with 93% and 77% of all fifth- and sixth-grade sexuality education teachers (Table 1). The topics STDs,

sexual abuse and abstinence from intercourse are taught by 41–47% of all sampled teachers. A very small proportion of teachers (1–9%) cover birth control methods, abortion and sexual orientation.

### Timing of Sexuality Education

• *Teachers' recommendations.* The majority (67–100%) of fifth- and sixth-grade sexuality education teachers believe that schools should cover a number of topics—puberty, how HIV is transmitted, STDs, sexual abuse, abstinence from intercourse, how to resist peer pressure to have sexual intercourse, implications of teenage parenthood, dating and nonsexual ways to show affection—in grade six or earlier (Table 1). The majority (54–97%) also say that by the end of grade five, schools should have taught about nonsexual ways to show affection, STDs, how HIV is transmitted, sexual abuse and puberty.

Sexuality education teachers are much less likely to think that topics such as birth control and abortion should be covered by grade five, but a larger proportion (19–31%) believe that these topics should be taught by grade six. Sexuality education teachers of grades five and six are more likely than teachers of grades 7–12 to say that each topic should be taught in grade five or earlier. For example, 97% of fifth- and sixth-grade sexuality education teachers believe that puberty should be taught by the end of grade five, compared with only 81% of teachers in grades 7–12 (data not shown). Fifty-six percent of fifth- and sixth-grade sexuality education teachers think STDs should be taught in grade five or earlier, compared with 29% of secondary school sexuality education teachers.

• *Actual timing of sexuality education.* The difference between the proportion of sexuality education teachers who think a topic should be taught in grade five and the proportion who say they teach that topic indicates the extent to which schools are not covering topics that teachers recommend be taught by certain grades. Similarly, the difference between the proportion who think topics should be taught before or during grade six and the proportion who say they teach those topics at grades six (Table 1) indicates the extent to which, by grade six, actual teaching falls short of teachers' recommendations.

In all cases, sexuality education teachers are less likely to teach each topic than they are to say that each of the topics should be covered by the end of grades five and six (Table 1). The gap is relatively small for puberty; however, it is much larger for some other topics. For example,

**Table 2. Percentage of fifth- and sixth-grade sexuality education teachers who cover specific skills and topics, by grade, 1999**

Skills and topics	Total (N=617)	Teaches grade 5 (N=305)	Teaches grade 6 (N=153)	Teaches both grades (N=159)
<b>Skills and relationships</b>				
How alcohol and drugs affect behavior	76.0	73.0	83.0	72.5
How to stick with a decision, even under pressure	75.1	69.8	82.2	77.8
How to resist peer pressure to have sexual intercourse	48.9	30.6	68.3	67.4
How to recognize and resist media pressure regarding sexual behavior	33.3	21.5	44.3	47.8
How to say no to a boyfriend/girlfriend who wants to have sexual intercourse	30.0	16.8	41.0	49.3
Specific ways to avoid sex	23.8	10.6	36.6	41.0
The importance of both partners agreeing to any sexual behavior	21.9	10.3	34.9	32.7
How to negotiate sexual limits	0.6	0.3	0.2	2.2
<b>Sexuality</b>				
Sexuality is a natural and healthy part of life	66.2	59.9	74.2	70.4
Negative consequences of sexual intercourse for teenagers	46.0	30.1	66.7	55.4
Difference between consensual and forced sexual contact	24.6	12.9	38.1	34.8
<b>STD/HIV</b>				
Sexual abstinence as a form of prevention	58.0	40.9	77.7	75.2
Symptoms of STDs/HIV are sometimes hidden, absent or unnoticed	50.6	36.3	66.5	65.7
There are many types of STDs	48.4	31.9	70.7	57.4
Only some STDs are curable	44.2	27.5	66.5	53.8
Signs and symptoms of STDs/HIV	40.6	27.7	56.6	51.0
Sexual monogamy as a form of prevention	29.8	13.8	48.6	44.4
Use of condoms as a form of prevention	27.2	17.7	38.8	34.7
STDs/HIV can be contracted during oral or anal intercourse	15.7	8.0	22.1	27.1
<b>Birth control</b>				
Pregnancies should be planned	19.1	10.1	29.4	28.2
The importance of using both a condom and a more effective birth control method to avoid both pregnancy and STDs/HIV	8.5	5.6	11.9	10.4
The importance of using a method correctly and consistently	7.6	3.9	10.7	13.0
How individual birth control methods work	6.4	3.6	8.7	10.0

Notes: All Ns are unweighted. Teachers were asked whether they taught topics and skills, but not whether they taught a given topic or skill in each grade. Presented here are the proportions of teachers teaching these topics and skills according to the grade level they taught (fifth grade, sixth grade or both fifth and sixth grade). Teachers classified as teaching both fifth and sixth grade may actually cover some topics only in fifth grade or only in sixth grade.

88% of sexuality education teachers believe sexual abuse should be taught by the end of grade five, while in practice, 53% of sexuality education teachers address this topic in grade five. The gap also is large for dating (40% vs. 27%) and for nonsexual ways to show affection (54% vs. 26%).

The gap between recommendations of what should be taught by the end of grade six and the actual proportions of sexuality education teachers who say they cover certain topics, such as birth control methods, abortion and sexual orientation, in the sixth grade is very large. For example, while 19–31% of fifth- and sixth-grade sexuality education teachers think that birth control and abortion should be covered by the end of grade six, only 3–18% of sixth-grade sexuality education instructors actually teach these topics (Table 1). Similarly, while 31% of fifth- and sixth-

grade sexuality education teachers believe that sexual orientation should be taught no later than grade six, only 14% do so in grade six.

Gaps are much larger when we compare our estimates for what *all* fifth- and sixth-grade public school teachers are presenting with sexuality education teachers' opinions of when topics should be covered. With the exception of puberty, how HIV is transmitted and abstinence from intercourse, our estimates of the proportions of all fifth- and sixth-grade public school teachers who teach specific topics are less than half the proportions of sexuality education teachers who recommend the topics be taught by the end of sixth grade (data not shown). In the case of sexual orientation, birth control and abortion, the proportions of all surveyed teachers who teach these topics are less than one-third the proportions of sexuality education

**Table 3. Percentage of fifth- and sixth-grade sexuality education teachers who teach personal skills and, among those who do so, percentage who often or sometimes used various teaching approaches, by skill**

Skill	% who teach skill	Class discussion	Lecture	Audio-visual materials	Small-group discussion	Role-play/simulation	Outside speakers
<b>Total</b>	<b>na</b>	<b>95.6</b>	<b>90.5</b>	<b>90.6</b>	<b>48.2</b>	<b>36.0</b>	<b>39.2</b>
How alcohol and drugs affect behavior	76.0	97.3	91.5	88.5	51.8	41.5	42.3
How to stick with a decision, even under pressure	75.1	96.4	92.1	89.0	52.1	42.2	41.9
How to resist peer pressure to have sexual intercourse	48.9	97.5	94.0	92.7	52.9	43.5	38.6
How to recognize and resist media pressure regarding sexual behavior	33.3	99.0	93.3	88.5	56.5	49.3	37.5
How to say no to a boyfriend/girlfriend who wants to have sexual intercourse	30.0	97.1	94.0	94.8	54.0	52.2	39.1
Specific ways to avoid sex	23.8	92.1	96.9	95.0	56.8	51.7	42.9

Notes: We did not ask teachers about their use of teaching approaches for specific skills, but for teaching in sexuality education classes in general. na=not applicable.

teachers who recommend the topics be taught by the end of sixth grade.

### **School Setting and Teacher Specialty**

The grades offered in a school make relatively little difference in whether most general topics, including personal skills, are covered in sexuality education (data not shown). For example, among fifth- and sixth-grade sexuality education teachers who teach in schools where the highest grade is six, 32% cover the topic “how to recognize and resist media pressure regarding sexual behavior,” which is very similar to the proportion of fifth- and sixth-grade teachers who do so in schools that include some secondary grades (36%). However, coverage of some more advanced topics related to sexual relationships, STDs, HIV and birth control is somewhat greater in schools that include secondary grades than in those that do not. For example, among fifth- and sixth-grade sexuality education teachers who teach in schools where the highest grade is six, 24% cover the topic “how condoms can be used as a form of prevention of STDs and HIV,” which is substantially lower than the proportion of fifth- and sixth-grade teachers who do so in schools that include secondary grades (36%).

Compared with sixth-grade classroom teachers, fifth-grade classroom teachers are significantly less likely to cover all topics except for the most basic skills. Although nurses generally are less likely than grade six classroom teachers or specialist teachers to teach sexuality education, a moderate proportion (20–40%) of those who do teach the subject teach many topics. However, both school nurses and specialist teachers are somewhat more

likely than other teachers to cover topics related to STDs and birth control. For example, 14% of nurses and 19% of specialized teachers cover the importance of using a condom correctly and consistently, compared with 4% and 7% of fifth- and sixth-grade classroom teachers, respectively (data not shown).

### **Personal Skills and Teaching Approaches**

Educators now recognize that decision-making and communication skills should be covered in sexuality education curricula.<sup>12</sup> While we did not address these components of sexuality education in-depth in the survey, we obtained information on a few key personal skills. Seventy-six percent of sexuality education teachers say they teach fifth- and sixth-grade students about how alcohol and drugs affect behavior; a similarly large proportion (75%) of sexuality education teachers also discuss how to stick with a decision even under pressure. Fewer fifth- and sixth-grade sexuality education teachers (49%) discuss how to resist peer pressure to have intercourse. Even smaller proportions of teachers (approximately one-third) discuss how to recognize and resist media pressure regarding sexual behavior and how to say no to a boyfriend or girlfriend who wants to have sex. Still fewer teachers (22% and 24%, respectively) say they discuss the importance of both partners agreeing to any sexual behavior and specific ways to avoid sex (Table 2). Generally, teachers responsible only for grade five are much less likely to cover these skills than are sixth-grade teachers or those who teach both grades (Table 2).

We analyzed the use of teaching approaches according to whether teachers

covered specific decision-making and communication skills to assess the extent to which teachers who cover these skills use approaches that are most appropriate for the subject matter. While almost all use lectures and class discussions, many sexuality education teachers also incorporate small-group discussions and role-playing or simulation techniques—approaches that have been shown to be effective, especially for teaching communication and decision-making skills.<sup>13</sup> Almost half of fifth- and sixth-grade sexuality education teachers use small-group discussions and more than a third use role-play or simulation. Although our analyses cannot lead us to conclude what proportions of teachers use a specific teaching approach for particular subject matter, they indicate that large proportions of teachers who teach personal skills do not use the teaching approaches that are considered to be the most appropriate for teaching such skills. For example, among teachers who discuss how to stick with a decision, 42% use role-playing or simulation techniques (Table 3)—with 8% doing so often and 34% sometimes (data not shown).

### **Environmental Influences**

• **Policy.** Among fifth- and sixth-grade sexuality education teachers, most (83%) report that their school districts have a sexuality education policy. The remaining 17% report that the district’s policy is to leave the decision to provide sexuality education to individual schools or individual teachers (data not shown).

Almost all teachers (95%) in schools that have a sexuality education policy report that their school engages parents in decisions regarding sexuality education. The most common policy, mentioned by 92% of sexuality education teachers, is to give parents the opportunity to review curriculum content. In addition, most teachers (89%) report that their school informs parents that they have the option to remove their child from sexuality education classes; 87% say their school requires that parents be notified of the topics that will be covered in sexuality education. Fifty-two percent of teachers are in schools that require written parental permission for students to attend sexuality education classes (also called an “opt-in” or active consent policy).

More than two-thirds (69%) of fifth- and sixth-grade sexuality education teachers are in schools that have a required curriculum. Among these teachers, 49% report that their school restricts their ability to answer students’ questions on topics not included in the curriculum.

Only a small proportion (13%) of fifth- and sixth-grade sexuality education teachers report that their school's policy allows them both to teach birth control and to answer students' questions about it. Approximately one in five teachers (22%) say their school administration tells them not to teach and not to answer questions about birth control. An additional 24% are told not to teach birth control, but that they may answer students' questions about it. (As might be expected, few teachers—less than 1%—are told to teach birth control but to not answer students' questions.) A large proportion (41%) did not mention any of these conditions when describing their school's policy. Forty-four percent of this group report that they do not teach birth control at all, 28% report that the teacher has discretion whether to discuss birth control, 14% say their school directs them to refer students to other sources and 14% did not specify a reason.

**•Support and difficulties.** The majority (62%) of sexuality education teachers report that their school administration supports their efforts to meet the sexuality education needs of their students (Table 4). Forty-six percent report that parents support their teaching and 39% say the community supports it. Nevertheless, 38% of sexuality education teachers say they are cautious about what they teach because of possible adverse community reaction, 25% believe their administration is nervous about possible community reaction to sexuality education and 21% feel that restrictions imposed on their teaching prevent them from meeting their students' sexuality education needs. Notably, teachers who report community or parental support for their efforts are much less likely to say that their school administration is nervous and are more likely to say that they have the support of the school administration (not shown).

We asked all sexuality education teachers about the kinds of assistance they need and about their difficulties with teaching specific topics. Some teachers who do not teach the topics answered these questions, possibly suggesting that their need for assistance or their difficulties may account in part for their not teaching some topics. However, most teachers who do not teach these topics did not answer these questions; we do not know whether these factors (need for assistance and difficulties teaching topics) are significant reasons why this group of teachers does not teach these topics, or whether they are irrelevant. Nevertheless, these results provide some indication of the extent to which teachers

**Table 4. Percentage distribution of sexuality education teachers, by level of agreement with statement about support received from school administration, parents and community, according to statement**

Statement	Agree	Neutral	Disagree	Total
My school administration supports my efforts to meet sexuality education needs of my students.	62.0	27.4	10.6	100.0
Parental attitudes support my efforts to meet sexuality education needs of my students.	46.2	36.6	17.1	100.0
Community attitudes support my efforts to meet sexuality education needs of my students.	38.8	40.3	20.8	100.0
My school administration is nervous about possible adverse community reaction to sexuality education.	25.1	25.9	49.0	100.0
Restrictions imposed on sexuality education prevent me from meeting the needs of my students.	21.0	20.4	58.6	100.0
I have to be careful about what I teach because of possible adverse community reaction.	38.4	29.2	32.4	100.0

Notes: We asked respondents to indicate the degree to which a statement reflected their situation, on a scale from 1–5, where 1="not at all" and 5="a great deal." Answers were grouped as follows: 1–2=disagree; 3=neutral; and 4–5=agree. Unweighted number of respondents ranged from 541 to 548, depending on response to statement.

need assistance with materials, and of the extent and type of difficulties they experience in covering particular topics.

Approximately 40–53% of fifth- and sixth-grade sexuality education teachers responding to the question report that they need some kind of assistance. The level of assistance they need varies according to topic (Table 5). Need for teaching materials is slightly greater (29–40%) than the need for teaching strategies (20–33%) or factual information (15–35%). By comparison, 7th–12th-grade sexuality education teachers are much less likely to need assistance of any kind (data not shown).

A substantial minority (31–41%) of fifth- and sixth-grade sexuality education teachers report difficulty teaching certain topics because of actual or potential pressure from the school administration, parents or the community (Table 6, page 218). The topics they report to be problematic are abortion as one of several options for pregnant teens, homosexuality, birth control methods and how to use condoms. In comparison, they report little difficulty in teaching sexual decision-making, sexual abuse, STDs and abstinence from intercourse.

**•Problems teachers face.** Pressures—whether from parents, community or school administration—that are being placed on teachers also emerged in an open-ended question about the biggest problems fac-

ing the respondent as a sexuality education teacher. Twenty-four percent of teachers say such pressures are their top problem and 46% of teachers say they are one of the three biggest problems (data not shown). Problems with students are another top concern: Twenty-three percent of fifth- and sixth-grade teachers give this as their biggest problem, and 42% cite it as one of the three biggest problems. Teachers mention such specific student-related problems as apathy and lack of serious attention to the subject; an attitude of invincibility; misinformation; diversity of maturity; and environmental problems, such as high pregnancy rates and a high level of sexual abuse.

By comparison, 7th–12th-grade sexuality education teachers are much less likely to report that pressures are one of their top problems and are more likely to point

**Table 5. Percentage of fifth- and sixth-grade sexuality education teachers who report needing assistance in teaching specified topics, by type of assistance needed, according to topic; and percentage and number of sexuality education teachers who answered question**

Topic	Assistance needed				% who answered question	N
	Any	Factual information	Teaching materials	Teaching strategies		
STDs	53.2	30.8	37.8	20.3	65.6	319
HIV/AIDS	52.4	30.4	39.4	22.1	68.3	408
Sexual orientation/homosexuality	50.4	19.8	33.7	32.5	22.3	158
Abortion—ethical issues	49.1	28.9	40.1	30.3	16.2	126
Sexual abuse	48.9	26.1	36.7	29.0	54.9	335
Abortion—factual information	48.0	34.9	32.6	21.9	18.7	138
Skills to resist peer pressure	45.3	15.3	37.1	27.5	65.5	385
Birth control methods	43.5	24.9	31.2	25.7	21.8	161
Sexual abstinence	39.9	19.0	28.6	21.6	48.8	324

Note: Ns are unweighted.

**Table 6. Percentage of fifth- and sixth-grade sexuality education teachers who reported experiencing difficulties in teaching sexuality education topics, by type of difficulty, according to topic; and percentage and number of sexuality education teachers who answered question**

Topic	Difficulty experienced				% who answered question	N
	Any	Insufficient information	Personal reasons	Pressure (actual/potential)		
How to use condoms	64.4	9.0	19.9	40.8	20.0	145
Abortion as one of several options for pregnant teenagers	62.3	13.8	20.8	35.5	19.0	134
Sexual orientation/homosexuality	48.5	10.4	12.1	31.7	25.9	173
Birth control methods	44.1	7.5	8.0	31.1	28.5	192
STDs	20.0	12.7	8.4	8.2	54.9	345
Sexual decision-making	18.7	5.7	2.6	11.1	48.0	303
Sexual abuse	14.7	6.7	1.8	6.6	57.1	330
Abstinence from intercourse	12.9	3.6	0.9	8.4	54.9	348

Note: Ns are unweighted.

to student-related problems as the biggest problem they face. Other common categories of problems for fifth- and sixth-grade teachers were not having enough time and lacking up-to-date, appropriate and readily available teaching materials (data not shown).

## Discussion

The large majority of fifth- and sixth-grade public school teachers report that sexuality education is taught at these grades, with more than half reporting that sexuality education (very broadly defined) is taught in fifth-grade classrooms in public schools and nearly two-thirds saying it is taught in sixth-grade classrooms. However, the fact that almost three out of 10 teachers work in schools that do not provide sexuality education to students in grades five and six may in part reflect the public's ambivalence about sexuality education for younger students. In a public opinion poll about sexuality education, 93% of adults supported sexuality education courses for high-school age students and 84% supported courses for junior high school-age students, but only 48% supported courses for older elementary school-age students (ages 9–11).<sup>14</sup>

Nonspecialist, or classroom, teachers are the largest category of sexuality education teachers in fifth and sixth grades, constituting three out of four of all those who say they teach the subject. Depending on the extent of their training in sexuality education, both classroom teachers and others who cover the subject may not be adequately prepared to teach it.<sup>15</sup> Thus, it is not surprising that the majority of fifth- and sixth-grade sexuality education teachers report that they could use some assistance—such as factual information, teaching materials or teaching strategies.

In keeping with established national guidelines for sexuality education curricula,<sup>16</sup> puberty is the topic that sexuality education teachers in grades five and six are most likely to cover, followed by the transmission of HIV. Certain other topics are also highly likely to be covered—for example, STDs, sexual abuse, abstinence from intercourse and the view that sexuality is a natural and healthy part of life. In contrast, topics related more specifically to sexual activity are less likely to be covered, especially specific birth control topics. Given how many schools do not provide sexuality education at these grades, at most just slightly more than half of all fifth- and sixth-grade public school teachers cover any sexuality education topics—even a subject like puberty.

Educators increasingly recognize that personal skills and strategies to resist pressure are very important components of any sexuality education curriculum. A large proportion of sexuality education teachers cover two basic skills—how alcohol and drugs affect behavior and how to stick with a decision, even under pressure. Teachers are much less likely to teach other skills that relate directly to decisions about sexual behavior. However, the quality of the instruction likely varies substantially, because many teachers do not use the teaching approaches that are most effective in teaching such skills—for example, role-playing, simulation and small-group discussions. External factors such as large class size, too little time allocated to sexuality education and insufficient training also constrain teachers' ability to use the more effective teaching strategies.

Environmental factors may influence sexuality education and are likely to vary significantly across and within communities. This makes it difficult to apply any

standardized curriculum and requires teachers to adapt and improvise. Moreover, even within classrooms, children of a similar age will vary in their development and growth, making it difficult for sexuality education teachers to provide information that is appropriate for the age and developmental level of all children in a particular class.

The teaching of abstinence from intercourse in fifth- and sixth-grade varies widely. Two in five sexuality education teachers report that they do not teach it, while almost one in five teach that it is the only alternative for preventing STDs and pregnancy; another two in five present abstinence as the best alternative or as one alternative. The proportions of sexuality education teachers who cover abstinence at grades five and six are significantly smaller than the proportions of 7th–12th-grade teachers who do so—nine in 10 of whom teach abstinence and about one in four of whom teach that abstinence is the only alternative.

There is a large gap between the proportion of teachers who think topics should be taught by grade five or earlier and the proportions of teachers who say they teach the topics at that grade. This gap is especially large for sexual abuse and for nonsexual ways to show affection. There are also large differences between what teachers recommend that students be taught by the end of grade six and what teachers say they teach in what grades, particularly for birth control, abortion, sexual orientation and condom use. Interestingly, fifth- and sixth-grade teachers think that some topics should be introduced at an earlier grade than what 7th–12th-grade teachers recommend. It may be that fifth- and sixth-grade teachers, who have day-to-day interactions with students in these early grades, are more likely to understand the needs of this age-group than are teachers of older students.

Fifth- and sixth-grade sexuality education teachers say their schools try to involve parents in their children's sexuality education: Most schools notify parents about sexuality education, inform them of the option to remove their children from such classes and allow parents to review the curriculum. Slightly more than half of the teachers say that their schools have an "opt-in" policy, suggesting that the administrative demands of ensuring written parental permission is obtained from each student are substantial.<sup>17</sup> Furthermore, if a large proportion of parents neglect to complete and return the necessary paperwork for their children to participate



in the class, one result of this policy could be that a significant proportion of students might not receive sexuality education even when the school district has a policy that it be taught.

In examining the timing and content of sexuality education teaching, our survey largely focused on a specific subset of the subject matter that is typically included in sexuality education or family life education curricula for the upper elementary level—topics and skills that relate to the choices, decisions and risks that result from sexual activity. More research is needed to ascertain the full breadth and depth of sexuality or family life education that students are receiving at the elementary level. Are they being taught a broad base of general skills and topics, including, for example, human development, interpersonal relationships and broader social and cultural factors? To what extent are students learning about the factors they need to consider for healthy decision making?

Additional work also is needed to confirm and extend these findings. The Centers for Disease Control and Prevention's results from the School Health Policies and Programs Study 2000 survey, which is being conducted this year, could provide a useful comparison to our results.<sup>17</sup> Finally, research is needed to examine the content and timing of sexuality education in private schools, which may differ from teaching in public schools.

Our results suggest that teachers work under a great deal of pressure and fear of possible conflict. Two teachers in five say that school policy restricts their ability to answer students' questions, one in four say that their school administration is nervous about adverse community reaction to sexuality education and nearly two in five are cautious because of the possibility of such a reaction. Less than half of sexuality education teachers say that they receive some or a great deal of support from the community and from parents. And when asked what their three biggest problems are, teachers rank pressure the highest.

Sexuality education can be difficult to

teach at any grade level and often is controversial, given the sensitivity of the subject and the conflicted attitudes and values that exist in the broader society. Sexuality education teachers in the fifth and sixth grade feel that topics should be introduced at earlier grade levels than is currently occurring. In addition, sexuality education teachers at these grades report encountering more ambivalence and less support from the community, parents and administrators than do teachers at the secondary level. These findings suggest that sexuality education is particularly challenging at the upper elementary school level, a time when most students have not yet become sexually active and could benefit from information, advice and skills development.

### References

1. Haffner DW, Sexual health for America's adolescents, *Journal of School Health*, 1996, 66(4):151–152; and Middleman AB, Review of sexuality education in the United States for health professionals working with adolescents, *Current Opinion in Pediatrics*, 1999, 11(4):283–286.
2. Haffner DW and Wagoner J, Vast majority of Americans support sexuality education, *SIECUS Report*, 1999, 27(6):22–23; Welshimer KJ and Harris SE, A survey of rural parents' attitudes toward sexuality education, *Journal of School Health*, 1994, 64(9):347–352; Lindley LL et al., Support for school-based sexuality education among South Carolina voters, *Journal of School Health*, 1998, 68(5):205–212; and Eisenberg ME, Wagenaar A and Neumark-Sztainer D, Viewpoints of Minnesota students on school-based sexuality education, *Journal of School Health*, 1997, 67(8):322–326.
3. Forrest JD and Silverman J, What public school teachers teach about preventing pregnancy, AIDS and sexually transmitted diseases, *Family Planning Perspectives*, 1989, 21(2):65–72.
4. Kunkel D, Cope KM and Biely E, Sexual messages on television: comparing findings from three studies, *Journal of Sex Research*, 1999, 36(3):230–236; DiIorio C, Kelley M and Hockenberry-Eaton M, Communication about sexual issues: mothers, fathers, friends, *Journal of Adolescent Health*, 1999 24(3):181–189; Brown JD, Childers KW and Waszak CS, Television and adolescent sexuality, *Journal of Adolescent Health Care*, 1990, 11(1):62–70; and Kinsman SB et al., Early sexual initiation: the role of peer norms, *Pediatrics*, 1998, 102(5):1185–1192.
5. The Alan Guttmacher Institute (AGI), *Sex and America's Teenagers*, New York: AGI, 1994; Warren CW et al., Sexual behavior among U.S. high school students, 1990–1995, *Family Planning Perspectives*, 1998, 30(4):171–172, 200; and Trends in sexual risk behaviors among

high school students—United States, 1991–1997, *Morbidity and Mortality Weekly Report*, 1998, 47(36): 749–752.

6. Youth Risk Behavior Surveillance—United States, 1999, *Morbidity and Mortality Weekly Report*, 2000, 49(SS-5):1–96; Millstein SG et al., Health-risk behaviors and health concerns among young adolescents, *Pediatrics*, 1992, 89(3):422–428; and Schuster MA, Bell RM and Kanouse DE, The sexual practices of adolescent virgins: genital sexual activities of high school students who have never had vaginal intercourse, *American Journal of Public Health*, 1996, 86(11):1570–1576.
7. Youth Risk Behavior Surveillance...., 2000, op. cit. (see reference 6).
8. Donovan P, School-based sexuality education: the issues and the challenges, *Family Planning Perspectives*, 1998, 30(4):188–193; and Mayer R, 1996–97 trends in opposition to comprehensive sexuality education in public schools in the United States, *SIECUS Report*, 1997, 25(6):20–26.
9. Darroch JD, Landry DJ and Singh S, Changing emphases in sexuality education in U.S. public secondary schools, 1988–1999, *Family Planning Perspectives*, 2000, 32(5):204–211 & 265.
10. American School Health Association (ASHA), *Sexuality Education Within Comprehensive School Health Education*, Kent, OH: ASHA, 1991; National Guidelines Task Force, *Guidelines for Comprehensive Sexuality Education, Second Edition*, New York: Sexuality Information and Education Council of the United States (SIECUS), 1996.
11. ASHA, 1991, op. cit. (see reference 10).
12. Kirby D et al., School-based programs to reduce sexual risk behaviors: a review of effectiveness, *Public Health Report*, 1994, 109(3):339–359; and Kirby D, et al., Reducing the risk: impact of a new curriculum on sexual risk-taking, *Family Planning Perspectives*, 1991, 23(6):253–263.
13. Kirby D, *No Easy Answers: Research Findings on Programs to Reduce Teen Pregnancy*, Washington, DC: National Campaign to Prevent Teen Pregnancy, 1997; and Frost JJ and Forrest JD, Understanding the impact of effective teenage pregnancy prevention programs, *Family Planning Perspectives*, 1995, 27(5):188–195.
14. SIECUS, Public support for sexuality education reaches highest level, March 1999, <<http://www.siecus.org/parent/pare0003.html>>, accessed July 28, 2000.
15. Rodriguez M. et al., *Teaching Our Teachers to Teach: A SIECUS Study on Training and Preparation for HIV/AIDS Prevention and Sexuality Education*, New York: SIECUS, 1996; and Donovan P, 1998, op. cit. (see reference 8).
16. ASHA, 1991, op. cit. (see reference 10); and National Guidelines Task Force, 1996, op. cit. (see reference 10).
17. Donovan P, 1998, op. cit. (see reference 8).
18. Centers for Disease Control and Prevention, School Health Policies and Programs Study: SHPPS 2000 project summary, <<http://www.cdc.gov/nccdphp/dash/shpps/summary.htm>>, accessed August 24, 2000.