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Creating Conversation Guides To Help Parents And Children Communicate Effectively Of Sexual Health Topics

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CREATING CONVERATION GUIDES TO HELP PARENTS AND CHILDREN COMMUNICATE EFFECTIVELY OF SEXUAL HEALTH TOPICS

By

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To my supportive husband and loving family for loving me because of who I am. You all have supported me throughout this long process and pushed me to keep going even when it seemed like the world was against me. Your support helped me find my voice and to be proud of who I am. To Anita Gibson, thank you for always being open to listen and for reminding me to be who I am, not who the world wants me to be. I will keep whispering that to myself every day. To Anna Alberto, the best work wife I could ever ask for. Your love is radiant and with out you I would be less; your friendship is a gift.

I flip ahead in the textbook. There's an interesting chapter about acid rain.

Nothing about sex. We aren't scheduled to learn about that until eleventh grade.

-LAURIE HALSE ANDERSON

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CHAPTER ONE

Introduction

Growing Up

As a young child, I shared a double bed with one of my sisters and slept next to her each night. For many years, I watched television shows in which one of the characters would admit to sleeping with someone. Hearing this, the other character

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would be shocked. For many, many years, I was perplexed by this ever-present trope because I slept with my sister each night, and no one ever seemed shocked about that. It wasn't until I was in high school that I finally put two and two together and realized that to sleep together was a euphemism for having sexual intercourse.

The Talk

My parents may be surprised to read this, because, like most parents of their generation, they thought by giving me and my siblings "the talk," they had covered the topic in its entirety. For my family, where babies come from was never a secret, but it was never discussed on a personal level. Like many kids, I wanted to have more meaningful discussions with my parents about sex and sexual health. I wanted to know about sexuality, how to talk to people I had a crush on, and even about masturbation. So, although my parents did give me the basics, I craved more information, and when I did not get it from them, I found another way to get it.

My parents sat me down and had "the talk" when I was in fourth grade. I had sexual health education programs at my school, but it still took me years to learn everything I wanted to. Even though adults had talked to me about sex, they never talked with me about sex, leaving many holes in my sexual health education that I was left to fill

myself. Like so many other kids, I found that the canned speech beginning with "When two people love each other" lacked the information about sex and sexuality I was really looking for. Growing up in a close-knit Catholic community in rural Wisconsin, I received information that was accurate, but sparse.

I always felt like I was being told half-truths by all the adults around me. Between what I learned at school—that sexual intercourse was a gift reserved for heterosexual marriage—and what I saw on television, I felt there was a giant missing piece. I came to that same conclusion each time someone would ask a question in class about a taboo topic, such as masturbation. The question would be answered in a highly sanitized fashion or completely swept under a rug. To me, it felt like the adults in my life were working together as a part of some conspiracy. They saw all the same sexualized images, songs, and messages I did, but they brushed them off when I or one of my classmates made a connection between them and sexuality. Like many kids, I eventually stopped asking adults questions about sex because I didn't trust their answers, and I knew that I could find out more by asking friends or piecing it together myself.

In order to put together what media was telling me about sex and sexuality and the sparse information I had from the adults in my life, I began my search in American culture. I did my sex and sexuality research by listening to pop music, reading magazines like Cosmopolitan, watching movies like Bring It On and surfing the Internet. My parents were protective but did not shelter me from popular media, and I was a curious child, so I continued to search for answers myself. I had to use dial-up Internet, so the information was not quite readily at my fingertips, but like many other curious pre-teens, I was able to find sites that would make any parent cringe. I was never a disobedient child, but I was

curious, and my curiosity outweighed any qualms I had about looking at media my parents might have considered inappropriate.

My experience of adults talking to—rather than with—me about sex, and then my search of the Internet for what I thought was "the real scoop" is one that is shared by many of my peers. The information that I found online was often sensationalized, exploitive, and even downright false. Misinformation about sex and sexuality has always circulated among youth, but the availability of information on the Internet multiplied sexual sensationalism and exploitation. Currently, online pornography is so easily accessible, it is difficult to find someone who hasn't seen it at least once.

An Academic Approach

My curiosity about sex and sexuality never died. As I got older, I became involved in the academic study of sex and sexuality and found accurate and more grounded outlets for information on the topic. When I consider the "truths" I knew about sexuality at age sixteen—and when I compare that information to what I believe now—I wonder how I remained safe and healthy. As I continued down a path of higher education, I found that there were entire classes and books about human sexuality. My eyes were opened to the scientific study of human sexuality and the rich and differing views surrounding the topic.

During my senior year of college, I took a communications class on gender studies. For my final project, I explored the communication of HIV/AIDS at the beginning of the crisis. For my research, I ordered books from the St. Thomas library on the Stonewall Riots, the Bathhouse Culture, the marketing of condoms, and government censorship of sexual material on television. My eyes were opened to gay and lesbian

culture as well as to many new views on the role of sex and sexuality in modern society. From there, I moved on to books such as The Social Construction of Human Sexuality and I read the many editions of Our Bodies, Our Selves. I saw that there was so much more to human sexuality than Cosmopolitan magazine ever let on, and I was hooked.

Sexual Health Education

Addressing sexual health education in the United States is perilous because it is an emotionally charged subject and is often intertwined with religion and morality. Politicians try to avoid the topic, and public figures who do speak about it are constantly afraid of offending others. What I have found is that what parents want from public sexual health education is for less information to be shared at school and for more information to be shared at home. Parents consistently say that they want to be the ones to tell their children about sex, rather than them receiving the information at school. There is a dichotomy, however, between desire and reality in this situation. Research shows that even though parents want to talk to their children about sex, they don't. So when it comes to the rubber meeting the road, parents are consistently falling far short of effectively talking to their children about sex, while at the same time publicly working to keep sexual health education out of schools.

There are many reasons why parents don't talk to their children about sex. Many express that they do not feel knowledgeable about the subject or that they do not know how to talk to their children about it. There is a gap between the desire of parents and the needs of students. This creates the opportunity for more generations of children to look to other means to learn about sex, just like I did. My goal is to help parents talk to their children about sex so that they are the ones giving their child the information, rather than

pop musicians or porn stars. By giving parents the resources to talk to their children, the current gap between ideals and reality can be bridged, leading to children getting the information they want and parents having control in what their children are learning.

Conclusion

Sexual health education in the United States has always been a contentious topic, but by putting the correct resources in the hands of parents, students will increase their knowledge about age-appropriate sexual topics and parents will be more publicly supportive of sexual health education. By making parent involvement an integral part of sexual health education, students will gain an overall better understanding of the topic because the subject will become more personally significant. Instead of children learning about sex from unreliable sources, their parents will provide them with a deeper understanding of human sexual health, and children, in turn, will gain accurate and necessary information.

In Chapter two I will complete a in depth literature review which will provide the context and reasoning for my research question. The literature review will explore topics such as sexual health education history, family dynamics and communication styles. By research these topics I will provide to context for current sexual health education as well as the weakness in current sexual health education practices.

CHAPTER TWO

Introduction

The research question *How can conversation guides be used to help parents communicate effectively with their children on sexual health topics?* is steeped in history and evolving sociological attitudes. The history of human sexual health education is influenced by scientific research, the evolution of sexual health education in public schools, and research on best practices for parent/child conversations. This literature review will focus on the history of public-school-based sexual health education, the importance of parent conversations, practical concerns that stop communication, and effective communication styles.

Research on Human Sexuality and Sexual Health Education in Public Schools

The study of human sexuality as a scientific endeavor is relatively new. Dr. Kinsey began the systematic study of sexuality in the United States of America in 1938 ("The Kinsey Institute," n.d.). His research was revolutionary in that he completed large-scale studies aimed at information collection on basic human sexual practices. From there, other researchers such as Masters and Johnson dove deeper into studying human sexuality and brought sexual research to the forefront of American culture (Archer & Lloyd, 2002). Views on human sexuality were changing in the 1950s and 1960s, and attitudes on talking about human sexuality were becoming more positive.

Society was slowly changing how it viewed and discussed human sexuality in the public sphere. Although the National Education System deemed sexual health education necessary in 1892, it wasn't until the American School Health Association began a national campaign in 1953 to provide Family Life Education ("History of Sex Ed," 2008).

This campaign began the national push to bring comprehensive sexual health education to students in all public schools. The program, and others like it, were opposed by organizations such as the John Birch Society in the 1970s (Donovan, 1998, p. 189). Anti-sexual health education groups used the legal system to shut down many public-school comprehensive sexual health education programs. They then successfully lobbied for schools to offer abstinence-only education in place of more comprehensive sex education programs. In some cases, the programs were removed entirely from the public education system.

The advent of the HIV/AIDS epidemic in the 1980s brought about a resounding push to bring sexual health education to all public schools ("History of Sex Ed," 2008). Since then, there has been a struggle to balance the desires of parents who oppose school-based sexual health education and those who advocate for comprehensive sexual health education. Although attitudes on discussing human sexuality have opened tremendously since Dr. Kinsey began publishing his research, there is still an intense battle between parents and schools about both if and how to provide sexual health information to students in American public schools. So, while there has been progress toward offering comprehensive sexual health education in all public schools, the reality is that each state, and even each individual school, continues to struggle to provide information to students without upsetting parents.

Currently, the state of Minnesota mandates that each school district must develop its own standards for health education ("Health and Physical Education," n.d.). This leaves it up to the discretion of each individual community to decide what, if any, topics concerning sexual health education will be addressed. This ambiguity leads to an

intensely irregular implementation of sexual health education. Because the information surrounding sexual health education has proven to be so controversial, the pendulum is now swinging back to a preference for sexual health education being done by parents at home. This trend puts the power and responsibility in the hands of parents so that they are able to directly control what their children learn about human sexuality. This new trend changes the role of the school from direct instructor to mediator.

Creating Family Communication Around Sexuality

In the current educational climate, the roles played by educators and parents in sexual health education are changing. This shift in power reflects the desire of most parents in the United States to be the primary source of sexual health information for their children. Schools, however, still have a responsibility to teach sexuality topics. Shtarksall, Satnelii and Hirsh state that a positive transfer of power should occur so that parents are the primary source of information about "social, cultural, and religious values regarding intimate and sexual relationships, whereas health and education professionals should play the primary role in providing information about sexuality and developing related social skills" (2007, p.118). To accommodate both parties' needs, parents have become the primary source for information regarding the moral values integrated with human sexuality, while schools are responsible for the biological aspects of sex, as well as its social implications.

Schools are moving away from moral- and value-laden teachings, such as when it is morally acceptable to have sex. Because of this shift in responsibilities, the onus has been placed on parents to relay their personal values of sexuality. This is an imposition that most American parents did not previously have, as discussions on human sexual

health were left to schools or churches. Because of changing attitudes about sexual health education, parents have inherited this great responsibility of directly discussing the morality and values of human sexuality that are unique to each person.

Power of Parent Conversations

Some parents may doubt the impact of directly communicating with their children about the values and morals of human sexuality, but Stone, Ingam, and Gibbons have shown in research that "greater openness between parents and their children is protective" (2013, p. 229). Parents who speak to their children about sexual health, rather than relying on other community members to do so, are better protecting their children. For example, children who have open conversations with their parents about sexual health may reduce their sexual risk-taking, which allows them to make better choices and keep themselves safe (Guilamo-Ramos & Bouris, 2009, p. 7). Each conversation a parent has with his or her child about human sexuality has the power to change how that child thinks about sexuality. This, in turn, can cause the child to make safer and healthier sexual choices.

Now that parents are viewed as primary resources for imparting unique values of sexuality on their children, it is vital that these parents understand the power and influence they have over their children. For many parents, communication on sexual health is reserved to indirect socialization. They personally model and comment on accepted sexual behavior, which then indirectly teaches the child about the expectations of sexual behavior. Lekowitz and Stoppa researched the extent of parental influence on children and found that "parents socialize their daughters' sexuality, including the influence of parental belief systems, the content of conversations, the style and process of

communication, and indirect socialization" (2006, p. 40). Whether or not parents realize the influence they have on their children, they are still transmitting their values and beliefs to them. In many cases, parents are unaware of the ways their indirect communication influences the sexual socialization of their children.

To the surprise of many parents, researchers Moore, Raymond, Mielstaedt, and Tanner Jr. found that parents, not peers, have a greater influence on children when it comes to making the choice whether to engage in sexual activities (2002). This demonstrates how important it is for parents to sit down and have direct conversations with their children; they are the most important influence on how children make decisions to engage in sexual activities. This means that if parents directly communicate that they believe their children should wait to initiate sexual activity, the children are more likely to wait.

Wisnieske, Sieving, and Gawrwick found that "parental expectations influenced young women's behaviors" in both positive and negative ways (2015, p. 149). When parents directly communicate with their children about sexual values and establish expectations for them, children are more likely to behave in accordance with these expectations. When parents neglect to directly communication sexual expectations, children create their own values and beliefs that they then act upon. These beliefs may not line up with the values of the parents. The direct and indirect expectations that parents establish for their children are powerful and can, in some situations, lead to self-fulfilling prophecies.

A parent talking to his or her child about sexual health is powerful for many reasons. These conversations provide the opportunity for parents to pass on sexual values,

giving them the ability to affect their children's behavior. Furthermore, these discussions provide an increasingly important opportunity to create support systems for children. Studies have found that "more than one-third of young people perceive that they do not have a trusted adult with whom to discuss or to look to for guidance about romantic relationships" (Wisnieske, Sieving, & Gawrwick, 2015, p. 154). Providing children the opportunity to have open discussions about sexual health shows them that they have someone who is willing to talk to them about sexual health. Trusted adults can create a support system that children can use to work through problems or ask questions. These support systems give children a reliable and caring resource to help them navigate society and the sexual situations they encounter.

What Stops Parents

Considering the powerful effects of parental conversations on sexual health topics, why, then, is it not a more common practice? Considering the importance of sexual health education and the influence that passing down values and expectations has on children, it seems like sexual health conversations would take place more frequently. But, as it turns out, these conversations are not happening. It is a type of cultural phenomena in the United States that parents do not discuss sexual health with their children. This common communicative omission is prevalent, and it leaves researchers asking the question, why don't more parents talk to their children about sexual health?

There are numerous reasons parents avoid conversations about sexual health with their children. When parents were asked what specifically prevents them from this type of conversation, their answers generally fell into one of five main groups: 1) The child does not want to talk to him or her about sexual health 2) The parents are concerned about

preserving the innocence of their child 3) The parents fear that the information they provide will not be age appropriate 4) The parents are uncomfortable talking about sex and sexual health 5) The parents believe their child is not sexually active and therefore does not yet need to address the topic (Stone et. al, 2013). As stated before, there are many more reasons parents do not talk to their children about sexual health, and each is one deeply personal. Each reason is its own obstacle and does not generally stand alone. Many parents experience some or all of these general barriers to discussing sexual health.

Do Kids Really Want to Talk to Parents?

There are many reasons parents avoid having sexual health conversations, but one of the most prominent reasons is that parents assume that their children do not want to talk to them about sexual health. In a study by Morawak, Walsh, Grayski, and Fletcher (2015), children expressed that "they wished their parents had talked to them more about sexuality" (p. 240). These findings may surprise parents, but it was shown that children want to have more frequent conversations with their parents about sexual health. Some parents may think this conclusion is incorrect, but the heart of the study looks at how often parents bring up sexual health topics. While pre-teen and teenage children are not known for an open and welcoming attitude toward their parents, participants in the study did acknowledge that conversations about sexual health are something they want, even if they don't expressly show it.

Because puberty is a difficult and changing time for children, it is not surprising that parents feel that their children do not want to talk to them. An important distinction to make is between discussing sexual health in general and discussing the intimate details of a child's growing sexuality. Many children feel insecure or embarrassed talking to their

parents about their own personal experiences, especially when it comes to discovering their personal sexuality. Although kids may not want to share specifics about their own relationships, they do want to know what their parents think about sexuality and romantic relationships (Wisnieske, Sieving, & Gawrwick, 2015, p. 155). Children want to know what their parents' opinions are, but they may find it difficult to share their own personal stories during the discussion. And although children may not be willing to share their most personal experiences, they still crave the conversations.

Innocence

The idea of preserving a child's innocence is echoed throughout the research on parental conversations on sexual health. It is so pervasive, in fact, that it is found to be the main concern in most studies. Multiple researchers have shared parents' thoughts that children are not ready for information on sexual health and that if the information was provided, it would spur unwanted sexual behaviors from the child. The idea of a child as "sexually innocent" is so widespread that many parents express their fear that discussion would lead to children "thinking and behaving in sexual ways that are regarded as being reserved for adulthood" (Stone et al, 2013, p. 233).

Because of this widespread belief in childhood sexual innocence, researchers have been looking into the effect sexual health information has on children who receive it. Parents often believe that their children are unaware of sexuality, and they think that if they bring the topic of sexual health to their children's attention, they will turn their child into a sexual being prematurely. However, by sharing developmentally appropriate information with children and then observing their behavior afterward, researchers found these concerns to be unfounded. Goldman studied how children learn and react to

learning age-appropriate sexual health information and found that "contrary to common misbelief, children aged five years can understand the process of conception and birth and such education does not correlate to immediate and reckless sexual experimentations" (2013, p. 459). Despite the available research, a preoccupation with preserving a sexual innocence still plays a major factor in parents' delaying or completely refusing to talk to their child about sexuality.

Not Yet Sexually Active

Another major reason parents do not engage in conversations about sexual health is that they believe their children are not yet sexually active. When asked why they had not talked to their children about sexual health, parents said that they did not yet need to because their child had not yet started engaging in sexual behaviors. In fact, "75–80% of parents talk to their child after they believe they are sexually active," intentionally choosing to delay the conversation on sexual health until their children seek out sexual relationships with others (Eisenberg, Sieving, Bearinger, Swain, & Resnick, 2006, p. 899).

Age Appropriate

Finally, parents have expressed a desire to avoid discussing sexual health with their children because they are unsure what kind of information is age appropriate. In a study by Geasler, Dannison, and Edlund (1995), parents repeatedly expressed fears of giving their children too much information before they were ready. Parents found it highly distressing that they did not know how to match their children's developmental understanding with the amount and type of information to be shared. The idea of age-appropriate information also circled back to parents' beliefs about their children's sexual

innocence. In the same way that they believed information about sexual health would sexualize a child, parents worry that providing sexual information that is not age appropriate will psychologically harm their children or cause them to engage in premature sexual behaviors.

Desire vs. Reality

Societal attitudes on human sexuality have changed and so have parents' views on providing sexual health education. Although the trend is for parents to fill a large role in their children's sexual health education, the majority of Americans support comprehensive sexual health education in public schools. According to the Advocates for Youth, between eighty and eighty-five percent of parents positively support implementing comprehensive sexual health education in schools. The dichotomy of parental school support, but lack of at-home education, presents a unique barrier. Although a majority of American parents support their children learning about sexual health and sexuality at school, they themselves have continually chosen to actively engage in that education. So, the question researchers are asking is, if parents do support sexual health education, then why are they not personally talking to their children about human sexual health?

A major factor in parental avoidance is past negative modeling and negative experience talking to their own parents. Throughout many studies, current parents expressed their wish to be more effective communicators than their parents. In a study by Morwaska et. al, participants expressed that they wished their own parents had talked to them more frequently about sexuality (Morawska, Walsh, Gravski & Fletcher, 2015, p.244). This shows that parents recognize the current deficiencies in parent-child

communication on sexual health, and see that frequency of conversations is a major area for improvement.

As society has opened, parents have started to change how they talk about sexual health, but many are teaching their children as they were taught. Despite their best intentions, " many parents are conducting sexuality education in much the same way that their parents did, despite their stated desire to do better" (Geasler, Dannison, & Edlund, 1995, p. 187). Parents rationally realize that the education they received was not effective, but it is the only model with which they are familiar. So, although parents want to provide more effective communication, they are repeating past ineffective practices because it is all they know.

Parents are struggling to reconcile their motivation to improve sexual health communication in families, yet continue to practice antiquated communication methods. Studies have shown parental desire to improve sexual health communication, but that in practical terms little concrete improvement is being made. Beyers, Sears, and Weaver (2008) found that parents do not appear to be providing detailed sexual health education to their children even on topics that are developmentally appropriate (Byers, Sears, & Weaver, 2008, p. 94). Another research team of Dake, Price Baksonich and Wielinksi (2014) found that of the four main sexuality topics of dating/relationships, abstinence/refusal skills, safe sex, and birth control, a majority of parents were not likely to talk about any of the topics.

This discrepancy between desire versus implementation shows that parents are finding it difficult to bring meaningful changes. Parents are struggling to reconcile their past and present experience of sexual health education (Geasler, Dannison, & Edlund,

1995, p. 188). Until parents are given concrete skills to improve their desire to more effectively communicate with their children, their aspirations will continue to go unfulfilled.

When to start talking about sexual health

As parents move towards matching their desire for more effective sexual health education, and the reality of what they currently providing, they have a pantheon of questions. One of the most important questions parents have is when should they start talking to their child about human sexual health. As stated previously, parents have resoundingly stated their wish to preserve their child's innocence. Because of this desire to maintain a perceived sexual innocence, parents delay conversations with their children as long as possible. In most cases, parents were shown to wait till after they believed their child was sexually active with their peers. Parents want to know, should they wait till their child is sexually active with peers to begin talking about sexual health topics. The clear answer from sexuality and family life educators is the best time to start is at birth.

Sexual from birth

All children are born sexual, and they will be sexual their whole lives. Because it is the basis of procreation and built into our anatomy, all humans are sexual from birth. Researchers are working to learn how gender, gender expression, sexual health and human anatomy work together to create sexuality. There are still many questions about what makes a person sexual, but it is clear that all people are born with sexual organs or assigned a gender at birth. From the moment a baby is born, they are engendered, and their innate sexuality is woven into their very identity. As Stone, Ingham, & Gibbin state,

> "One would be misguided to assume that, as a result of parent's fears, children know nothing of sexuality, rather, from the day they are born they are exposed to implicit and explicit sexuality messaging from families, peers, media and early education settings. Without parental education, however, these messages are likely to remain disjointed and conflicting to children" (2013, p. 237).

Although babies are not aware of their sexual nature, they, at their very core, have sexual feelings, desire, and responses.

Anyone citizen in modern American society can attest to the bombardment of sexual images, sounds and messages they receive every day. Children exist within the paradigm of human sexuality and are constantly being faced with its expression. "Sex is in your face all the time' now in the media such as billboards, television, songs and music videos," it has permeated almost all facets of media and cultural communication (Dyson & Smith, 2012, p. 223). Parents cannot maintain an idea of sexual innocence because children are exposed to sexualized images from birth. A protective bubble cannot be placed around children because by participating in modern society, children will indirectly be exposed to human sexuality.

So, if they are to begin talking about sexuality at birth, why do national guides suggest starting at age 5 (Jerman & Constantine, 2009, p. 1172)? These national guidelines recommend the age of 5 because it is when formal public education begins. Sexuality and family life educators agree that when parents address gender differences such as basic anatomy, they have begun the conversation. This means that parents, while unaware, are teaching directly or indirectly about sexuality from the moment they chose how to address their child.

According to Jerman and Constantine (2010) "Parents begin influencing their children's sexual development through sexual socialization before they begin proactively discussing sexual topics with them; by verbally and nonverbally conveying their standards regarding respect for others, affections, attitudes towards nudity and so forth." Parents indirectly start educating their children from birth, but some choose to never directly teach them. The guidelines state that sexual health conversations should happen throughout a child's life and that parents should begin talking about sexual norms and ideas beginning at five years old.

Many parents would argue that sexual health conversations are not appropriate for young children. As stated above, comprehensive sexual health education is broad and covers topics from what body parts are called, to what is appropriate for different relationships.

> ‘Ground-breaking research on children's sexual cognition in five countries has found that children of the school entry age, that is, five years, are well able to grasp basic sexual vocabulary, concepts and understandings about themselves and the other sex, relationships, body parts and emotions" (Goldman, 2013, p. 451)

Children are developmentally prepared for basic sexual education, and many argue it begins well before sexual intercourse is ever discussed.

Conversations Guides

Many conclusions can be made from the previous sections of this literature review. First, that sexual health education needs to change; second that parent conversations on sexual health are vital for effective education, and that parents need help initiating and engaging in those conversations. Parents have the desire to talk to their children about sexuality, but they do not possess the skills to fulfill these desires. To bridge the gap between desire and reality, parents can utilize conversation guides which inform them how to start conversations and what to talk about during those conversations. Conversation guides, created by professionals, can connect academic sexual health education, to the value sexual health education presented by parents.

When considering the most imperative tools parents need to teach their child about sexual health, conversation guides are some of the most important. They provide the academic information some parents may need, with the professional guidance most parents crave. Studies by Geasler, Dannison, and Edlond show that "parents need and want guidance about how and when to best discuss sexual health issues with their young children." (1995, p. 188). Parents are employing outdated discussion technique if they are even engaging in conversation. Parents have shown strong interest in receiving information on sexual health facts, communicative styles, as well as sexual health topics that are developmentally appropriate. These needs are met when parents are provided with a well-written conversation guide.

The focus of conversation guides is to tell parents the most important information they need to immediately start talking to their child. Instead of inundating parents with the literature on why they should talk their children about sexual health, conversations

guides provide the how to talk to their children about sexuality. Conversation guides can compensate for the fears or shortcomings parents may currently face when discussing sexual health. Of the many ways parents address sexual health communication, they are least confident in initiating conversations on sexual health and giving them information resources (Morawska, Walsh, Gravski & Fletcher, 2015, p.244). A conversation guide helps give parents confidence by giving them the basic information, form and developmentally appropriate topics they may otherwise not have.

Finally, conversation guides reinforce the influence parents have on their child's values and behaviors. As seen in research, many parents do not fully understand the impact that their conversations have on their children. If parents do not believe in their own influences, then they may not try to affect children's sexual behavior. (Carlson & Tanner Jr., 2006, p. 160). By providing conversation guides and explaining their impact, educators are providing students' parents an avenue of influence they may have underestimated.

Discussion Topics for Conversation Guides

In every conversation, there are always multiple party interests to consider. Conversations guides are focused on a give and take of dialogue, but the emphasis is placed on parental transmission of values and ideas. Because of this priority, it is vital to consider the topics parents most want to address with their child. The main topics parents want to discuss are biological mechanisms of sexual intercourse, delaying first sexual experiences, and the consequences of sexual intercourse. These three main topics are the most prominent topics parents want to discuss, but each parent brings a unique perspective and may value some topics above others. Also, very importantly, parents are

not the only factor in the conversation, the children's needs and the professional opinions on these topics need to be considered.

Because of the manner, frequency, and timing parents most predictably discuss sexual health with their child, their conversation topics tend toward the consequence of sexual activity. As many parents wait until they believe their child is sexually active to engage them in conversation, parents focus on the biological mechanisms of sexual intercourse and the potential consequences of sexual intercourse. Parents most commonly discussed the possible negative consequences of sexual activity, such as unplanned pregnancy or sexually transmitted diseases. (Eisenberg et al. 2006, p.898). These topics are developmentally appropriate for children in their pre-teens and teens but are clearly unsuitable for elementary age child. As the initial age of conversation lowers, the type of topics discussed also need to change to fit the development of the child.

As parents shift their initial conversations to earlier ages, they need more guidance as to what topics are developmentally appropriate. This fits well into the idea of comprehensive sexual health education, which focuses not just on the consequences of sexual intercourse, but the full development of human sexuality. This includes topics such as relationships, gender, sexual orientation and sexual expression. Current studies show that parents are not currently addressing the topics of comprehensive sexuality. Ballard and Gross (2009) researched parental conversation topics and found "that parental discussions focused on the biological aspects of sexuality (such as anatomy and reproduction) rather than personal relationships, reflecting what parents believed to be developmentally appropriate" (Stone et. al, 2013, p.230). This shows that conversation guides will need to provide parents with developmentally appropriate topics. In order for

parents to see the full scale of human sexual health topics, educators need to show them the value of talking about more than just sexual intercourse.

Why multiple conversations, not just the Talk

When considering the format and context for parent conversations, it is vital to focus on the plural nature of the word conversations. Parental communication on sexual health in the past was reserved for a single conversation, or more frequently, a single lecture. To truly develop a deep understanding of the many facets of human sexuality, parents need to have multiple conversations with their child. Having more than one conversation on sexual health allows for parents to address more topics, but also make sure that the information they are providing changes with the development of children.

Developmentally Appropriate

As children move through the many levels of biological development, their ability to understand information changes. Young children are concrete thinkers, meaning that they are literal and are not able to consider hypothetical situations. This means that for parents to prepare their child to talk about highly abstract topics such as pleasure or delaying sexual intercourse, they first need to have talked about the biological mechanisms, sexual relationships and much more. Developing knowledge and values in the realm of sexuality and sexual health needs to be built upon, and repeatedly reinforced for meaningful change to take place.

As children mature, their social standing and expected behavior change significantly. Parents are not always aware that they are communicating gender norms or sexual behavior expectations, but they are indirectly communicating it to their child from birth. By having direct communications parents can tailor the information and values they

are transmitting to better fit their child's developmental needs. As children get older "Their needs and questions regarding sexuality and social behavior are likely to change, reflecting their own social and cognitive development." (Guilamo-Ramons & Bouris, 2009, p.9). For a 4 or 5-year-old, using gender separated bathrooms and the biological explanation of gender differences is an appropriate conversation. This same conversation would be considered silly or rudimentary to most children that are 10 or 11 years old. Having many conversations on human sexual health allows parents to most effectively address the myriad of issues and values contained in the topic of human sexuality.

One of the most important reasons parents should engage in conversations with their children throughout their child's life is to create an open relationship with their child. As previously stated, most parents wish that their own parents had talked to them more often about sexual health, and this is because it opens up the topic creating support for children. If parents only address sexual health one time, and in a lecture, children will not see their parent as a resource for questions or emotional support. By making sexual health a regular, and acceptable topic in families, parents are directly as well as indirectly making themselves experts and confidants on the topic. A single talk which is not developmentally appropriate will be ineffective in delaying sexual activity, decreasing risky behavior, or creating trusting relationships (Wisnieske, Sieving, & Gawrwick, 2015, p. 145). Basically, by only addressing sexual health one time in a child's life, parents are indirectly communicating its taboo nature and pushing their children to others to find information and values in sexuality. Parents alienate themselves by not proactively opening and maintaining a communicative space to discuss sexual health.

Communication styles

Guiding parents toward effective communication practices require not just relevant topics, but also relevant styles of communication. Conversational styles vary based on language, culture, and intent. Considering the demographics of families I am working with, the language culture and intent of sexual health conversations are most effective when they are proactive, open, positive, and comfortable. These four descriptors can be lofty goals, that need to be explicitly reinforced in parent guides so that parents understand the importance of not just their content, but presentations style.

Lecture versus Conversation

Because of the delay of initial conversation, and parent comfort with the topic, sexual health communications have historically been done in a style of lecture. As many parents can attest to, "There appears to be a tendency to take on more of a lecturing-teaching role when discussing sexuality" (Lekowitz, Stoppa, 2006, p. 48). The lecture style of communication, seen presently in education is also described as an authoritarian style of communication. In the authoritarian style, there is a main speaker who speaks with ultimate authority. This style is also known colloquially as the ‘my way or the highway' approach'. Although the listener is present, little to no input is expected or accepted. The speaker is the expert on the topic, and the listener is inferior in knowledge to them.

The lecture style of communication can be alienating to the lister, many times leading the listener ignoring or actively opposing the speaker. Children do not generally enjoy being lectured at, and as seen in parent testimonies, will actively avoid such lectures. Consistently seen in studies, kids don't talk to parents that are authoritarian

because they are afraid to be judged or to be lectured. They want to have discussions with their parents, instead of being told to passively accept ideas (Fitzharris & Werner-Wilson, 2004, p. 279). Children do not respond positively to lectures, for many reasons, and avoid lectures, therefore cutting out the valuable resource that is their parents.

Instead, a conversational approach is suggested in which children are given information, and then asked to make personally significant conclusions. By asking children to connect with their own personal experience, the learning becomes more meaningful and more permanent. By giving children the chance to think critically about sexuality, children are then more likely to make responsible decisions later on (Dyson & Smith, 2012, p. 227). This shows that by asking students to think deeply about sexual health, parents are more likely to reduce risky sexual behaviors, therefore keeping their child safe. The conversational style which asks children to make personal connections can be achieved by using open-ended questions to understand child's preexisting knowledge and belief systems (Lekowitz, Stoppa, 2006, p. 48). Open-ended questions allow parents to introduce their own values, but also allow space for their children to make their own conclusions.

Positive Attitude

The most intangible, but a very significant factor in effective communication is perceived attitude. As seen by Lekowitz and Stoppa, parents who appear to be comfortable with their own sexual health may convey a message that sexual health is natural, whereas parents who feel more discomfort in this area may communicate that sexual health should be hidden or is shameful (2006). Within parent communication guides, there needs to be a large caveat that attitudes are contagious, and a positive

attitude can completely change a parent's message. While attitude can contain a large array of factors, the most important for sexual health conversations are a positive tone and open mind to alternative viewpoints. This "means being open, communicative, and accepting of individual differences related to sexuality and sexual behavior" (Williams, Prior, & Wegner, 2013, p. 273). Although parents are supposed to be relaying their values in their conversations, for the conversations to be effective, they also must be open to their differing opinions of their child.

This importance of a positive attitude is vital to the effectiveness of parent conversations. Because a parent's attitude can completely change the message of their conversation, it needs to be highlighted in every parent conversation guide. Parents need to be aware that a positive attitude towards comprehensive sexual health education contributes significantly to parents' self- reported sexual health communication with their children (Byers, Sears, & Weaver, 2008, p. 95). In the pre-notes to a conversation guide, it is vital to remind parents that if they want to see positive behaviors because of their conversation, they need to adopt a positive attitude.

Conclusion

The basic of ideas of what makes up human sexuality have been under heavy scrutiny in the last 75 years. As scientific research has advanced, social opinions have changed toward an open and comprehensive view of sexual health. Due to a changing view of sexuality in society, the way sexual health education is delivered in public schools has also changed. The shift from parents as observers to primary contributors in sexual health education has drastically changed how schools engage students and families

in sexual health education. Because of the changing role of schools, parents are now being brought into educational constructs through parent guided conversations.

These parent guided conversations that are encouraged are vital to the positive development of sexuality in all children. Parents can convey their high personal values and morals of sexual health in direct communication with their child. Parents are now being asked to face sexual health conversations head-on in a direct manner that is concrete. For parents to buy into the power of their conversations, they first need to see the positive impacts on their children's sexual health decision-making skills. This means that schools need to inform parents of the power and gravity that their involvement and conversations have on their child.

While many parents wish to be better communicators, the reality is that they are failing to improve upon the work of their parents. The ideals of open and consistent communication on sexual health are not being carried through by parents, leading to a chasm between ideas and implementation. This shows that schools need to create a guide for parents so that they have the practical knowledge and ability to connect their ideas to their practices. Giving parents information on when to start communicating, what topics to communicate about, and what style to take are all important aspects of conversation guides. By compiling correct information regarding developmentally appropriate information, relevant topics and effective styles of communication, schools will be able to make parents the vital player in their child's sexual development, as they should be.

In chapter 3, the project overview will be presented as well as a summary of all resources created for the project. The research theories in which I based my resources will be explored as well as how these theories shaped my project design. The three

different resources that I created will explained along with their implantation timeline. The chapter will also provide background information on the participants and the setting of the study.

CHAPTER THREE

Introduction

The following chapter will explain the resource of conversation guides that I have written. My research question is: *How can conversation guides be used to help parents communicate effectively with their children on sexual health topics?* My research question is important because it addressed the changing roles of schools in sexual health education. It provides dire needed explicit support for parents to receive more explicit support to teach their children about sexual health. In the following chapter, I will provide an overview of the project, the research theories I employed, the setting and audience of the project, and a timeline for the project's implementation.

Project Overview

In this section, I will give an overview of the project and the conversation guides I have created. In talking with both caregiving adults and elementary students, I saw that there was a gap in sexual health education resources. Although there are many books and websites written for both adults and students on sexual health education, there are no conversation guides. Many adults feel they need read extensively on the topic and become experts before they start talking to their student or child about sexual development. The conversation guides I created for my project are an effort to bridge the gap from theory to reality in helping adults talk to students about sexual development. The conversation guides are meant to be practical and easy to use. With these guides, adults can begin talking with their student or child as soon as possible.

The conversation guides that I created are a series of four conversations appropriate for any caregiving adult to use with 9 to 13-year-old children that are about to

begin or have started going through puberty. The conversation guides provide an introduction to puberty and initiate a relationship of trust between the adult and student. The main goal of the guides is to help adults and students start talking about sexual development in a way that they feel comfortable. Thus, they establish trust so that future conversations may occur. While the content of the conversation guides is important, the main outcome of using the guides is to set up a foundation for communicating about the sensitive topic of sexual development.

Each conversation guide follows the same five steps to provide a predictable and comfortable experience for the participants. The five steps are as follows: Introduction, Purpose, Activity, Practice, and Reflection. Each conversation guide builds in complexity while maintaining the same structure. The common structure provides the predictably the participants need to gain confidence in tackling such sensitive topics for the first time. Conversations two, three and four ask the participants to think back to the previous conversation guide, thus providing a clear connection between each conversation.

The first conversation guide is called How to Talk and Listen: Creating Rules for Positive and Productive Conversations. This conversation guide focuses entirely on creating agreements for how to talk about sensitive topics together. Together the adult and student talk about how they want to feel when they talk about puberty and sexual development. The conversation then asks the participants to create rules for their conversations. The conversation guide culminates in having both the student and adult reflect on how their feelings on talking about sexual development have changed over the course of the conversation. Before finishing, both the adult and student are asked to

reflect on their current emotions and assess if their emotional state has or has not changed since starting the conversation guide.

The second conversation guide is called How Bodies Change During Puberty. Initially, this conversation guide reviews the previous conversation and ask participants to, once again, to the reaffirm their conversational rules and reminder policy. This conversation guide presents the dominant physical changes that take place in both males and females during puberty. In this guide, adults are asked to recount a memory from their time going through puberty to not only remind the adult how to empathize with the student, but also provide them with a shared experience. This conversation guide ends, as the one before, with the adult and student reassessing their current emotional state together to practice continual self-reflection.

The third conversation guide is called How Puberty Changes our Brains and our Emotions. It is important to delineate the difference between the physical, emotional and social changes of puberty because many times adults only feel comfortable discussing concrete physical changes. This conversation guide details the many possible emotional responses and changes that occur in tandem with the physical changes. The practice section, once again, asks the adult to empathize with the student to create a shared experience and deepen trust between the two participants.

The fourth conversation guide is called Identifying a Support System. This conversation guide explores the many different support systems available to students. It differentiates between adults that can provide support for the physical changes of puberty and the social/emotional changes of puberty. This conversation guide also differentiates between social supports for physical changes that may be different in female and male

students as gender is an ingrained relationship factor in most cultures. This guide culminates with the adult and student looking at three different developmentally appropriate websites about puberty. As with all of the previous conversation guides, it ends with the participants self-assessing their emotional state.

Feedback Tool

Before beginning the conversation guides and following the completion of guides both the parent/adult and child will be asked to take a survey. The survey aims to assess the effectiveness of the of the project and find ways that the project could be improved in the future. I have created two different sets of pre-and post-conversation guide surveys to fit the needs of the adult and child participants. The data collected by these surveys will be used to assess the effectiveness in increasing both the frequency of adults talking to their child/student about sexual topics, as well as their level of comfort discussing these topics.

Questions for the student survey focus on who the student has talked to about sexual health topics, how often they have talked about these topics, and how comfortable they were discussing these topics. The parent/adult survey focus on with what frequency they have talked to their child/student about sexual health topics, how many times they have discussed puberty, and their overall comfort level discussing these topics.

Research Theories

The theories and frameworks that my conversation guides and parent presentations are built upon include Adult Learning Theory and Family Communication Patterns Theory. The communication guides were created with the Family Communication Patterns Theory as a template, while the parent presentations focus on

Adult Learning Theory. The conversation guides and parent presentations are based on both theories. It is in the convergence of both Adult Learning Theory and Family Communication Patterns Theory that these resources are able to simultaneously address the needs of both the adult and student participants. In the following paragraphs, I will explain the frameworks of these theories and how they were used to develop the conversation guides and parent presentations.

The framework for the conversation guides is based on Family Communication Patterns Theory proposed by Mcleod and Chaffe. The first tenet of this theory is that families create an understanding of social reality through their communication (1972). This means that children learn how to interpret and understand the world around them through interactions with their parents and caretakers. This shared creation of how "to process information stemming from outside the family' was labeled co-orientation by both Heider (1958) and Newcomb (1953). Parents influence how children interpret the world through their communication with them. As children grow up, their interpretation of the world may change due to increased diversity of social communication. This creates a lack of a shared understanding of reality with their parents or caretakers. It is through reestablishing co-orientation that adults and children can improve communication and continue to communicate effectively.

There are two styles of family communication according to Family Communication Patterns Theory: conservation-oriented communication and conformity-oriented communication. (Berger, 2014 p. 422). Conversation-oriented communication is characterized by "open and frequent communication between parents and children with the purpose of co-discovering and co-determining the meaning of objects that constitute

social reality." (Berger, 2014 p. 423). This contrasts with conformity-oriented communication, in which parents show little concern for their child's feelings and rarely explain their own understanding of sexual development topics. Instead, parents tell their child what they should believe and expect the child to accept it because of the parent's authority.

The communication guides that I created are based on conversation-oriented communication so that families can co-orientate their understanding of the world. In each communication session, the feelings of both the child and adult are given equal importance and the adults are asked to explain their own beliefs and values. Within each conversation, there is a specific learning target, but it is seen as a step in a continuing process of interpreting the world, instead of a single exchange. By facilitating a series of conversations, I am setting families up to develop a habit of continual conversation and an ongoing exchange of ideas. While conversation-oriented communication is the foundation of my conversation guides, I also took into account Adult Learning theory in an effort to make both the child and adult comfortable and confident using these resources.

The second part of my project, the parent learning presentations, are also firmly based on the theory of Family Communication Patterns. The presentations are the introduction to using the conversation guides for adults. They are meant to prepare and build the adult's confidence before they begin using the conversation guides. Each parent presentation session focuses on showing adults the effectiveness of conversation communication theory for discussing human sexual development. While many adults may want to use this style of communication, they need to be taught the specific

behaviors of conversation-oriented communication. Many adults have little practice with this style of communication which prevents them from ever talking to their student about human sexual development.

In conjunction with the Family Conversation Patterns Theory, I also am using Adult Learning Theory of Andragogy by Malcolm Knowles (1984) to inform the creation of the parent presentations. Viewing adult learning as a process model in which the teacher is not just presenting content, but a context is the base approach to learning in the parent presentations. In each of my presentations, I will use the process elements of Andragogy such as preparing learnings, climate planning, diagnosis of needs, the setting of objectives, designing learning plans, learning activities and evaluation (Knowles, Holton, & Swanson, 1998 p. 116). Each of these elements is present in my parent presentations as evidenced by the common structure the presentations share. To acknowledge the unique needs of adult learners, the structure of the presentations is created in a Whole-Part-Whole in which the learner's schemata and motivation influence their understanding of the topic. I use clear learning objectives in my presentations to prepare and motivate the learners, and use the repetitive practice within the presentation structure to reduce learner's anxiety (Knowles et al, 1998). The goal of the parent presentations is to introduce adults the value of schemata, motivation, learning targets, and repetitive practice. The parent presentations demonstrate their power in the learning process to adults.

These same elements of Adult Learning are then used as the foundation in the structure of the conversation guides. By using the elements to pre-teach the adults, they are given the opportunity to gain familiarity and confidence to use the conversation

guides. By having already practiced these elements through the parent presentations the adults will be prepared and thus more effective when using the conversation guides with a student.

The two main theories that inform the creation of my human sexual education resources are Family Communication Patterns Theory and Adult Learning Theory. Each of the theories was equally important in the creation and structure of both resources. By combining the two theories I have created resources that meet the diverse needs that children and adults have when talking about human sexual development. In conclusion, these two theories are the foundation for the conversation guides and parent presentations.

Setting/ Audience

In this section I will be discussing the way these conversation guides will be used and who will use them. I will address the reasons I chose to focus on puberty in these conversation guides. I will also discuss the settings in which the parent presentations and conversations are to be used. Included will be the target ages of the parent/adult participants and the student participants. Finally, I will explore the types of relationships between the parent/adult and student participants, as the relationship may vary between participates.

Human sexual development contains a wide range of topics, many of them highly personal and value-laden. Instead of creating a resource to be used in school, I decided to create a resource that students take home to empower parents and adults to take control of their student's sexual health education. Because sexual development can be a controversial topic, many families decide to pull their student out of formal sexual

education without providing a substitute at home. I chose to create conversation guides so parents/caretakers feel more in control of what their student is learning when it comes to sexual education. I also created these conversation guides so that all students have access to sexual education, whether it be at school or at home.

I chose to create my conversation guides on puberty because it is an introduction to traditional and formal sexual education for most public schools. The first-time public schools start formal sexual development education is between 3rd and 6th grade. There are many types of curriculums that schools choose to use regarding teaching sexual development. These types range from abstinence-only education to comprehensive sexual education. No matter the type of curriculum a school chooses, puberty is a topic that is found in most curriculums. I want the resource I created to be as culturally neutral as possible so that it can be used in schools across the United States by many different family structures and backgrounds. While I know it is not possible to remove these conversations guides from the larger social context, I intentionally created them to be easily adaptable to the participants using them.

I also wanted to create guides that laid the foundation for adults and students to talk about sexual development. By creating a repeating structure with clearly stated learning goals I am making the learning accessible to both students and adult learners (Knowles, Holton, & Swanson, 1998 p. 244). The purpose of having multiple conversation guides in a repeated format is to give adults and students the chance to build their conversational skills on human sexual development topics. Through my conversation guides, I am teaching all participants a basic structure they can use in the future to discuss human sexual development topics beyond puberty.

These conversation guides were created for adult caregivers to use with students between the ages of 9 and 13 outside of school. The guides are a take-home resource in which a student talks to an important adult in their life, such as a parent, grandparent, aunt/uncle, or close family friend. Traditionally, girls talk to their mothers and boys to their fathers about sexual development. However, this binary gender model is outdated. All families are different, and it was important that I make these conversation guides accessible to any trusted adult in a student's life.

Ideally, these conservation guides will be a used in tandem with in-school instruction by a licensed teacher. The conversation guides will support and deepen the student's in-school learning. Even if students are not receiving formal sexual education at school, families can still use these guides as a stand-alone resource. The conversation guides are designed to facilitate conversations and present accurate information, but they should be used with other resources to ensure a complete sexual development education.

The audience of participants can differ because of family composition, but the ultimate goal is the same: provide students with appropriate education on sexual human development. By transferring the responsibility and power from educators to trustworthy adults, families are empowered to educate their children in a way not previously accessible. Because sexual human development is not only intensely culturally diverse but also personally diverse, this program aims to meet the needs of both adults and students. The goal of this program is to facilitate communication and education regardless of the participants' beliefs or prior knowledge.

Timeline of Implementation

In this section, I will outline the implementation timeline for the parent presentation and conversation guides. I will outline the approximate length of each parent presentation and the time in between parent presentation sessions. I will also discuss the approximate total length of time to be spent on each conversation guide and the timeline to complete all four conversation guides.

The parent presentations are a 3-week series of 1- ½ hour presentations that are to be presented in three consecutive weeks. It is vital that the presentations have at least 3 to 5 days in between sessions to allow the learner to process and synthesize the information and skills presented on human sexual development and communication, as they are generally emotional topics. Each individual session should last no more than 1 and ½ hours to make them accessible to busy adults and to maintain high engagement throughout each session. Many adults will have to arrange childcare to attend these sessions, so it is vital that each session is not prohibitively long. The timeline for parent presentations needs to provide time in between sessions for optimal student processing yet cohesive enough to maintain motivation and accessibility.

The parent presentations and the initial conversation guide are to be completed in succession. After parents have attended all three parent presentations, they will have access to the conversation guides. To prevent adults from starting the conversation guides before they have adequately prepared and reflected on their goals, the conversation guides will not be available until after the parent presentations have been completed. Parents that chose not to attend the parent presentations will gain access to the conversation guides after the sessions are complete whether or not they were able to

attend. Attendance to the presentations will be highly recommended but not required as the conversation guides alone could provide a cursory introduction without further training.

To achieve the greatest positive effect there is a recommended timeline to complete all four conversation guides. Because these conversation guides are a resource to be used at home, families have the freedom to start using them whenever they wish. If the conversation guides are to be used in tandem with a school curriculum, a common start date needs to be communicated by the school.

Each conversation guide is designed to take between 10 and 20 minutes. They are designed to be brief for a myriad of reasons. The first reason is that they are meant to easily fit into the busy lives of modern families. The second reason is to build stamina. Just as in exercise, participants will need the practice to build up their ability to talk about sexual health. Finally, they are to be between 10 and 20 minutes to keep the conversations focused on a single objective, and to see the greatest possible growth. The length of conversations will vary from participant to participant but should range between10 and 20 minutes for the best outcome.

To maintain familiarity with each other and the topic, the conversation guides should be completed within a week of the previous conversation's completion. The length of time between each conversation guide can vary depending on the schedule and needs of each family. If an extended period is left between conversations, the base of trust and respect can corrode. Since the conversations increase in complexity and more than one week passes between conversations, it may require repeating previous conversations.

Conclusion

In total, the entire program of parent presentations and conversation guides combined should last between two and three months. The time between parent learning sessions and between conversation guides is vital for all participants to build a foundation and practice that is ultimately necessary to develop the lifelong skills this training aims to provide. Rushing or elongating the implementation timeline will decrease the program's effectiveness. Using the provided timeline of 2 to 3 months for completing all program materials will be the most effective in impacting behavioral change in adult and student communication on human sexual development.

CHAPTER FOUR

Introduction

In this fourth chapter, I will review the entire capstone project process and reflect on the final outcomes of resources I have created. I will also reflect on the overall outcomes of my capstone project, discuss my own takeaways learned through the capstone process, review my literature review of Chapter 2, assess the outcomes of the project, and look forward to the ways my capstone project could be used in the future. By stepping back to analyze the overall experience I hope to gain insights into my own learning style, as well as my strengths and weakness as a scholar. I also hope I can share my experiences with educators and adults to improve human sexual education for generations to come.

The goal of my project started out as a desire to help families change the way human sexual development is taught in schools. After researching the numerous curriculums available and research on public attitudes, I decided that my project would be focused on helping families change how they talk about human sexual development. From this decision, I developed the research question How can conversation guides be used to help parents communicate more often with their children on sexual health topics? In critically assessing the true needs of students and families, I realized that the most impactful development I could make would be to empower parents and adults. In order to create a meaningful change, I needed to take my elementary educational training and bring it into the homes of students.

Reflection on Capstone Process

The experience of researching, developing, creating and now reflecting on my capstone project has fundamentally changed my goals as an educator. I began this process with a substantial interest in sexual education, and have come out of the process a self-educated professional on the subject. I have always believed the traditional education system was the best the path towards learning and gaining legitimacy in a field. In this mostly self-guided capstone project, I learned the value to self-guided learning and recognize it as a valuable alternative to traditional learning programs.

Another takeaway I have painstakingly learned from this capstone project is that progress can include many set-backs. I have been working on this project for four years now. If you had asked me four years ago when I would be completing this project, I would have answered that very same year. I found that the greatest obstacle to making meaningful change to sexual health education is not my own passion, but the bureaucracy of public education and changing priorities of administrators. The lesson of moving forward only to be set back again is poignant because it mirrors the challenges I know I will face in the future as I pursue the field of sexual health education. So although this lesson has been emotionally painful, it has been necessary for me to realize the importance of my calling and force of nature that I have become. Now every time that I am pushed backward, I will remember at one point I was able to move forward. Progress cannot be stopped, only stalled.

Revisiting Literature Review

The process of researching and synthesizing my research review was an invaluable experience. I began by researching the history of sexual human development

education in public schools. The website Advocates for Youth organization presents a simplified timeline of sexual health education in the United States between 1892 and the present, which I found indispensable. This short document was able to consolidate the history and learning I gained from reading multiple sources while giving me a clear understanding of the trajectory of sexual health education. The current state of sexual health education is a result of the fraught history of educators pushing to include it in public schools while society, conversely, urged that it be eliminated. Using this perspective, I was able to see that the most effective way to lobby for change is by giving society the key role in their children's sexual health education.

The second most important learning experience I gained from my literature review was realizing the untapped power that parents, and adults had on their child's knowledge and decision making on sexual development issues. An article by Moore, Raymond, Mielstaedt, and Tanner Jr. found that parents have the greatest influence on their child's choices on their sexual engagement, not their peers (2002). This shows that in order to most effectively impact students, I need to use their parents as a conduit. On top of this, a study by Wisnieske, Sieving, & Gawrwick, showed that most students have not talked to their parent or another adult about sexual development, and do not even know which adults to turn to for such advice (2015,). This lead me to create resources for parents as they are the greatest influence, yet under-utilized, resources for helping students. These two studies influenced my decision to create conversation guides and parent presentations because they showed the greatest weaknesses of current sexual education.

Finally, the most important takeaway from my literature review is based on the work by Geasler, Dannison and Edlond. Their work shows that parents and adults need considerable help in knowing when and how to communicate with their children about sexual development (1995). This study illuminated the chasm between desire and reality for parents to discuss these topics, in that although parents valued these conversations, they did not have the practical knowledge or skills to implement them. By seeing the desire, but also the lack of skill, I realized that as an educator I could teacher parents where and how to start.

The literature review of my capstone project allowed me to find the strengths and weaknesses of current sexual health education. Because of my research on the history of sexual health education, attitudes of both parents and students, and their communication styles, I was able to develop a parent education program and conversation guides.

Project Outcomes

The final product of my efforts is twofold, one set of four conversation guides for parents/adults to use with students on puberty, as well as a three-part parent education program. In total, my capstone project focuses on facilitating conversations between elementary students and their caretakers. I started by developing the communication guides, and with the support of my advisor, saw the need to provide additional instruction for adults on how to use them. By creating resources that support adults, I was, in turn, able to more effectively educate students.

I found that the topic of my capstone project, sexual health education, is still seen as a controversial topic by many administrators. When talking to parents of diverse social backgrounds I found that they were enthused and interested in my capstone work, while

administrators were wary of the topic. In order to share my work with others, I will need to start with families to spread support for such education in schools. Instead of addressing change from the top down, I will need to begin with community organizing to generate support for the implementation of my parent education programs and conversation guides.

While the program's conversations guides and parent education meet the needs of both the adult and student learners, I recognize the limitations of these resources. Being a bilingual educator, I recognize that these materials need to be translated into other languages so that non-English speakers also have access to them. In that same vein, it would be prudent to confer with representatives of various ethnic communities to ensure the materials are culturally appropriate. Many times, when documents are directly translated they lose the nuanced cultural beliefs woven into the language and narrative of a document. Taking the time to ensure that my project materials are not only linguistically correct but culturally sensitive is crucial to making them successful in creating change.

Future Implementations

Because creating community support for my project will be imperative I am going to use my current connections to meet with parent groups and youth groups to begin sharing my work. Organizations like the Sexuality and Family Life Educators will be my primary resources for finding such groups and will help publicize my work to other sexual health educators. My hope is to use the power of positive recommendations from parents to build support. It is my hope that this support will be translated into petitions to school boards and local governing bodies to include mine and related projects in public

school curriculum. I will have to begin at the ground level in order to achieve greater social change.

I would like to expand the scope of my project and create conversation guides on topics developmentally appropriate for early elementary-aged students through high school students. Right now, my conversation guides focus on puberty, but the structure can be used to easily create many more conversation guides. Ideally, these conversation guides would address human sexual development from birth to adulthood. However, creating such a comprehensive resource will take years to develop. My most immediate goals will be to start creating conversation guides and parent presentations targeted at adults with young students. I want to create a solid foundation for adults to build off of so that their children are given sexual health education from birth.

Conclusion

In completing this capstone project, I have learned not only about how to be an effective educator, but how to be an effective advocate. By learning the history and current context of sexual health education I was able to find a neglected aspect of sexual health education and create resources to support growth in parent-student conversations. I plan to take what I have created for this capstone project and expand upon it, to meet the needs of different ages and social-linguistics backgrounds of both student and adult learners. As I have learned through the capstone process, progress can be slow, counterintuitive, and ultimately, all struggle is worth the effort if real change can be achieved.

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