

EXAMINING THE DOMAINS AND BOUNDARIES OF SEXUALITY EDUCATION:  
PERSPECTIVES OF SCHOLARS AND PRACTITIONERS IN FAMILY LIFE EDUCATION  
AND SEX EDUCATION

by

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B.S., Manchester College, 2012

A THESIS

submitted in partial fulfillment of the requirements for the degree

MASTER OF SCIENCE

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College of Human Ecology

KANSAS STATE UNIVERSITY  
Manhattan, Kansas

2015

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## **Abstract**

This study investigates the domains and boundaries of sexuality education between two educational fields: sexuality education and family life education. The goal was to understand how scholars and practitioners in these fields conceptualize sexuality education. The journalistic questions of *Who*, *What*, *When*, *For whom*, and *Why* were identified within each field by using the constant comparative method to complete a content analysis of publications by scholars and by interviewing certified professionals in each field.

Through the lens of Social Constructionism Theory and a Phenomenological Approach, this study helped clarify the similarities and differences of two professional fields, in turn, advancing each field. Results indicated that sexuality education and family life education are similar in many ways; it is the approach that each takes that makes them different. Sexuality education takes a holistic approach while family life education takes a contextual approach when teaching sexuality education. This approach, in turn, affects the rest of the education, including the domains that were identified.

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## **Acknowledgements**

This thesis would not be possible without the contribution of the professionals who gave me their time to share their experience with me. I feel honored to have had the opportunity to get a glimpse into their professional lives.

My deepest appreciation goes to my committee, Dr. Karen S. Myers-Bowman, Dr. Mindy Markham, and Dr. Kimmery Newsom, for the knowledge, inspiration, and insights they brought into my research and the encouragement they provided me.

I want to express my appreciation to my friends and family who never stopped doubting my abilities and continued to support me throughout my academic career.

Thank you to my FSHS cohort and colleagues for always being there when I needed to vent or needed support. The laughter and tears that were shared will never be forgotten.

## Chapter 1 - INTRODUCTION

Rachel just graduated from high school and is seeking to further her education in college. She has an idea of what she would like to do. The words *sexuality* and *education* come to mind when she thinks of her ideal career. Rachel knows she would like to help people understand human sexuality and she knows she does not want to do it by providing therapy. Instead, she is thinking she would like to provide some sort of education. She begins to research all the careers she could choose that incorporate the topic of sexuality and education. The results led her to looking at two fields: *sex(uality) education* and *family life education* with an emphasis on *human sexuality*. Rachel has narrowed her career to two fields, but now she does not know which to choose. She does more research on each field, but none of the information she finds is helping her distinguish between the two. She feels as though she has reached a dead end. She wonders: How is one supposed to decide which field to pursue, if the identity of the professional field is unclear?

### Importance of Having a Clear Identity

Why is it important to have an understanding of identity within a professional field?

Categorization is an important process in human thought. It starts early in children's cognitive development. Children first learn 'this is red, and this is not red.' They learn about similarities and differences, what things belong together, big and little, human and animal, fruit and vegetable –and then they get to the tomato. Is it a fruit or a vegetable? Some categorizations are easier than others. (Myers-Walls, 2014, p. 583)

As Myers-Walls stated, humans categorize in order to make sense of the world. It seems that the categorization of where sexuality education fits among professions has been difficult. Other scholars have stated that having a clear identity is important for the growth of any field for more

than 30 years. This section identifies many of the publications that have addressed the issue within the past 30 years. Within family life education (FLE), scholars have addressed the issue of having a clear definition.

Agreement on a definition of family life education is important for several reasons. Definitions help to clarify thinking about appropriate goals and purposes; they provide a perspective or an orientation to educational practice; they help to delineate the scope of educational activity; and they assist in communicating effectively with others...When the term *family life education* is not defined consistently, it is difficult to compare studies, to accumulate knowledge, and to develop the field both conceptually and empirically. (Arcus, Schvaneveldt, & Moss, 1993, pp. 2-3)

According to Darling (1987), “definitional dilemmas exist because of the current multidimensionality in family life education programming and a prior limited scope and focus” (p. 830). FLE, is comprised of 10 specific content areas (NCFR, 2011). One of these is *human sexuality*. These content areas may be referred to as subcategories, as they are often done as specific programs. According to Myers-Walls (2014), “there is an important role for ‘subcategories’ within FLE, such as sex education, parenting, and distance-learning practices” (p. 358). However, some believe that the “the wide assortment of family life education programs that now exist for a variety of audiences” is one of the reasons there is a problem in defining FLE (Darling, 1987, p. 816). Fisher and Kerckhoff (1981) viewed sub specialization as destructive and believed that an “over-specialization can result in a duplication or overlap of services, as well as difficulties in preparing professionals for the potentially overwhelming task of having to be an expert in too many areas” (as cited in Darling, 1987, pp. 816-817).

FLE currently claims the content area of *human sexuality*, and many family life educators specialize in it. This leads to several questions. Does it make these family life educators

sex(uality) educators as well? Does this specialization result in a duplication or overlap of services with sex(uality) education (SE)? The current study is an attempt to provide answers to these questions.

According to Gordon (1981), there are similarities between FLE and SE, but there are also conceptual differences; therefore, they are different fields of study (as cited in Thomas & Arcus, 1992). Arcus (1992) concluded that the purposes of FLE and SE are different after looking at the results of a study by Kirby and Alter (1980). She also determined that the fields are interrelated, because sex education may be seen as a means to accomplish a purpose of FLE. The National Council on Family Relations (NCFR) considered SE to be an important aspect of FLE when they first defined the field (NCFR, 1970). Arcus (1992) reiterated this notion by stating that human sexuality is a subspecialty of FLE. She again identified the relational problem between FLE and SE when she stated “sex education has been embedded in family life education since the beginning, and, for the most part, it has been a problematic component of the field” (Arcus, 1995, p. 340). Arcus understood that there were other fields such as SE, developed by the American Association of Sex Education, Counselors, and Therapists (Arcus, 1995). Darling, Fleming, and Cassidy (2009), found that the “review of the contexts in which certified FLEs are employed suggests that there are many other professional identities that could be associated with their positions” (p. 340). This implies that family life educators may hold a SE professional identity. According to Darden (1981), people see little difference between FLE-HS and SE and use the terms interchangeably (as cited in Thomas & Arcus, 1992).

The NCFR website provides a definition of what FLE is, but “it includes such breadth that it leaves unanswered questions about the boundaries of the field” (Myers-Walls, Ballard, Darling, & Myers-Bowman, 2011, p 358). What are the boundaries between the fields of FLE-

HS and SE? Identity and definition confusion can be seen as one of the factors retarding the advancement of one or both of the fields. According to Arcus (1995), one of the areas of professional conflict or tension is differentiating between FLE and SE. However, I believe it is more the tension between FLE-HS and SE because of the similarities between the two.

### **Introduction to Domains**

In 2011, Myers-Walls et al. addressed the issue of field identity in an article in *Family Relations*. The authors addressed “three common and overlapping professional roles that all focus on family well-being: Family Life Education (FLE), Family Therapy (FT), and Family Case Management (FCM)” (p. 361). Their goal was to “position FLE, FT, and FCM as related but unique professions, rather than suggesting one as more advanced than the others, and to provide assistance for family professionals as they define and identify the parameters of their work” (p. 359). In order to differentiate the three roles, the authors used the journalistic questions: *Why, What, When, For whom, and How*. The Domains of Family Practice (DFP) Model that resulted from this work has been cited extensively and is helping numerous students and practitioners situate themselves professionally within the fields of family sciences.

### **Purpose**

The purpose of this study was to examine FLE-HS and SE in regards to their domains and boundaries. As stated, there is confusion over sexuality education. Is human sexuality within FLE the same as SE? In order to move both fields forward, this study may provide FLE and SE with new knowledge to apply to how each field communicates their identity. This has potential to help the scholars publishing articles, practitioners working in the field, recipients receiving services, and future professionals thinking about potential career paths. My main overarching research questions was: How are SE and FLE-HS conceptualized? In order to answer this

question, I built upon the DFP model produced by Myers-Walls et al. (2011). I have used the same journalistic questions to analyze SE and FLE-HS.

## **Chapter 2 - A HISTORICAL REVIEW OF LITERATURE**

### **History and Evolution of Family Life and Sex(uality) Education**

#### **1900s-1920s**

The first organized movement for sex education in the United States began at the start of the twentieth century (Bigelow, 1935). Before this time, there were many attempts to teach sex education, but it was not until Dr. Prince Morrow, a physician, put his efforts to combating venereal disease that sex education programs took off. Dr. Morrow is considered to be the originator of the behavior-focused social reform sex education movement in the United States (Goldfarb, 2009). In 1905, Dr. Morrow formed the American Society of Sanity and Moral Prophylaxis in order to eradicate venereal disease. According to The American Society of Sanitary and Moral Prophylaxis the main aim of the organization was to:

Protect the community against the spread of venereal disease by enlightening adults as to their dangers, inspiring the youth of both sexes to lead pure lives and by minimizing the appeal of the prostitute and the opportunity of the quack doctor. (as cited in Goldfarb, 2009, pp. 9-10)

According to Elia (2009), the focus on venereal disease prevention at this time was influenced by the identification of the gonorrhea organism in 1879 and the syphilis organism in 1905. "Believing that education was the most effective means of preventing venereal disease," the American Federation for Sex Hygiene "carried out public campaigns for sex education aimed at adults and young people alike" (Goldfarb, 2009, p. 10). According to Goldfarb (2009), by 1914, the purpose of sex education was broadened to include other forms of sexual deviances. Naturally, other philosophies existed as well. Physicians and social workers believed that specific facts (such as the cause and effects of venereal disease) should be the main goal of sex

education. While the hygienic approach emphasized that people should know how to guard against disease, it also intended to maintain a morality of sexual repression. “In fact, one of the aims of the hygienic teachings was to emphasize the danger of masturbation” (p. 12).

Over time, the ultimate goal of sex education became the “realization of the positive, constructive, and pervading force of sex in the life of every human” (Goldfarb, 2009, pp. 12-13).

This approach advocated paying attention to both the pathological and the moral aspects of sex.

According to *The Public Health Journal* (1922), there were four main aims:

- (1) Sex-education should aim to develop an open-minded, serious, scientific, and respectful, attitude towards all problems of human life which relate to sex.
- (2) Sex-education should aim to give that knowledge of personal hygiene of the sexual organs which is of direct value in making for the most healthful and efficient life of the individual.
- (3) Sex-education should aim to develop personal responsibility regarding the social, ethical, physical, and eugenic aspects of sex as affecting the individual life in its relation to other individuals of the present and future generations—in short, sex education should consider the problems of sexual instincts and actions in relation to society.
- (4) Sex-education should aim to teach very briefly to young people, during late adolescence, the essential hygienic, social, and eugenic facts regarding the destructive venereal disease whose widespread distribution is chargeable to sexual promiscuity or immortality. (p. 174)

Thomas Galloway (1913), a leader of the early sex education movement stated to the National Education Association (NEA) that people “shall have such clean and reliable knowledge and training in all the constructive and inspiring facts of sex that they shall properly

sense its mental and spiritual contributions to full and normal life” (as cited in Goldfarb, 2009, p. 13). This positive view on sex education received favorable reaction from many leaders in the developing field.

Although sex education was becoming more positive, problems and challenges still arose. One of the big challenges for sex educators was implementation (Elia, 2009; Goldfarb, 2009). Was the education to be a separate subject, or should it be integrated into another area of study? According to the U.S. Bureau of Education (1913), many thought it should be integrated into other fields because “to detach the subject of sex and teach it to young children as an unrelated course not only is illogical and unscientific but it gives undue prominence in the childish mind” (as cited in Goldfarb, 2009, pp. 13-14).

Another challenging issue was the appropriate age for a child to begin receiving education about sex. The most popular opinion was at the time of puberty or shortly thereafter. Gender-separated classes and differing needs of males and females were also challenging issues. It was common to segregate the genders for sex education after the students reached puberty; however, not everyone agreed with this. Finally, there was debate on who should teach sex education. Some argued it should be strictly in the home, while others stated that parents were not always willing or able to do so. People also questioned whether the public school, the church, and/or the medical field should be providing sex education (Goldfarb, 2009). With a lack of qualified teachers, formal instruction in sex education was established; however, physicians continued to be the primary means of sex education in schools (Elia, 2009).

### **1930s**

According to Goldfarb (2009), in the 1930s, morality began to receive criticism based on the idea that the fear of disease and sexual repression was not effective in dealing with social

problems. It was at this time that the child-and-society approach grew. This approach was based on the needs of the students. With this new approach, sex education in schools saw changes in its goals and scope. Instead of repressing sexual behavior and thought, the goal became to contribute “to the long-term sexual adjustment of individuals” (Penland, 1981, p. 307). Sex education began to break away from the repressive approach and began to take on a positive, life-enhancing approach. When this happened, sex education made the shift in its name to sex(uality) education (Goldfarb, 2009). SE was becoming broader and more encompassing. Now, it not only emphasized facts, but it began emphasizing values as well. Health experts began recognizing that SE should be offered in the home, school, and the church (Campos, 2002). It began to be instituted in the public school systems of the United States, beginning at the preschool level and continuing throughout public school and into education for adults (Ross, 1944). Sexuality was finally being viewed from a lifespan perspective.

### **1940s-1950s**

In 1941, Elizabeth Force developed a program for high school students in Toms River, New Jersey. This program was created within an FLE framework. Elizabeth stated,

We saw sex as a thread running through all of life and therefore essential for our consideration. Physical aspects of sex, we agreed could not be isolated from the emotional, social and spiritual life of an individual. We did not devote special blocks of time to this but took up issues related to sex as they naturally arose. (Force, 1962, p. 15)

Family life education was a term that was preferred among many, because “it seemed to shift emphasis toward more inclusive and positive aspects of sexuality” (Goldfarb, 2009, p. 18).

At this time, venereal disease education was removed from the sex education curriculum and was replaced with the topic of communicable diseases. Topics such as birth control, sexual

techniques, and sexual perversions continued to be excluded. The move toward a broader family life and social perspective led to greater support for including both males and females in one classroom when implementing SE in the schools. Support for the FLE programs continued to grow during the 1950s. The E. C. Brown Foundation, originally created in 1939 to promote SE, represented this support by moving its focus from SE to FLE (Womble, 1983). Even though SE was being “overshadowed by family life education, it was neither entirely forgotten nor defunct” (Elia, 2009, p. 47). There is where some of the confusion between SE and FLE began.

### **1960s**

There was a major shift in the 1960s away from the earlier characteristics of SE.

According to Goldfarb (2009), the characteristics in the 1960s included:

Broadness in scope dealing with subject matter; increased emphasis on individual attitudes and values around sexuality instead of sole emphasis on factual information; a focus on individual decision making rather than on compliance with absolute norms and moralities; and a well-designed comprehensive approach rather than a crisis approach, which focused on disease and pregnancy prevention almost exclusively. (pp. 18-19)

The definition of SE was broadened to include “the physical, mental, emotional, social, economic, and psychological aspects of human relations” (Goldfarb, 2009, p. 19). The program objectives identified sexuality as a natural part of the whole individual, differing from the previous objectives that focused on avoidance, control, and suppression of sexual understanding. This was the time of the sexual revolution. Many people were gaining more control of their lives regarding sexuality. This brought about a need for facing new moral and ethical questions when people made decisions. Previously, SE was seen as favoring the “the moral good,” but this ignored the needs, desires, and interests of individuals. It was time for education to be more

subjectively based. Students began to demand new forms of education that incorporated decision making, student involvement, and self-determination (Somerville, 1971).

With these new changes, support was provided for SE and groups and organizations were formed. Unfortunately, many of the groups and organizations did not share clear goals for the field. In 1964, the Sex Information and Education Council of the United States (SIECUS; later the organization would change the term “sex” to “sexuality”) was developed and assisted in the movement toward shared goals in the sex(uality) field. SIECUS advocated a philosophy for sexuality to be seen as a healthy entity, emphasizing an openness approach and stressing the importance of scientific research (Fulton, 1965). Lester Kirkendall, a founder of SIECUS, published a SE study guide that reflected the separation of the older philosophies and methods from the new priorities of health:

The purpose of sex education is not primarily to control and suppress sex expression, as in the past, but to indicate the immense possibilities for human fulfillment that human sexuality offers. Sex education must attempt to give the individual sufficient understanding to incorporate sex most fruitfully and most responsibly into his present and future life. (1965, p. 14)

Kirkendall, along with cofounder Mary Calderone and others, continued to lead the way in the development, organization, and expression of the goals, methods, and philosophy of SE. This became known formally as comprehensive sexuality education (CSE). The philosophy was no longer focused on the social reform model of controlling sexual behaviors and moral development. Instead, it moved toward a broader, more positive and factual education (Elia, 2009; Goldfarb, 2009).

According to the American Association of Sex Educators and Counselors (AASEC, 1972), in 1967, the national nonprofit organization, AASEC, was founded and developed

competency and standards for sex educators. The organization looked to the SIECUS study guide developed by Kirkendall for guidance. With this guidance, the organization began to work toward professional training and standards for sex educators. The training and standards also consisted of the broader, more positive and factual side of education.

FLE also experienced a large shift during this time. FLE was a young field, but it expanded during this time to include SE and many of the other content areas it now includes. The first family journals were created and conferences and organizations were established (Arcus, 1995). According to Somerville (1971), FLE was significantly being influenced by the sexualization of society.

Among other things, this sexualization of society resulted in the emergence of sex education ‘with dramatic force’ in mid-decade and found many family life educators unprepared for this development and, in particular, for dealing with the forces of organized opposition to sex education. (Somerville, 1971, p. 11)

Both SE and FLE were growing in recognition. Both were focusing on developing healthy individuals and relationships at a time when there were increases in the number of births outside of marriage and nonmarital intercourse; and declines in overall birth rates (Gentry, 2004; Goldfarb, 2009). The Sixth White House Conference on Children and Youth declared the school curriculum should include education for family life, including sex education (Alexander, 1981). This implied that sex education was to be taught within the FLE framework. SIECUS also encouraged dialogue of human sexuality within the framework of FLE between youth and adults. However, many family life educators avoided the sexual dimension and Kirkendall (1966) had long questioned the appropriateness of a family life context for all SE. According to Somerville (1971), SIECUS

reminded professionals of the unsatisfactory state of terminology in the field. 'Family life education' is a name no one is too comfortable with. Some think the individual and society are more certain pivots, and prefer human relations education or human development education, with sexuality and family relations only aspects of the larger area of study. However, some prefer to use family life education as the umbrella term. (p. 22)

This was a time in which family life educators had to recognize the sexual dimensions of their subject matter while sex(uality) educators had to recognize the psychosocial dimensions of sexuality. A compromise term, family life and sex education, came to be the frequently used term at this time to make the point that family life and sex(uality) education were interconnected (Darling, 1987; Somerville, 1967). However, it seemed as though

educators and administrators tried to hide the focus of sexuality courses by using the terminology 'family life and sexuality education,' to provide some political safety by including a family context. As a result, the terminology of 'family life education' became synonymous with sex education. (Darling, Cassidy, & Powell, 2014, p. 200)

The interconnected relationship was discussed at the 1966 meeting of the National Council on Family Relations (NCFR) and shortly after the meeting, *Teacher Exchange* invited 40 NCFR members to contribute articles related to the issue. In the invitation, a brief operative definition was offered for each field. The definition of SE was stated as:

The study of the biological and culturally-learned sexual needs of men and women, and how these can find fulfillment in ways that are consistent with stable family life. Knowledge of physiology serves as the basis for a view of individual sexuality as a part of total personality, with sexual behavior the result of self-

understanding, value priorities, and changing community norms.  
(Somerville, 1967, p. 375)

The FLE definition was stated as:

The study of the behavior of people as family members. It is based on the findings of the social sciences, psychology, and a number of other disciplines. While a historical and cross-cultural perspective is sought, the emphasis is largely on contemporary attitudes and activities in the United States. This is to broaden the student's understanding of the alternatives from which he can choose in his functioning as a family member in a changing society which brings new responsibilities and opportunities in spousal, parental, filial, sibling, and grandparental roles. (Somerville, 1967, p. 375)

Responses from the NCFR members communicated a general agreement that FLE was broader than SE and could include SE in most programs. Luckey (1967) stated in her response to the *Teacher Exchange* invitation,

The terms 'family life education' and 'sex education' are equally disadvantageous...For a lack of anything better, we continue to use them, dislike them, puzzle over them, even argue over them and have not begun to think of them as two areas which may polarize the professionals concerned with the content. Nowhere are there functional definitions of the terms that differentiate or delineate these as separate areas. The definitions offered by Teacher Exchange as a basis to this article demonstrate how inseparable the two are... Neither of these areas stands well without the other. (p. 377)

Marshall (1967), responded to the invitation by stating,

If family life education is to be defined as the study of the behavior of human beings as family members, then it becomes clear that the social aspects of human sexuality are a part of family life

education. Consequently, setting sex education apart from family life education would seem to be a specious arrangement. (p. 384)

People clearly questioned the relationship between the two fields, but overall, most believed SE was a part of FLE.

It was at this time that family life and sex(uality) education were receiving more attention within public policy (Darling, 1987). There was disagreement about if and when family life and sex(uality) education should be taught in schools. The main issue was the role of values in the courses. With the broader discussion of sexuality, it became apparent that the discussion of values was important and necessary. However, some argued that they did not want teachers imposing their personal values on students. The initial reaction to this was a values-free SE, consisting of only facts. Chilman (1969) had a different view, she suggested that “values about sex which are different from those to which the student has been exposed at home or in his neighborhood can be presented in another way of looking at the subject, not as the way, or a better way” (as cited in Somerville, 1971, p. 25). By the 1970s, it was argued that education should never be values free. Many leaders agreed and argued for SE to use a facts and values approach (Kirkendall, 1970).

Another hotly debated issue was who was qualified to teach SE. The dilemma involved which discipline(s) was best able to address the topic. “Each teacher is likely to emphasize the areas in which he is more competent and to neglect the areas about which he knows little. The results are not likely to be very satisfactory” (Luckey, 1967, p. 378). There was a lack of formal SE training in higher education and this contributed to the identity crisis related to FLE versus SE and hindered advancement of SE in general. There was major competition among disciplines for the responsibility of formulating and implementing SE programs and the lack of a formal discipline contributed to the idea that anyone could develop and teach SE. According to

Somerville (1971), many teachers were self-identifying as family life and sex(uality) educators, even though many of them were not formally trained. The National Council on Family Relations recognized the influx of self-designated family life and sex educators and appointed a number of commissions and committees to look into the establishment of FLE teaching criteria. A set of criteria was accepted by NCFR in late 1968. The list of content areas within FLE included sexuality. They also took on the “position that those who teach in family life and sex education programs need to have certain academic and field experiences along with opportunities for self-awareness and supervised practice” (Somerville, 1971, p. 28).

### **1970s**

In 1970, NCFR published a position paper on FLE stating that SE was an important aspect of FLE.

Sex education is much more than a focus on the biological and physical aspects of sex or the physiological processes of sexual development. It is this narrow and inadequate definition which education in family life seeks to change. Adequate sex education provides individuals with current and reliable information about their own physical and emotional development so that they may better understand themselves and be more capable of relating to others as total human beings in honest and responsible ways.

(NCFR, 1970, p. 186)

NCFR also recommended that sex education be included in comprehensive family life programs as a regular part of the curriculum. FLE was evolving because families were dealing with social change and society saw FLE as possibly helping improve life. There was a growing concern for out-of-wedlock teenage pregnancies at this time. Although the Comprehensive Sexuality Education (CSE) model focused primarily on the positive aspects of sex(uality) rather

than the disease-prevention and crisis approach, it also advocated helping young people make decisions by providing them with information about contraceptives. Therefore, the CSE model seemed like the most natural response to the crisis. Supporters were fearful that the goal of positive sexuality would be undermined by trying to solve the crises of society. Hamermesh (1978) stated, “A program of sex education must not be considered a panacea for a variety of social ills” (p. 2). However, most advocates saw this as an opportunity to build more support for SE in schools. In the end, it resulted in a huge step backward for SE and strongly affected how it would be perceived in the future (Goldfarb, 2009).

### **1980s**

In 1980, Kirby and Alter asked experts to rate the important features and outcomes of sex education programs. They included 215 professionals in the sex(uality) field (including family planning counselors) to identify the most important features and outcomes from a list of 239 items. This study was based off of an earlier study done by Kirby, Alter, and Scales (1979). One of the purposes of the 1979 study was to identify important features and outcomes of SE programs. They compiled a list of what important aspects should be included in sex education according to a review of studies on sex education, discussions with professionals in the field, meetings with SE experts, and adolescents enrolled in SE classes. Program feature categories included content, teacher, classroom, and program characteristics. Within the feature categories, important topics for discussion included physiology, sex-related activities, pregnancy, sexually transmitted diseases, contraception, values, peer pressure, and skills (including but not limited to decision-making and communication). Program outcome categories included changes in areas of knowledge, understanding of self, values, self-esteem, interaction skills, and fear of sex-related activities. Overall, it was concluded that the identified features would lead to certain outcomes as

mentioned above. This would, in turn, lead to what the study identified as the two most important goals of SE: 1) the facilitation of a more positive and fulfilling sexuality and 2) a reduction in unplanned pregnancies (Kirby et al., 1979). They conclude their findings by stating,

The twin goals of reducing pregnancy and improving fulfilling and positive relationships appear not only compatible, but also mutually supportive. Experts clearly believe that discussions of physiology and contraception are insufficient to meet either goal; instead, there should be an emphasis on changing values, self-esteem, skills and comfort with sex-related activities. (Kirby et al., 1980, p. 502)

These two goals represented the struggle between the two philosophies at that time. It would appear that family life educators fit best with the philosophy of positive and fulfilling sexuality (Ronald, 1979). However, FLE should be identified with human sexuality, rather than SE. According to Alexander (1981), during 1979 and 1980, six regional conferences were held regarding the need for FLE and the recommendation was that FLE programs should include SE. Some people used the terminology “sex education” as being within FLE, while others communicated that it was important to recognize “human sexuality” (which was considered broader than SE) as a part of FLE instead.

Kirby and Scales (1981) analyzed state guidelines for SE. Most, but not all, states had guidelines for SE instruction. However, some of the states referred to it as FLE. The guidelines varied in detail, as well as the content of the recommendations. “Four topics were suggested or required by a majority of the guidelines: (a) anatomy and physiology, (b) human reproduction, (c) venereal disease, and (d) family roles and responsibilities” (pp. 235-236). Topics such as decision-making, sex roles, and values were recommended by fewer than half of the states.

Although experts recommended that certain topics be discussed, it appeared that the guidelines

were not congruent with neither opinions of scholars of CSE nor professionals teaching SE. This incongruence grew between the supporters and professionals of CSE and the guidelines for SE became larger after Ronald Reagan was elected into office.

In 1980, Congress limited funding of SE to abstinence-only-until-marriage (AOUM) programs through the Adolescent Family Life Act (AFLA), which was designed to prevent teen pregnancy. As a result, funding was denied to most programs that provided information on abortions or methods of contraception and disease prevention (Kempner, 2001). With Congress denying and cutting funding to many CSE programs, it was clear that there was a return to the ideas that SE was a method of social reform and the experts' opinions were ignored and dismissed.

CSE advocates also had to deal with the emergence of the HIV/AIDS crisis. Officials turned to the schools for a solution because education was the only tool they had to prevent the spread of the disease until a vaccine or cure could be found. According to Goldfarb (2009), states soon began to mandate HIV/AIDS education, creating a new focus for SE. The result was that HIV/AIDS education replaced the broader goal of positive and fulfilling sexuality on which CSE had focused. Instead of discussing gender, sexual orientation, healthy relationships, and decision making regarding contraceptives and abortion, emphasis was given to HIV/AIDS and education was based on the disease-prevention model. This shift put the field of SE in a bind. Many family life and sex(uality) education supporters continued to publish literature emphasizing the importance of the topics and content described by Kirby and Scales (Gordon, 1981; Wagman, 1981). There was an increase in approval to include explicit sexual discussions in SE programs, but the federal mandate required specific demonstrated results and did not see the discussions to

be important (Goldfarb, 2009). The purpose and anticipated results of SE were reduced to HIV/AIDS and other STIs, with a minority also including pregnancy prevention.

### **1990s to the Present**

The 1990s were a time in which AOUM education received a lot of federal funding and the sexual conservatives had the power in making decisions regarding SE. Sexual issues received a lot of criticism and were blamed for many deviancies such as reckless driving (Elia, 2009). In 1997, the National Campaign to Prevent Teen Pregnancy released a report by sex(uality) educator Douglas Kirby that further promoted AOUM and sexual conservatism. Although Kirby was not a conservative, the report indicated findings that programs with a narrower focus, rather than the broader focus of CSE, were more successful in reducing teenage pregnancy. This put the supporters of CSE on the defensive once again and produced implicit implications for FLE in terms of implementation and content of education.

The controversy between (AOUM) supporters and CSE advocates continued and became something of a battle. This controversy had a major impact on the field of SE because it showed a lack of a unified approach by splitting the focus between positive sexual health (CSE) and pregnancy and disease reduction (AOUM). “The field was unable to provide a clear, unambiguous message” (Goldfarb, 2009, p. 26). The AOUM supporters reframed what CSE meant. “The term no longer implied the integrated, K12 course of instruction SIECUS had recommended. ‘Comprehensive’ had become a code for programs that stress abstinence but also teach about contraception” (Irvine, 2002, p. 188).

Federal spending on AOUM continued to increase. According to Goldfarb (2009), with greater federal spending on AOUM programs, most SE programs put a focus on reducing sex outside of marriage and had goals rooted in enforcing religious morality instead of promoting

healthy sexuality. SE scholars and CSE advocates promote healthy sexuality in programming, while some practitioners of SE promote AOUM and its focus. It is clear that there is still much debate between the two types of SE programs. This difference indicates that the field of SE is not unified. It lacks a clear identity, role/purpose, and/or goal. Without a clear definition, it will be difficult for the field to have an impact. The same questions that were brought up in 1908 still exist today: What is (or should be) the ultimate goal of SE? It is important for questions like this to be answered if the field is to train well-prepared educators and move forward.

FLE has had a similar issue with identity. It was not until the early 1990s that scholars made sense of the variety of family life education topics. *The Handbook of Family Life Education* “attempted to synthesize and integrate the family life education literature” (Arcus, 1995). Defining the term FLE was problematic because according to Scheffler (1960), most of the definitions that had been used were “stipulative definitions, that is, an author stipulates that for his/her own purposes, family life education will be defined in a particular way, regardless of how others might use the same term” (as cited in Thomas & Arcus, 1992, p. 3). In order to overcome this challenge, Thomas and Arcus (1992) did an analysis of the concept of FLE. During this project, concept distinctions were made between FLE and SE. They examined the purposes and content of FLE and SE and concluded that the two are different in regards to purposes/intended outcomes and subject matter/content. They concluded that FLE contains the topic area of human sexuality, along with six other topic areas. It is also clear that SE and FLE are “interrelated in that the purpose of sex education may be seen as one means to accomplish the purpose of family life education” (p. 6).

Although Thomas and Arcus (1992) may have provided some clarity about the similarities and differences of FLE and SE, there are also limitations to adopting this perspective

today. First, this article was published more than 20 years ago and both FLE and SE have evolved since then. The results would most likely differ if this analysis was done today. Also, one would need to look at more than just the purposes and content of the two fields. In addition, perhaps at the time, it was appropriate to compare FLE and SE; however, today, it is more appropriate to compare the FLE-HS to SE. The similarities and differences between FLE-HS and SE are what confuses people and creates tension. If a family life educator teaches human sexuality, does it mean that the person is a sex(uality) educator?

The important issues of identity and definition have been examined, including an extensive history on the evolution of FLE and SE. It is clear that there is still some confusion between FLE-HS and SE. The study that follows attempts to clear up some of the confusion by analyzing the publications of FLE and SE scholars, as well as by interviewing practitioners within each field.

## **Chapter 3 - METHODOLOGY**

### **Rationale of Qualitative Inquiry**

Quantitative survey studies have been conducted to examine the areas of FLE and SE, but we do not know how those who are working in the field actually define them or understand them to be similar and/or different. While there have been studies done on the general purpose and outcomes of FLE (Thomas & Arcus, 1992), as well as features and outcomes of SE (Kirby & Alter, 1980), there has not been qualitative work investigating the *Why, What, When, For whom,* and *How* of the two types of education. I wanted to examine the lived experience and hear the voices of the practitioners teaching sexuality education. By hearing the voices of the practitioners, I was then able to understand the shared meaning of FLE-HS and SE.

### **Research Question(s)**

My area of interest involves looking at SE and FLE-HS. My overarching research questions is: How are SE and FLE-HS conceptualized? My specific research questions are: (1) How do FLE and SE scholars conceptualize FLE-HS and SE? (2) How do FLE-HS and SE practitioners conceptualize them? (3) What are the domains and boundaries of each? More specifically, I will be using the journalistic questions of *Why, What, When, For whom,* and *How* in order to answer my research questions.

### **Research Approach(s)**

I used two different approaches for my study because I had two different designs: one to examine the publications written by scholars and another for interviewing practitioners. Social constructionism and phenomenology provided guidance for the study. The research questions helped me choose which approaches I would use in the study and the approaches helped guide the rest of the study.

## **Content Analysis**

One part of the current study was a content analysis in which I evaluated documents from each field. During this part of the study, I used a social constructionism approach to look at the shared meaning of SE. The published literature reflects the scholars' ideas about each field. As stated by Guba and Lincoln (1989), "'Truth' is a matter of consensus among informed and sophisticated constructors, not of correspondence with objective reality" (p. 44). Experts in FLE and SE expressed their ideas in published materials within the fields. To learn the shared meaning within the fields, I examined the constructed truths in the scholarly publications.

## **Interview**

The second part of the study included interviewing practitioners in each field to gain insight into their lived experience using a phenomenological approach. This allowed me to gain in-depth knowledge of how they perceive, describe, and make sense of the field of sexuality education. With these interviews, I was able to find core essences of each field and make sense of the phenomenon of SE by examining multiple lived experiences.

## **Research Design**

### **Focus**

Overall, my study was focused more on depth than breadth. Keeping my purpose and approaches in mind helped me examine the phenomenon in depth with qualitative approaches by using multiple data collection methods – conducting interviews and analyzing published materials. I increased the depth with the questions I asked the practitioners. I inquired about a day in the life of the professional in her field. This contributed to the collection of rich, in-depth data.

## **Unit of Analysis**

My units of analysis are the fields of SE and FLE-HS. They consist of the shared perspectives of the people who work within and/or have published materials in the fields. The people who were interviewed were either certified SEs or certified FLEs. The published materials consisted of literature that can be attributed to one of the fields.

## **Credibility of the Researcher**

I am currently a second year master's student in family studies. My main areas of interest are FLE and human sexuality. I teach a distance education course in the School of Family Studies and Human Services entitled Introduction to Human Sexuality. This course emphasizes FLE's core content area of human sexuality and everything that it encompasses according to NCFR (2011). I also have taken an undergraduate Sociology course entitled Sex and Gender in Society. As a graduate student, I have taken a Family Studies and Human Services course entitled Human Sexuality. Each of these three courses focused on different aspects of human sexuality; yet, all of them were educating me on sexuality. Does this mean that each of them was sex education? Two of them were clearly under Family Studies and Human Services fields and one of the two clearly emphasized the FLE guidelines for human sexuality. As a student, I became confused about the difference, if there is one, between SE and FLE-HS. I have taken several FLE courses and have read much about the development of the field, but I was still left with confusion. I have not, however, ever taken a course regarding the development of, or the current status of the field of SE. The only time I received education that was entitled SE was in public school. I received the talk about puberty in fourth and fifth grade, abstinence-based sex education one-hour program in eighth grade, and I took a health course in ninth grade that covered the physiological and biological aspects of sex.

I should also mention that two of my committee members are Certified Family Life Educators. Each teaches a sexuality course on campus as well, one the graduate course in Family Studies and Human Services that I took and the other the same undergraduate course in Family Studies and Human Services that I teach. Neither of the two committee members is certified as a sexuality educator.

Based on my background, I bring strengths and limitations to my study. First, my confusion makes me want to know the answers to my questions. This can be seen as a strength or a limitation. As a strength, my need to get some answers pushed me to ask questions and allowed me to feel fulfilled with any answer I received from my participants. This also can be seen as a limitation though. My need to understand and be accurate may have decreased my focus and resulted in me asking too many questions not pertinent to my study. Understanding these things about myself helped me be aware of my actions during the interview process as well as the analysis stage of my study. I needed to remind myself of my purpose and my research questions. I also used the technique of writing down my thoughts during the interview onto the margins of the interview script. This allowed me to write down questions I had or thoughts that came about while also keeping my focus on the interview at hand.

As a person who is not certified in either area, I had to keep in mind that I have limited knowledge of how the two areas work in practice. I have only had personal experience and interaction with family life educators who teach college courses in human sexuality and there are other forms of using the certifications of the two areas.

## **Sampling Strategy and Data Collection**

### **Content Analysis**

In order to examine the scholar's perspectives, I did a thorough review of publications. Authors who were/are a part of a professional organization related to FLE and/or SE wrote many of the publications. Data collection for this part of the study consisted of searching within journals published by NCFR and AASECT. *Family Relations* (NCFR) is geared toward family life educators and *The American Journal of Sexuality Education* (AASECT) is geared toward sexuality educators. However this produced limited results; therefore, I also searched within other journals in the fields of family science, health, sexuality, and education between the years 1985 and 2015. Reference lists from identified journal articles were then used to locate further materials. Books and handbooks specifically addressing SE and/or FLE were included in the review. I also looked at the websites of professional organizations that Certified Family Life Educators or Certified Sexuality Educators are a part. I began to reach saturation fairly soon and finally ended up with the resulting data including 22 journal articles, five book chapters or sections from books, and eight internet sites.

### **Interviews**

My sampling strategy was directly guided by my purpose and approaches. I needed to identify and locate practitioners in each field who had first-hand experience and information in order to examine the fields in depth. To participate in the study, the practitioner had to hold a certification in SE or FLE for at least one year and have had at least five years of work experience in SE or FLE-HS. Along with this, the participant needed to have been actively working in SE or FLE-HS within the past year. In order to recruit participants, I sent out emails to practitioners who are a part of organizations associated with certification programs of the two

fields. I identified appropriate LinkedIn groups and sent out requests to practitioners, requesting them to participate in the study if they fit the criteria. I also sent requests out via listservs of professional organizations such as NCFR. The practitioners who responded were then sent a demographic questionnaire to screen for the criteria before they were chosen to participate in an interview (see Appendix B). Once I screened the individuals, I then had them sign the consent form and asked to do interviews with them via Skype or Zoom. This resulted in interviews with five practitioners, three in the field of SE and two from the field of FLE-HS. While this number is small, it was appropriate for the purpose of this exploratory study.

I developed the screening questionnaire and the interview questions. Within my questionnaire, I asked the participants to tell me whether they were certified sex(uality) educators and/or certified family life educators. I purposefully made it an option for the participant to state that s/he has one or both of the certifications. However, none of the participants were certified in both. My questionnaire was done this way in order to meet my purpose and approach of understanding what the practitioners mean when identifying their field.

During each interview, I used a standardized open-ended interview design (see Appendix D). I began with questions regarding behavior and experiences because I thought it would be easier for the respondents to state what they do, rather than stating opinions or items that require more trust to divulge. This put them in the mindset of the field they are in, in order to more accurately answer the questions to follow. I ended with a question on opinion. I chose to do opinions/values at the end of the interview because the respondents would be more comfortable after talking about their lived experience.

## **Interview Participants**

I received demographic information (see Appendix E) from participants via their responses to the screening questionnaire (see Appendix B) and during the interview. Participants were asked to report on their jobs in regards to location, title, number of years certified, certifying organization, and how much time they spent on services related to each field. The participants provided additional information, such as their education during the interviews.

All participants were female. They were located in different areas of the United States and each described her primary setting of work differently (some had side jobs such as serving as an adjunct faculty member). In total, three of the participants were certified sex(uality) educators while two of them were certified family life educators. Both of the family life educators received their certification through NCFR, while only two out of the three sex(uality) educators received their certifications from AASECT. The other sex(uality) educator received certification from two different organizations in different years, San Francisco Sex Information (2003) and The American College of Sexologists (2007). Each participant provided sexuality education at least part time, while some did it as a full-time job. For the write up, each participant was provided with a pseudonym.

## **Data Protection**

In order to protect my data, I stored copies of the interview transcripts on my personal laptop. This laptop was password protected and the file was not on my desktop, but rather it was a file that one would need to know where to find it. I also put the file on a flash drive that I kept in my locked apartment. I placed the thumb drive in a filing folder in my closet out of sight. Any hard copies of the transcripts were kept in a folder in my locked apartment when not in use. I was sure to maintain confidentiality by not writing any names on the transcripts. Instead, I used

identification numbers to represent each participant. The demographic questionnaires were located on my computer that was password protected. I placed copies of the questionnaires in a separate folder that I kept in my apartment, in case my computer lost the information. The content analysis materials were placed in a folder on my personal laptop as well, along with hard copies in a separate folder that I kept in my apartment.

## **Data Analysis**

### **Content Analysis**

Once I gathered the data, I went through and started the analysis process by highlighting information that answered my first research question of how do FLE and SE scholars conceptualize FLE-HS and SE? Due to the limited research on FLE-HS and because human sexuality is situated under FLE, it was assumed that most of the information found on FLE could also be applied to the content area of human sexuality. The content analysis began with an initial examination of each publication to determine whether it addressed SE or FLE. The information was recorded in a table along with the type of publication, the title of the publication, the title of the article, the author, and the year it was published (see Appendix A). During my second reading, I determined what domain(s) the published material addressed. These included the journalistic questions: *why, what, when, for whom* and *how*. In order to determine which domain(s) each publication addressed, I used the definitions of each provided Myers-Walls et al. (2011). Some publications addressed only one domain, while others addressed a few or all five. Domain(s) were usually discussed within sections of articles; however, they could be merely sentences. I used the constant comparative method to add the domain(s) into the previously prepared table and the table was updated when new data were identified. I then waited a week before I examined the publications again in order to allow myself to gain a fresh perspective and

to see if any of the data appeared to have a better fit with another domain. As described by Hesse-Biber and Leavy (2006), saturation means that no new information is emerging during analyses. After the third examination, I reached saturation - my analyses were no longer uncovering new information for each domain.

## **Interviews**

Once I conducted the interviews and transcribed the data, I organized the data by research question and domain(s). To begin this organization process, I printed out three hard copies of each transcribed interview. On one, I highlighted data that fit into one or more of the domains. The other two sets of copies were given to co-analysts who were trained in analyzing the domain(s) and they also highlighted the data that fit into one or more of the domains. The initial highlighting was a way to sort the data by journalistic question. Then, within each domain, I went in and looked for repetition to discover themes (Bernard & Ryan, 2010). I also went in and looked for data that identified core themes. I listed these out and then categorized them using the constant comparative method.

The interview questions I set up for the domains and boundaries of the fields clearly had an effect on how I looked at the findings and, in turn, how I analyzed them. It limited the responses and the analysis, but it also helped me keep focus. When finding themes and categories, I kept in mind that I have biases and I needed to remind myself to open up my mind for all possible themes and categories, rather than limiting the themes and categories to what I think may or may not exist.

## **Conclusion**

In conclusion, the purpose of the current study was basic research intended to gain knowledge for the sake of knowledge. I wanted to understand the boundaries and

conceptualizations of SE and FLE-HS by examining the publications of scholars and through interviews with practitioners.

## Chapter 4 - RESULTS

### Scholars

The content analysis addressed the research questions: 1) How do FLE and SE scholars conceptualize FLE-HS and SE between 1985 and 2015? 3) What are the domains and boundaries of each field? Each of the journalistic questions was answered within FLE and SE and then compared across the fields.

#### Why?

According to Myers-Walls et al. (2011), asking why helps define the purpose of the field and why the discipline works. Both SE and FLE-HS have a similar long-term goal: healthy, educated, sexual beings. Each purpose is a bit different though.

**FLE-HS.** According to the Family Life Education Content Areas by the National Council on Family Relations (NCFR), the purpose of human sexuality is “to achieve healthy sexual adjustment” (NCFR, 2011). FLE programs should help individuals and families realize their potential and guide them to improve interpersonal relationships, family living, and reduce social problems by making healthy sexual decisions based on values (Arcus, 1995; Arcus et al., 1993; Darling, 1987; Harriman, 1986; Thomas & Arcus, 1992). The main goal is to strengthen well-being and bring change in the participants’ behavior (Gentry, 2004; Thomas & Arcus, 1992). Gentry (2004) stated the purpose as “bringing about significant change in learners’ patterns of behavior” (p. 545). This change is done by building knowledge and skills via information and other tools and strategies (Myers-Walls et al., 2011).

**SE.** According to SIECUS (2009a), the purpose of SE is to educate people and build a foundation of knowledge and skills related to sexual development, sexual and reproductive health, interpersonal relationships, affection, intimacy, body image, and gender roles as the

recipients mature into sexually healthy adults. This is done to address public health outcomes such as reducing the rates of unwanted pregnancy and STIs, delaying sexual activity, decreasing the frequency of sexual intercourse, reducing the number of sexual partners, and increasing condom and contraceptive use (Advocates for Youth, 2001; Barr, Moore, Johnson, Forrest, & Jordan, 2014; Eisenberg, Madsen, Oliphant, & Sieving, 2013; SIECUS, 2009a; Stranger-Hall & Hall, 2011).

SIECUS (2009a) also stated that SE should complement the SE that children receive from families and other community groups. It should assist people in understanding a positive view of sexuality and help them make decisions regarding healthy sexuality.

**Comparison of Purposes of FLE-HS and SE.** Both areas share the goal of providing education to help individuals develop into healthy sexual beings. They also share the purposes of improving the participants' lives by helping build knowledge and skills to provide for the desired outcomes of each individual. However, FLE-HS has the goal of improving overall well-being while SE focuses more on measurable public health outcomes such as reducing teen pregnancy, reducing unwanted pregnancy, reducing number of sexual partners, increasing contraceptive and condom use, etc. Overall, both provide sexuality education in order to improve the well-being of the participants.

### **What?**

“What is the content or research base that professionals use as their foundation” (Myers-Walls et al., 2011, p. 362). There is clear overlap between FLE and SE in regard to topics included in the education; however, each has its own unique professional organizations from which they obtain their criteria.

### **FLE-HS.**

According to the Family Life Education Framework by the National Council on Family Relations (NCFR), human sexuality is defined as an understanding of the physiological, psychological, and social aspects such as gender and cultural influences of sexual development throughout the lifespan, so as to achieve healthy sexual adjustment. (Darling & Howard, 2009, p. 142)

Human sexuality is also described as:

physical characteristics and capacities for specific sex behaviors, together with such social and psychological attributes as temperament, feelings, values, and norms about these behaviors. Human sexuality includes a sense of both gender and sex identity and related concepts about the self and others as masculine and feminine persons, together with one's roles and functions as a male or female in both the public and private spheres of life. (Chilman, 1990, p. 123)

It “encompasses the sexual knowledge, beliefs, attitudes, values, pleasures, and behaviors of individuals” (Darling et al., 2014, p. 200) while also seeking to emphasize communication skills (Gawlinski, 2007). Subject areas often include reproduction, pregnancy, contraceptives, HIV/AIDS, and STIs, relationships, and communication (Chilman, 1990; Gawlinski, 2007).

Human sexuality is seen as an essential part of FLE because families bear a major responsibility for sexual socialization, reproduction, and meeting intimacy needs (Thomas & Arcus, 1992). In order to become a certified FLE, one must understand a variety of topics within the human sexuality content area,

including biological elements, such as sexual functioning, family planning and health, along with psycho-social aspects of human sexuality, such as healthy and ethical sexual relations, dynamics of sexual intimacy, and risk factors that are all addressed from a value-respectful position. (Darling et al., 2014, p. 225)

In addition to the content that the CFLE must be educated about, NCFR (2011) also provides a list of content that should be included when teaching human sexuality. This includes an understanding of the physiological, psychological, & social aspects of sexual development throughout the lifespan, so as to achieve sexual adjustment. E.g., Reproductive physiology; biological determinants; emotional and psychological aspects of sexual involvement; sexual behaviors; sexual values and decision-making; family planning; physiological and psychological aspects of sexual response; influence of sexual involvement on interpersonal relationships.

Much of the content that is actually taught may vary greatly (Darling et al., 2014). According to Harriman (1986), in a study done on whether or not teachers believed that certain emerging concepts in FLE were as important as the traditional concepts, many emerging concepts could be viewed within the human sexuality content area. Emerging concepts such as birth control, values related to sexuality, sexually transmitted diseases, pregnancy and complications, abortion, genetics, fertility, heterosexuality, masturbation, homosexuality, and bisexuality were all seen as important emerging concepts within FLE. Although seen as important, not all programs incorporate the same content in human sexuality programs. While this is the case, there is some agreement that the content should be based on an ecological perspective and should utilize an evidence-based approach (Chilman, 1990; Darling, 1987; Darling, et al., 2014; Gentry, 2004). Chilman (1990) “views human sexuality from a multi-discipline, life span, and ecological systems approach” (p. 124). “An eco-system approach emphasizes the biological and physical dimensions of organism and environment, as well as their psychosocial characteristics and interactions” (Bubolz & Whiren, 1984, pp. 5-6). This approach

emphasizes relationships and interactions with others. FLE content is based on this ecological approach.

**SE.** The American Association of Sexuality Educators, Counselors, and Therapists (AASECT, 2014) defined the domains of knowledge and requisite skills that provide the basis of the practice of SE. The 17 core knowledge areas include (a) ethics; (b) *developmental sexuality*; (c) *socio-cultural, familial factors*; (d) *LGBT community*; (e) *intimacy skills*; (f) *sexual expression*; (g) *reproductive anatomy/physiology*; (h) *health/medical factors*; (i) *sexual functioning*; (j) *sexual exploitation*; (k) *cyber sexuality*; (l) *substance use and sexuality*; (m) *pleasure enhancement*; (n) learning theory; (o) professional communication; (p) history of sex; and (q) research methods. Sexuality educators in particular teach about the topics italicized above.

Within SE, there are two main forms of education, abstinence-only and comprehensive. CSE is based on research and theory, while abstinence-only programs often lack accurate information (Advocates for Youth, 2001; Barr et al., 2014; Bleakley, Hennessy, & Fishbein, 2010; Corngold, 2013; Eisenberg et al., 2013; Kirby, 2001; Lamb, 2013; Santelli, Ott, Lyon, Rogers, Summers, & Schliefer, 2006; SIECUS, 2009a). However, the content of abstinence-only and CSE have had crossover in which “practical information about birth control is sometimes offered in classes described as abstinence-only, and many CSE classes do not provide information about how to obtain or use birth control” (Eisenberg et al., 2013, p. 336). The federally supported “comprehensive” curricula focus more on unplanned pregnancy, STIs, and HIV, rather than addressing pregnancy options or sexual orientation (Eisenberg et al., 2013; Kirby, Laris, & Roller, 2006).

It is apparent from the published literature that many of the esteemed, research-based sex(uality) organizations describe SE to fit closer with the characteristics of CSE (AASECT, 2014; Advocates for Youth, 2011; SIECUS, 2009c). Within the publications, there seems to be agreement that SE “programs use a holistic approach” (SIECUS, 2009c). SE education should be broad in scope – with attention given to a wide spectrum of subject matters, including sexual orientation, gender identity and gender expression, relationships, human anatomy and reproduction, sexual behavior, sexual pleasure, disease and pregnancy prevention, media stereotypes, peer pressure, and more (Advocates for Youth, 2001; Advocates for Youth, 2011; Bleakley, Hennessy, & Fishbein, 2006; Barr et al., 2014; Corngold, 2013; SIECUS, 2009b). However, the content varies depending on the community context and the age of the students in the programs (Eisenberg et al., 2013; SIECUS 2009a). Sexuality education labels do not necessarily reflect what is actually being taught; issues like pregnancy options, sexual orientation, and sexual violence are most commonly excluded (Eisenberg et al., 2013). According to Lindau, Tetteh, Kasza, and Gilliam (2008), the most frequently taught topics in 2008 included HIV/AIDS (97%), STIs (96%), and abstinence-until marriage (89%). The least frequently taught topics included emergency contraception (31%), sexual orientation (33%), condoms (34%), other contraceptive use (37%), and abortion (39%). While this is a great glimpse into the topics that are taught in SE, there is not enough research done each year to give an accurate picture of what people are and are not learning in SE (SIECUS, 2009a).

**Comparison of Content of FLE-HS and SE.** At first glance of the content descriptions provided by NCFR and AASECT, it would appear that FLE-HS may be broader than SE; however, the content analysis revealed that SE deals with a wide spectrum of topics as well. Both FLE-HS and SE deal with relationships, anatomy, reproduction, sexual behaviors, sexual

feelings, disease, and pregnancy. Both FLE-HS and SE seek to use relevant research in education; however FLE-HS uses more of an ecological approach while SE uses a more holistic approach. While some see the ecological approach and holistic approach to be the same, it seems as though it may be seen as different in FLE and SE. Both approaches deal with the person as a whole; however to a cell biologist, the whole “might mean thinking about the whole liver. In various contexts, it might mean the whole person, the whole community, the whole of society, or the whole planet” (Freeman, 2005, p. 154). To the field of FLE, the whole consists of the whole person including interactions and relationships in the recipient’s life. In SE, the whole is the whole person; however, it may not always emphasize the interactions and relationships in the recipient’s life, but focus more on the individual as a whole. This holistic view of sexuality is composed of three interrelated dimensions as proposed by Woods (1987) 1) Sexual function, 2) Sexual self-concept, and 3) Sexual relationships (as cited in Cleary & Hegarty, 2011). SE emphasizes the whole in regards to sexuality in regards to partnering, while FLE-HS emphasizes the whole more in regards to relationships and context.

### **When?**

The when question addresses two issues. First, when do practitioners in each field deliver services? According to Myers-Walls et al. (2011), the when question addresses when the services are delivered in respect to the occurrence of the recipients’ problems or concerns and they discussed three categories of prevention education: primary, secondary, and tertiary. Primary prevention has as its goal to protect healthy people or relationships from experiencing harm before it occurs. Secondary prevention occurs after problems, conflicts, or serious risk factors have already been identified. The goal is to halt or slow the progress of the problem in its earliest stages, and in the case of harm, secondary-prevention goals include limiting negative long-term

effects and preventing further harm. Tertiary prevention focuses on helping people manage complicated, chronic, and/or long-term problems and to repair damage. The goals include preventing further harm and restoring or maximizing the quality of life. The second aspect of the when question concerns the time orientation of those services. The time orientation of services consists of the past, present, and future.

**Time of service delivery: FLE-HS.** FLE focuses on primary prevention. The goal is to avoid problems by taking an educational approach (Darling, 1987; Harriman, 1986). As Darling (1987) stated, “family life education is perceived, in general, as the foremost preventative measure for the avoidance of family problems” (p. 316). FLE is relevant to people throughout the lifespan (Arcus, 1995; Arcus et al., 1993), but is often provided at a young age when referring to sexuality. Because human beings are sexual from the moment of conception, it is believed that human sexuality can begin early in one’s life (Darling et al., 2014). Within FLE, it is seen as appropriate to begin human sexuality education in elementary school and continue on throughout all grade levels; however perhaps it is most appropriate in high school (Chilman, 1990; Gawlinski, 2007). School “programs are one part, but not the whole part, of needed sexuality services,” though (Chilman, 1990, p. 130). FLE-HS also includes secondary prevention. The education may occur after a problem has been identified, such as in the case of adolescence or teen pregnancy. Adolescence is an optimal time to educate on human sexuality because it is a time of rapid sexuality development; however, it should be noted that human sexuality educational needs do not end at adolescence; they continue throughout the entire lifespan to mid and later life (Darling et al., 2014). FLE-HS does not provide tertiary prevention (Myers-Walls et al., 2011).

**Time of service delivery: SE.** SE deals with the first two levels of prevention. Primary prevention it is the focus when providing services before problems arise or early in the process by beginning at a young age (SIECUS, 2009b; Stranger-Hall & Hall, 2011). According to SIECUS (2009a), SE begins at birth and continues throughout the life course, including elementary, secondary, and higher education levels (AASECT, 2014). It often occurs late in one's high school career (Barr et al., 2014; Eisenberg et al., 2013). SE also addresses secondary prevention by focusing on reducing one or more sexual behaviors of people who are already sexually active (Advocates for Youth, 2008; Barr et al., 2014; Eisenberg et al., 2013; Lindberg, Santelli, & Singh, 2006). As stated by Advocates for Youth (2008), SE focuses "on reducing one or more sexual behaviors that lead to unintended pregnancy or sexually transmitted infections, including HIV" (para. 2). SE is intended to prevent further harm by educating those who are "sexually inexperienced and experienced," who have already engaged in sexual activity and risky behaviors or those who have already become pregnant or contracted an STI in order to restore their quality of life (SIECUS, 2009c, para. 12). SE does not provide tertiary prevention.

**Time orientation of services: FLE-HS.** FLE-HS, deals with the present in that it is often provided during particular developmental phases such as adolescence (Arcus et al., 1993).

Adolescence is a time of physical and hormonal development associated with puberty, as well as other psychological, emotional, social, and cultural changes. During their transition through adolescence, teenagers try to avoid many pitfalls such as pregnancy and sexually transmitted infections. (Darling et al., 2014, p. 200)

Family life educators deal with the issues and challenges in the present or the immediate needs, while also seeking outcomes that will benefit participants into the future (Arcus et al., 1993).

However, some aspects of school-based family life education programs may only focus only on

future needs rather than immediate ones (Arcus et al., 1993). Overall, FLE-HS is seen to fit in with the present and future time orientations.

**Time orientation of services: SE.** SE often deals with issues and challenges in the present with anticipated outcomes expected in the future. According to SIECUS (2009a), the four main goals of CSE are:

- 1) To provide accurate information about human sexuality.
- 2) To provide an opportunity for young people to develop and understand their values, attitudes, and insights about sexuality.
- 3) To help young people develop relationships and interpersonal skills.
- 4) To help young people exercise responsibility regarding sexual relationships, which includes addressing abstinence, pressures to become prematurely involved in sexual intercourse, and the use of contraception and other sexual health measures.

While these four main goals state the purpose of SE, they also describe the time orientation of SE. These are all done in the present, with hopes that the information will be advantageous in the future. While some programs may reflect on past experiences, the reflection is not essential to the education. Therefore, SE is seen to fit within the present and future time orientation.

**Comparison of when in FLE-HS and SE.** Practitioners within FLE-HS and SE delivery of services fits with primary and secondary prevention. In regards to the time orientation of services, FLE-HS deals mostly with the present while also seeking outcomes into the future. SE also deals with the present and outcomes into the future. Within the time orientation, FLE-HS and SE are very similar.

## **For Whom?**

This question seeks to identify for whom are FLE and SE intended? According to Myers-Walls et al. (2011), there are two factors that determine the recipients of FLE and SE: eligibility and motivation. Eligibility is determined by the professional or organization providing the services and often is based on ascribed needs. Motivation is the perception of the recipients that the service is needed and/or appropriate based on the family or individual's felt needs.

**FLE-HS.** Many of the publications included assertions that FLE is for people of all ages throughout the lifespan (Arcus, 1995; Arcus et al., 1993; Darling et al., 2014; Gentry, 2004). The publications also contained statements indicating that programming is dependent on the needs and ages of the students (Arcus et al., 1993; Darling, 1987; Darling et al., 2014). "Family life education should be based on the needs of individuals and families" (Arcus et al., 1993, p. 15). As Darling et al. (2014) stated, the content of FLE-HS "varies depending on the needs and ages of the students, settings, and length of courses" (p. 208). Programming also may be based on needs related to minority status, or other social and/or cultural needs (Arcus, 1992; Arcus et al., 1993; Gawlinski, 2007; Gentry, 2004). It was stated that everyone is eligible for FLE-HS programming, but the programming may need to be altered for the ascribed needs of the population (Gawlinski, 2007). While everyone is eligible for FLE-HS programming, some people are mandated to participate while most are motivated and come voluntarily (Gentry, 2004). People may attend FLE-HS "for a variety of reasons, including gaining knowledge; enhancing relationships; and preventing premature, unprotected, and/or unwanted sexual involvement" (Darling et al., 2014, p. 229).

**SE.** Most of the publications about SE included statements indicating that young people are the primary participants (Advocates for Youth, 2008; Barr et al., 2014; SIECUS, 2009a;

SIECUS, 2009b). However, some also stated that SE should be age-appropriate, implying that SE can be delivered to all individuals as long as the content is appropriate for the age of the population (Advocates for Youth, 2008; Barr et al., 2014; SEICUS, 2009a; SIECUS, 2009b). In this way eligibility can be seen for all. Along with age, programming also can be developed based on the “sexual experience and culture of the students,” with recipients personalizing the information (Advocates for Youth, 2008, para. 6). While programming may be developed based on a mix of ascribed and felt needs, most programming is developed based on ascribed needs and then may be altered to better fit felt needs (Barr et al., 2014).

**Comparison of service recipients of FLE-HS and SE.** Publications in both fields identify that a mixture of eligibility and motivation determine who participates in sexuality education. Many people do receive services based on felt needs while others are mandated to attend. Also, professionals in both FLE-HS and SE adapt programming in order to address ascribed needs of specific recipients.

### **How?**

The how dimension encompasses three different questions. According to Myers-Walls et al. (2011), they are: (1) How are specific recipient needs and setting program goals and objectives determined? This is addressed by considering what needs-assessment techniques are used to look at specific characteristics of a population. (2) How are services delivered? This can be described as the methods used to meet the needs of the service recipients within the purpose of the profession and/or to reach the goals and objectives of the program. (3) How are the settings and modes of services described? This question examines the setting and mode with which the education will be conducted. Settings are described as where the education takes place,

while the mode includes whether the education is face-to-face, online, in a group, with an individual, etc.

**How are specific needs determined: FLE-HS.** In FLE-HS, needs are determined by the recipient(s) of the education (Arcus et al., 1993). The needs are often identified through surveys of the population (Arcus, 1992; Chilman, 1990). Needs also may be determined by what is happening in society. AIDS can be seen as an example of this because it “appears to have a disproportionate impact on racial and ethnic minority families” (Arcus, 1992, p. 391). Needs also are identified by the government at the federal, state, and local levels. Money, guidelines, and level of education of the instructor may all effect how needs are determined. Sometimes, money is distributed and placed with higher priority issues (Darling, 1987), while other times states mandate certain issues to be taught (Harriman, 1986). Educators also may identify needs of their specific audiences through their professional interactions and experience with groups (Gawlinski, 2007).

**How are specific needs determined: SE.** Needs assessments are often conducted in SE by using surveys of the population (Barr et al., 2014; Moore, Barr & Johnson, 2013; Stranger-Hall & Hall, 2011) as well as opinion polls of the community (Barr et al., 2014; Santelli et al., 2006; The Future of Sex Education, 2012). For example, the National Youth Risk Behavior Survey (YRBS), a nationally representative dataset, provides information that may be used as an initial step in conducting a needs assessment for a target population. More targeted needs assessment surveys are often done with specific audiences.

Specific needs also are determined by the federal, state, and local level individuals and agencies (Barr et al., 2014; Eisenberg et al., 2013; Santelli et al., 2006; SIECUS 2009a; Stranger-Hall & Hall, 2011; The Future of Sex Education, 2012). The influence of policy on the actual

content of sexuality education appears to be greatest for highly controversial topics like abortion and sexual orientation. Several barriers place significant limitations on the content that school-based sexuality education teachers are able to deliver to their students even if there is an ascribed or felt need (Barr et al., 2014; Eisenberg et al., 2013). Barriers such as “structural barriers (ie., lack of time, financial resources, or curriculum) and restrictive school or district policies in particular are inversely associated with teaching several topics” (Barr et al., 2014, p. 339). Teachers typically do not teach as many topics as they think should be taught, and common issues like pregnancy options, sexual orientation, and sexual violence are most commonly excluded due to policy and/or funding restrictions (Eisenberg et al., 2013).

**How are services delivered: FLE-HS.** FLE focuses on providing education to improve knowledge, build understanding, and build skill (Gentry, 2004; Harriman, 1986). When the education is done, “family life education should present and respect differing family values” (Arcus et al., 1993, p. 19). According to Gentry (2004), educators should be well-informed, honor and respect diversity, and promote a teaching-learning environment. The educator may have various teaching strategies, but s/he should try to create a safe environment and understand differing backgrounds and cultural contexts as well as a variety of beliefs and values (Darling et al., 2014). The educator may use critical thinking assignments, problem-based learning activities, and other knowledge- and skill-related activities (Gawlinski, 2007; Gentry, 2004; Harriman, 1986). It is also noted that FLE-HS programs should deal with the realities of sexuality (Arcus, 1992) and provide the tools to make better decisions (Gawlinski, 2007) by incorporating values clarification and refusal techniques (Darling et al., 2014).

**How are services delivered: SE.** SE includes providing knowledge and skills in order to help people make healthy sexual decisions. According to Advocates for Youth (2008) and

SIECUS (2009a), sex(uality) educators should have sufficient training. The educator uses lesson plans or curricula to teach how to properly use condoms and contraceptives; they use activities to help participants practice skills; they use tools to help participants make informed decisions and build healthy relationships and provide examples to help with understanding of knowledge. In addition, they provide options and offer opportunities to explore sexuality including the participant's values and beliefs. "Programs should respect the diversity of values and beliefs represented" (SIECUS, 2009a). Overall, the lesson plans or curricula are mostly guided by behavioral and public health goals and objectives (Kirby, 2001).

**Settings and modes: FLE-HS.** According to Arcus et al. (1993), FLE programs are offered in many different settings, including formal and nonformal (Arcus, 1995; Darling, 1987). Nonformal settings include religious settings or community settings, while formal settings include program instruction in schools (Darling, 1987). Most generally, "family life education may be offered by many different institutions and agencies (i.e., schools, churches, business and industry, and community, governmental, and private agencies)" (Arcus et al., 1993, p. 18). FLE-HS is most often offered in a group mode but may also be offered in a mass mode where there is no direct contact between the learner and the educator, such as the Internet. In the group mode, recipients learn in organized groups in which they may have discussion and interaction (Darling, 1987; Gentry, 2004). FLE-HS is often seen within the school setting in a group mode (Arcus, 1995).

**Settings and modes: SE.** According to AASECT (2014), SE occurs in many different settings including, but not limited to, school, community, faith communities, and healthcare settings. When in the school setting, SE is often included as part of another course. It could be offered as part of the current school health curriculum or through a coordinated school health

program (Barr et al., 2014). “Health is the most common home for SE, however, this content is often addressed in other subject areas such as family and consumer science or biology” (Eisenberg et al., 2013, p. 336). SE most often occurs in the group mode in a classroom (AASECT, 2014; Barr et al., 2014; Eisenberg et al., 2013; SIECUS, 2009a); however, it may also be provided in a one-on-one client education session (AASECT, 2014).

**Comparison of how education is provided in FLE-HS and SE.** Both FLE-HS and SE use surveys and other research to identify the needs of a target population. Because sexuality is seen as a political issue, the process of determining needs, goals, and objectives is often influenced by government or policy mandates at the local, state, or federal levels for both FLE-HS and SE. In regards to how the services are delivered, both FLE-HS and SE provide knowledge and skills to achieve intended goals and objectives of a program. Both fields use various teaching strategies and incorporate diversity and values into the lesson(s). Both fields conduct education in formal and nonformal settings; however, SE is seen mostly within the school setting, while FLE-HS is seen in a larger variety of settings. Both fields often occur in group modes, but other modes may also occur.

## **Practitioners**

The interviews addressed the overarching research questions: 2) How do FLE-HS and SE practitioners conceptualize FLE-HS and SE? 3) What are the domains and boundaries of each field? In order to answer these questions, I used the journalistic questions, just as I did in my content analysis.

### **Why?**

According to Myers-Walls et al. (2011), the why question defines purpose and why the discipline works. Both fields have the same long-term goal of healthy sexual beings. Each field

also has similarities in the purpose of the education. The themes that came out of the interviews were common educational goals such as change in *attitude*, change in *knowledge*, and change in *behavior*. In addition, both fields acknowledged how important *emotions* were in the education.

**FLE-HS.** The family life educators identified the long-term goal of developing healthy sexual beings. Donna, an Extension Specialist who does sexuality education mostly with individuals with developmental disabilities, stated, “*There are a lot of people who do not have healthy attitudes about it [sex].*” She went on to talk about how to change that and to help people be “*healthy minded about it.*” Mandy, a high school teacher, shared that during “*the very last class, I am the sex fairy and I walk around in a costume with my magic wand and sprinkle fairy dust on them so they will have a happy, healthy sex life all their life.*”

In order to achieve overall sexual health, sub-goals were identified. For the family life educators, change in *attitude* incorporated reducing shame and embarrassment, normalizing sex, and reframing sexuality. Donna described changing attitudes by reducing shame and embarrassment. She said, “*I think if you could somehow take that shame out of it and have an approach where people are healthy about it, healthy minded about it... We try and take that embarrassment away.*” It was apparent that Donna strives to reframe sexuality and normalize sex.

Change in *knowledge* was described as debunking myths and providing research-based information. “*There is a lot of, a lot of myth that have to be debunked*” (Donna). “*I want to make sure that what I say in that class is data based, and is as close to being a fact as possible*” (Mandy).

*Behavior* change included students being proactive and making their own decisions, communicating about sexuality, and reducing public health rates concerning things such as STIs.

Donna described that she tells her recipients, “*I am presenting information to you so that you can make choices about your body on your own.*” Mandy also identified the goal of helping her students making their own decisions:

*I say my number one goal in this class is that you will learn to talk about this topic because there will be very important times in your life when you have to communicate to a partner that you are about to engage in something sexual with or talking to medical professionals that the most important thing is that you will get more comfortable talking about this subject. So that's my, my biggest goal. Of course I want to educate them, and make them, you know, great...intelligent beings on this who will look for resources and get information when they need it. But I need, but they need to be able to talk to and talk about it and be comfortable about the topic first. (Mandy)*

Mandy clearly identified being proactive and communicating sexuality. Also in her interview, she identified that she is “*hopefully preventing unwanted pregnancies and STDs.*”

The *emotional* aspect included feeling comfortable, feeling safe emotionally, and feeling happy. Donna identified that she wants her recipients to feel happy and safe. She described,

*There is a high incidence of, of sexual abuse and when you've been raised by a family who doesn't want to talk about body parts or anything and you're raped, number one to talk to them about how your body is yours and...keeping it safe and or not safe. (Donna)*

Mandy identified helping her students feel comfortable communicating about sexuality. In addition, feeling comfortable was also identified by her wanting her recipients to build self-esteem. In answering the question regarding the goals of SE, Mandy responded with “*I think when people live healthy...self-respectful lives, they are happier.*”

**SE.** The sex(uality) educators identified a long-term goal of developing healthy sexual beings. Valerie, a sexologist and relationship coach, hoped for “*a healthier expression of sex in human beings.*” Hannah, a sex(uality) educator at a health department, stated that she wants recipients to “*have this optimum sexual health.*” In order to achieve overall sexual health, sub-goals were identified.

For the sex(uality) educators, change in *attitude* incorporated reducing shame and embarrassment, normalizing sex, reframing sexuality, lessening the fear, and celebrating sex. “*I really want to help push a paradigm that doesn’t just normalize sex. I think that is just shooting so low. I don’t want to normalize it; I want to celebrate it*” (Valerie). Mallory, a sex(uality) educator consultant, described the change in attitude as “*it eases some of their fear....normalizes...the physiological changes that they are going through.*” Hannah also described a goal of making “*them less fearful to come in and utilize our services.*”

Change in *knowledge* was described as debunking myths, providing research-based information, and providing resources. Hannah described this as “*fixing myths around sexuality or misconceptions people have around sexuality...we all have something new we can learn or a myth that can be kind of busted out.*” Mallory views her purpose as, “*I can only hope that by the time they’re done with the semester, they’ve got more knowledge.*” In addition, Valerie and Hannah identified changing *knowledge* by stating that they provide resources in order for their recipients to gain knowledge.

*Behavior* change included helping students be proactive and make their own decisions, communicating about sexuality, and reducing public health rates. Hannah described how she wanted people who “*are sexually active to come into the clinic, to come in and get information and to get tested, to get condoms.*” She also described how it is important, but difficult to show

how the education makes “*an impact in [them] delaying sexual activity.*” When speaking about when she delivers her education, she mentioned,

*if you look at just the rates of teen pregnancy and the rates of those engaging in sexual activity, ya know, that the ages are going up, that they are delaying the act of sexual activity, overtime that our teen pregnancy rates are going down. (Hannah)*

From this quote, it is apparent that the goal of reducing rates is important to Hannah.

The *emotional* aspect included feeling self-confident, feeling empowered, feeling happy, and being “*at peace*” (Valerie). More specifically, Valerie stated,

*And it grieves me to live in a world that is so...focused on sex as either being shameful or kind of an addictive relationship with it, which almost feels hostile or...it's not something that is incorporated in life that says that this is a beautiful thing and it's normal, ya know. So, so wanting to rectify that, wanting to create a world where people are at peace with their sexuality and see it as just another beautiful aspect of their being and their life.*

In addition, Mallory described how a goal of hers was to have recipients understand that “*what you're experiencing is completely normal; lots of people have this.*” Overall, changing the *emotions* regarding sexuality of the recipient was a goal of the educators.

**Comparison of purposes of FLE-HS and SE.** Regarding the goal of changing *attitudes*, sex educators and family life educators described similar preferred outcomes, with only one or two themes being different from the other. Within the change of *knowledge*, FLE-HS and SE were both science-based, but it seemed as though sex(uality) educators emphasized providing resources, while family life educators did not. The same themes were discussed for *behavior* change; however, the *emotional* aspect was different: sex(uality) educators focused more on emotional empowerment and family life educators focused more on emotional safety.

## What?

“What is the content or research base that professionals use as their foundation” (Myers-Walls et al., 2011, p. 362). Sex(uality) educators and family life educators identified knowledge bases that fit into the categories of *biology*, *relationships*, *attitudes*, *psychology*, and *public health*. Each category was mentioned in SE and FLE; however, there were differences in each category. Differences also arose in regards to the research base or approach used.

**FLE-HS.** Within the category of *biology*, family life educators mentioned topics of anatomy/physiology, puberty, and reproduction. Donna described discussing topics regarding the body and “*then the proper names of them.*” Mandy stated that she discusses “*male and female reproductive organs.*”

The *relationship* category included discussion of refusal skills, sexual abuse/violence, communication, homosexuality, forming relationships, family, and successful marriage. Donna described talking about “*refusal skills*” and “*the thing I target a lot is communicating.*” “*We talk about homosexuality a lot*” (Donna). Mandy described “*communication...principles of dating, how we form relationships...just relationship issues, successful marriage.*” She also described covering topics of “*domestic violence and sexual violence*” (Mandy).

*Attitudes* included topics such as body image and gender identity, as well as morals and values. “*I give a lecture on how sex is more than body parts; it includes your ideas of gender, your...attitude about your body, your morals and values...ideas of masculinity and femininity*” (Mandy).

The *public health* category included information on sexually transmitted infections, pregnancy, birth control, condoms, as well as safety and responsibility. Donna said that she discusses “*a lot about contraception and...sexually transmitted diseases.*” “*The students do a*

*project where they research and create displays on sexually transmitted diseases” (Mandy).*

*“There is a lot of responsibility that goes with being sexually active and...we talk about those”*

(Donna). *“I bring in speakers who talk about issues around teen pregnancy and options”*

(Mandy).

*Psychology* was also a category, and included locus of control, self-esteem, and shame.

Donna described taking *“away the shame in the body”* because *“parents keep their children from...becoming sexually active”* by shaming them. Mandy stated that she discusses *“where’s locus of control”* then she goes into *“self-esteem.”*

Family life educators described teaching these topics in a scientific way as well as in an ecological context. Donna spoke about the ecological context approach by stating,

*Bowen theory is a really good one for that. Just how...we build our relationships based on our, and now I’m going into ecological theory here...our immediate influences and what that does to us. And Bowen...he relates to Bronfenbrenner in a way because he talks about those immediate influences. But he talks about it more at the communication level. And why we might communicate the way we do. Why we react to things the way we do, in terms of the emotional center of the family unit, or whatever unit it is that you grow up in. ...sexuality is just another part of that.*

**SE.** Within the category of *biology*, sex(uality) educators mentioned topics of anatomy/physiology, reproduction, puberty, aging, and medical conditions. Hannah described it as providing *“general information about their bodies, how they function.”* Mallory described doing *“some basic physiological things.”*

The *relationship* category included discussion of communication, LGBT, and how to find a partner. Valerie stated that she tries *“to teach them new communication tools.”* She also gave an example of working with an individual who was *“exploring his bisexual identity and...trying*

*to navigate that with a girlfriend.” Mallory described how many of her recipients was to “find answers for how to find a partner, or why doesn’t my partner want me anymore.”*

*Attitudes* included topics such as body image, gender identity, pleasure, as well as morals and values. *“I like to spend time talking about body image”* (Mallory). She also stated that she must address topics such as *“their confidence, their relationships...their pleasure.”*

*Psychological* topics included shame and self-confidence. Valerie discussed how one of the main topics in her education is self-confidence because her goal is to reduce the shame and celebrate the recipient.

The *public health* category included information on sexually transmitted infections, pregnancy, birth control, condoms, as well as safety and responsibility. Hannah described it as providing recipients with knowledge and resources regarding STD testing.

*Sexual behavior/function* was an additional category that arose for the sex(uality) educators. This category included the range in sexual activity, LGBT behavior, sexual pleasure and displeasure, gender identity, and the sexuality model of what good sex is. This category was different than the others because the topics were described more in regards to behavior and functioning, rather than an attitude about a behavior. *“They had a craft term in San Francisco Sex Information, they called it a fuckerama”* (Valerie). Topics included *“bestiality, coprophilous”* and described many sexual behaviors (Valerie). Valerie continued with saying that she works with people *“in poly relationships, people who are into kink, people who are into swinging, people who want to experiment and who have never tried it, people who are...devout monogamous...they are all over the place.”* In addition, she described sexual functioning talking to her recipients when *“they say sex is not satisfying or is painful.”*

Sex(uality) educators also described teaching these topics in a scientific way with a holistic approach. Valerie stated that she came from the approach of “*I’m a whole human being and I happen to be a sexual being...a very holistic approach.*” It was important to Valerie that the recipient received education from a holistic approach in which the recipient was viewed as a whole individual being.

**Comparison of content of FLE-HS and SE.** In comparison, the *biology* category was exactly the same between the two. Within the *relationships* category, family life educators brought up talking about family and marriage, while the sex(uality) educators did not. Family life educators also mentioned sexual violence/abuse as a topic discussed, while sex(uality) educators did not. It was apparent here that the approaches and/or contexts of family life and sex(uality) educators play an integral role in what is taught. Family life educators incorporated contextual topics such as relationships and family, while sex(uality) educators focused more on the individual person holistically. In regards to *attitudes*, both fields mentioned topics of body image, gender identity, as well as morals and values. Sex(uality) educators also identified attitudes of pleasure in regards to people understanding the purpose of having sex. Within the *psychology* category, both fields identified shame and a form of self-esteem or self-control; however, family life educators also identified locus of control. Both mentioned the same public health topic areas. Finally, *sexual behavior/function* was only identified within sex(uality) educators and not at all in family life educators, which is a distinct difference between the two in regards to the content taught.

### **When?**

(1) When do practitioners in each field deliver services? According to Myers-Walls et al. (2011), the when question addresses when the services are delivered in respect to the occurrence

of the recipients' problems or concerns and they discussed three categories of prevention: primary, secondary, and tertiary. The interview data provided insight that there are similarities between FLE-HS and SE in regards to when; however, there were still differences.

**Time of service delivery: FLE-HS.** FLE-HS fits with primary prevention because it takes an educational approach and provides services before an issue arises. For the particular family life educators interviewed, Donna identified primary prevention when she stated that she talks about sexual abuse to help her participants avoid it. Mandy said she educates teenagers before they have sex, have a child, start a relationship, or fall in love. Primary prevention is often seen with adolescents; however, the education may also end up being secondary. *“Hopefully I am dealing with it before the issue arises, but a lot of the other issues are what the kids are thinking about currently”* (Mandy). FLE-HS also fits in the secondary prevention category because the education may occur when a problem has been identified, such as being sexually active (Mandy). Donna noted that most of her education fits within the secondary prevention category because she educates as issues arise such as a sexual safety issue. Tertiary prevention was found to not be what family life educators set out to do.

*As FLEs, you can come in with prevention education and I think sometimes in some cases you can't help but help somebody... So I think that is intrinsic, but I don't think that is why we set out, necessarily... So even if something has already happened and you come in with your education and it doesn't undo what has happened and it doesn't fix the emotional scars of anything, but it does...help whoever to move forward and may perhaps look at something that happened in a different light. (Donna)*

**Time of service delivery: SE.** SE deals with all three levels of prevention. It fits well with primary prevention because it focuses on providing services before problems arise.

Examples of primary prevention within SE that were stated include: helping someone who needs to learn safety before experimenting with new sexual endeavors (Valerie), providing information on reproduction and pregnancy prevention (Hannah), or preparing an individual who has a gene for a medical condition that will impact his or her life (Mallory). It is apparent that SE provides services before risky sexual behaviors begin, fitting well with primary prevention (Valerie, Hannah, & Mallory). SE also fits within secondary prevention by focusing on after an issue has been identified. Valerie described that she may work with a couple who is on their second pregnancy or with a couple who is experiencing empty nest syndrome. Hannah described how she works with people who have already been identified as high risk, for example, those who have Chlamydia. Hannah also stated that people may seek education if “*somebody probably has engaged in sexual activity and they are either concerned or have apprehensions that they might be pregnant or have a sexually transmitted infection.*” This would be considered secondary because it is after sexual intercourse. Mallory described that she does her education “*after the fact*” because “*people generally come because there is something that is bothering them.*” Valerie stated that someone may

*have a particular issue, but it is connected to so many other issues. Like one thing that often runs through this is a history of sexual abuse that has not yet healed. That will come out, but the client will be trying to minimize it, saying that it doesn't have any impact on them, but I can see that it is having an impact. So I will very gently try to explore that. A lot of times I will introduce a book by Stacey Haines called The Survivor's Guide to Sex and suggest that they might consider working through the exercises alone or with me or at least looking at the book.*

This fits tertiary prevention because she spoke about how she may have a person who has experienced sexual trauma, and in order to address it she provides resources to help the person in order to repair previous damage.

**Time orientation of services: FLE-HS.** Family life educators deal with the present and the future of the population they are educating. Educators deal with the issues and challenges in the present in order to achieve future outcomes (Donna & Mandy). Donna described her education as dealing with the present and the future because she identified herself as a “*preventionist*.” Mandy stated that she works with teenagers in the present because she deals with issues that they currently have, such as relationships.

*Ya know, about is my body normal...what's a man like, what's a woman like...the identity crises that are a part of adolescence are a good portion of what's the background for the content of the class. Then of course they're going through forming relationships or thinking about forming relationships right then. (Mandy)*

She also stated that she seeks future outcomes by having the students reflect on what they learned in the class and what they think they will remember in future years. The future orientation was also identified when she stated that she talks about what a successful marriage is. Since she works with teenagers, her population is not usually married, they often say “*I've never been in love; how can I talk about what love is*” (Mandy). Overall, FLE-HS fits in with the present and future time orientations.

**Time orientation of services: SE.** Sex(uality) educators work with the present and the future time orientations because they often deal with issues and challenges in the now with anticipated outcomes expected in the future. Sex(uality) educators deal with the present orientation by discussing issues such as pregnancy when the pregnancy is happening instead of before the pregnancy happens. Valerie described it as working with “*couples who are in a long-*

*term relationship, maybe working on their first or second pregnancy.”* They also deal with other issues that are to be solved “*now*” (Valerie, Hannah, & Mallory). The educators address the future orientation by seeking anticipated outcomes in the future. Participants addressed how they want to know what the “*vision is for tomorrow*” (Valerie). Hannah addressed how she hopes to have long term, lifestyle changes and public health outcomes by stating “*your outcomes aren’t necessarily...achieved in one year. It’s a lifestyle change, it’s a lifelong kind of commitment.*” It is also apparent from one interview that sex(uality) educators may also delve into the past orientation (Valerie). She stated that she delves into all of the orientations.

*I ask about what is happening today, about what their vision for tomorrow is and I talk back to their childhood...I get connected to their feelings from their childhood. I hold on to that and fast forward into the adulthood. I make connections.* (Valerie)

Overall, it was found that SE fits mostly within the present and future time orientations.

**Comparison of when in FLE-HS and SE.** From the interviews, it was clear that both FLE-HS and SE dealt mostly with primary and secondary prevention, as well as the present and future time orientations. The difference between the two emerged with SE also incorporating tertiary prevention and the past time orientation every so often. The FLE-HS educators did not mention tertiary prevention nor the past time orientation in their interviews.

### **For Whom?**

This question seeks to identify for whom FLE-HS and SE are intended. According to Myers-Walls et al. (2011), there are two factors that determine the recipients of FLE and SE: eligibility and motivation. Eligibility is determined by the professional and often based on ascribed needs. Motivation is the perception of the recipients that the service is needed and/or

appropriate based on felt needs. From the interviews, it was found that both eligibility and motivation were involved with determining the recipients of FLE-HS and SE.

**FLE-HS.** The two family life educators provide education to people ages 14 and up. Donna described working with “*developmentally disabled adults*” while Mandy described working with “*high school students who are grade ten through twelve.*” These two educators had specific target populations that they educated, and therefore based the education on the needs of the population. Both educators indicated that the population they work with is never forced to receive the education they provide. “*I just think that there are people who are interested and those that are not*” (Donna). “*It’s an elective... I don’t want to force any kid to take this class*” (Mandy). This makes it clear that motivation or felt needs is what determines recipients to receive FLE-HS education. It also indicates that eligibility is open to most. The ascribed needs were illustrated in relation to the topics covered within the education. “*The reason why we do a lot of anatomy is because they don’t know the name of their own body parts*” (Donna). Mandy stated, “*I don’t like to take ninth graders because the class is just too blunt and they are not quite ready for that.*” Overall, it is apparent that both factors of eligibility and ascribed needs, as well as motivation and felt needs determine the recipients of FLE-HS.

**SE.** Each of the sex(uality) educators stated different target populations in regards to age. “*I am available to anybody from 18 to 100, but as far as the people who actually come to me and ask for my services tend to be...I’m gonna say 35-65*” (Valerie). “*Mostly if they are under the age of 25, they kind of fall into my target population*” (Hannah). “*The college students are generally in their 20s to 30s,*” with the religious population, “*they tend to be 50 and above*” and “*when I do sex and cancer workshops, they are generally 40 and above*” (Mallory). Eligibility seemed to be open for all except those under the age of 18, in which case parental consent would

need to be given. They also mentioned what would make someone ineligible to receive their services: *“if someone was wanting to get my endorsement of criminal behavior...if that criminal behavior involved nonconsensual sexual behavior including sex with children, they shouldn’t come see me. I wouldn’t do business with them”* (Valerie).

Ascribed needs are used to determine the topics in the education and who is appropriate to receive the education.

*I will usually talk to the social worker about what they have been learning from other speakers and try to not cover the same ground that they are and usually I’m not...I always have an outline of what I am going to say, but I do kind of a who’s in the room first to see what kinds of cancer they have and try to suss out what brought them to the workshop and then sometimes that just changes the workshop right there.* (Mallory)

Motivation and felt needs seemed to be a strong determinate in who received SE. *“In our county...it’s open to anybody. So just a simple phone call and it’s a free of charge. It’s a service that we have that’s...makes it open to anybody and everybody. There is no specific requirements or eligibility for them to utilize our services”* (Hannah). *“Just a simple phone call or a contact and I can put together...programming based on whatever their needs are for their specific group or population”* (Hannah). *“Most of the people that come to see me in my office are referrals”* (Valerie). It is apparent that both eligibility and motivation play a role in determining who receives the services of sex(uality) educators.

**Comparison of service recipients of FLE-HS and SE.** In both fields, eligibility and motivation helped determine the recipients of the education. Recipients often received services based on felt needs and then practitioners edit programming to incorporate the ascribed needs with the felt needs. The main difference found between the two educators was that the family life

educators determined recipients more on eligibility, while sex(uality) educators focused more on the felt needs of the population.

## **How?**

**How are specific needs determined: FLE-HS.** Family life educators identified five ways that ascribed needs are determined: by *development*, by *educator*, by *parents*, by *staff*, and by *policy*. The first theme included the *developmental* needs of the population. Donna described her work to be with developmentally disabled adults; therefore, she works with a population with certain developmental needs due to their mental capacity. Mandy said she works with high school students who are going through the developmental phase of adolescence. The second theme identified was ascribed needs determined by the *educator*. Donna described it well when she stated, “*I can see so many of them are shamed and then we talk about homosexuality a lot because...there are a lot of homosexual relationships in, in group homes.*” She also spent

*some time with some of the people and...ya know, I just kind of asked them a lot of questions. And based on what I could see that they didn't know, and based on what I see, saw about what they were practicing...how I developed it.* (Donna)

It is clear that Donna used observation to gain insight into the needs of the population she works with. She also used research. She indicated, “*I just did a lot of study and read.*”

*I have continued to take classes to keep up on my education. But the thing that keeps me informed and intelligent in this area is I go to NCFR every single year...I say to my students, I want to make sure that what I say in that class is data based and is as close to being a fact as possible and not just based on personal experience.* (Mandy)

It is apparent that the family life educators determined needs based off of what they knew whether it was from observation, classes, or research. *Staff* was also a theme that was identified during the interviews. “*Someone reached me and said I know you’re a family life educator and I know you’ve done some research in sexuality and could you develop this?*” (Donna). The staff sought out Donna because they recognized the need for their population. *Parents* also determined the needs. “*A group of parents came together and said, ‘Ya know, we want to do this for our children’*” (Donna). “*There are parents who would rather be the people, the primary sex educator of their children and I don’t want to force any kid to take this class who...it goes against what their parents believe*” (Mandy). Lastly, *policy* showed up as a theme. Donna described how policy and the political climate affect education. Mandy described how school policy may impact the education.

**How are specific needs determined: SE.** Sex(uality) educators identified five ways that ascribed needs are determined: by *development*, by *educator*, by *stats*, by *staff*, and by *policy*. *Developmental* needs were identified by Hannah when she stated, “*getting to our general population, to all those under the age of 25 in regards to good sexual health information is really important, whether they are sexually active or not.*” Those under the age of 25 are in an important phase of development (adolescence and early adulthood). It is during this time that individuals are making some of their first independent decisions about sexuality, understanding who they are and who they want to be, and forming relationships with others. In this way, needs are determined by the population’s developmental needs. The *educator* also determines needs. Needs may be based on the educator’s knowledge from previously working with a certain population such as race, ethnicity, age, high risk, pregnant teens, et cetera (Hannah). In addition, the needs may be determined by the educator through observation and interacting with the

population during the education. *“I definitely ask a lot of questions”* (Valerie). Needs also may be determined by *statistics*.

*We do what is called a Youth Assessment Survey and it is pretty similar to the YRBS, the Youth Behavior, Risk Survey...I look at those every two years along with our teen pregnancy rates, along with our STD rates, and kind of use that as my rock, my foundation of, okay, my rates are going down, maybe I don't need to focus on this area so much specifically, but over here my STD rates are sky-rocketing, so like what's going on? So I really try to use that data as my foundation or my building blocks for my programming.*

(Hannah)

In addition, other *staff* may determine the needs of the population. Some people are *“referred by physicians”* for *“something that the doctor wouldn't normally handle like, ‘I've never had an orgasm’”* (Mallory). After doing a needs assessment survey, Hannah then connects *“with the schools or with the detention center”* and gets *“a really good idea before I go in...So I do a lot of background and investigation.”* The final theme that appeared in the sex(uality) educator interviews was needs being addressed by *policy*.

*Even from school district to school district where we live, because only HIV/AIDS is required and everything else is optional, every school has their own set of rules in terms of what you can and cannot talk about. So I have to know district by district, like where my boundaries are within that specific school.* (Hannah)

Those who have been motivated to receive the education often influence how needs will be determined as well.

*It's targeted, very targeted, so I ask them, “What is it you want to achieve? What would be your ideal scenario? What do you think would make you happy?” And based upon that, I say that I can*

*help you get to where you want to get to. I'm not gonna decide what your agenda is. I'm not gonna tell you what will make you a happy person...I'm happy to tell you what I know about something that you may be unfamiliar with and curious about...but I don't want to define your agenda and I tell them a lot of times, "You're steering the car, I'm just the engine that is going to help you get there." And then I bring the tools to help based on their agenda and what it is that they want. (Valerie)*

Overall, needs are determined developmentally, by the educator, by stats, by staff, and by policy.

The needs are often intertwined with the felt needs of the population as well.

**How are services delivered: FLE-HS.** The responses of the family life educators resulted in techniques based on *knowledge* and *values*. Educators described *knowledge* techniques such as providing pictures, presenting information, and using exams. Donna shows “*pictures of naked people of all different shapes and sizes.*” Mandy stated that she uses exams as a way to assess the knowledge that the students are retaining.

Educators also described *value* techniques such as having speakers, using reflections, and guiding students without showing own reaction. Donna stated,

*the teacher is not to react to things or if something revolts you, you do not show that on your face. If you are anti-gay or something like that, you do not show those kinds of things on your face. I am presenting information to you so that you can make choices about your body on your own.*

Mandy discussed how she brings in different organizations to talk about the same topic, such as pregnancy options.

*I bring in speakers who talk about issues around teen pregnancy and options. So I have people from Planned Parenthood come in and talk about why they are pro-choice. I have an open adoption*

*come in and talk about that option. I often have a panel of teen parents come in and talk about what life is like trying to put a baby into the high school environment, and then I have Right to Life come in and talk about why they are against abortion.*

This is done in order to provide the students with multiple perspectives in order for them to end up making their own informed decisions based on their own values. She also asks her students to do reflections on the topic of sexuality.

**How are services delivered: SE.** The responses of the sex(uality) educators resulted in techniques based on *knowledge* and *emotions*. Educators described *knowledge* techniques such as providing tools, distributing packets and resources, and providing workshops. Valerie stated that she may provide book resources: “*A lot of times I will introduce a book by Stacey Haines.*” Hannah described multiple ways of providing knowledge such as “*giving them tools to get them started,*” providing “*packs that I have put together,*” and “*we have tried workshops.*” Mallory also indicated “*I do workshops.*” It is apparent that basic *knowledge* is provided by simply presenting it.

Educators described *emotion* techniques by describing how they made sure to value the recipient of the education. Valerie described it as “*not only not shaming, but empowering, embracing, and affirming*” the recipient. She stated that she reminds herself “*to always be focused on the heart and to really affirm the beauty of these other tastes and interests that don’t reflect my own*” (Valerie). The technique of using *emotion* is clearly represented from Valerie.

**Settings and modes: FLE-HS.** From the interviews, it was established that FLE-HS programs may take place in a variety of settings, including formal and nonformal settings. The nonformal settings described included community settings and the formal settings described included high school and college classrooms. Donna described her education to be with “*adults*

*in service at a sheltered workshop.*” Mandy described her education to be in the setting of “*a classroom in a public high school.*” Family life educators described their services to be done mostly in groups, but have also been done with couples. “*I will work with as a group...I might work with couples*” (Donna). “*I don’t cap the enrollment in the classes so they go as high as 40*” (Mandy).

**Settings and modes: SE.** The settings described in the sex(uality) educators’ interviews included both formal and nonformal settings as well. Nonformal settings included phone calls, community living, and healthcare. “*It is on the telephone*” (Valerie). “*Community settings ...community mental health...independent living*” (Hannah).

*I work in a medical office, so I see clients in a medical office...in one of the doctor’s offices, not in an exam room...when I do consumer workshops, they’re either at hospitals or they are in...public libraries.* (Mallory)

The formal settings included college classrooms, private practice offices, religious organizations, and court systems. “*People that come to see me in my office are referrals*” (Valerie). “*The court system in terms of going into the juvenile detention center*” (Hannah). “*I work for a religious denomination...I work in my private practice...I also teach college and graduate school*” (Mallory). Sex(uality) educators described the mode of their services as individual, couples, and group. “*Whether that be in group settings or classrooms...not really much one-on-one. Mostly in groups, group settings*” (Hannah). Valerie and Mallory also described their education to often be one-on-one. Mallory added that she also works with couples and groups.

**Comparison of how education is provided in FLE-HS and SE.** How specific needs are determined was fairly similar between FLE-HS and SE. They each used development, educator,

staff, and policy. The main difference was that FLE-HS also used parents, while SE often used statistics. In regards to how the services are delivered, FLE-HS was found to be done with techniques related to knowledge and values, while SE was done with techniques related to knowledge and emotions. Both FLE-HS and SE were described as being in formal and nonformal settings. However, the FLE-HS participants interviewed described less variety in their settings than the SE participants. Both FLE-HS and SE identified the group mode as one of the most frequent modes done. However, FLE-HS only emphasized couples in addition to the group mode, while SE mentioned individual, and couples. Therefore, the FLE-HS participants described less variety in their modes.

### **Visual Representation of Sexuality Education within FLE and SE**

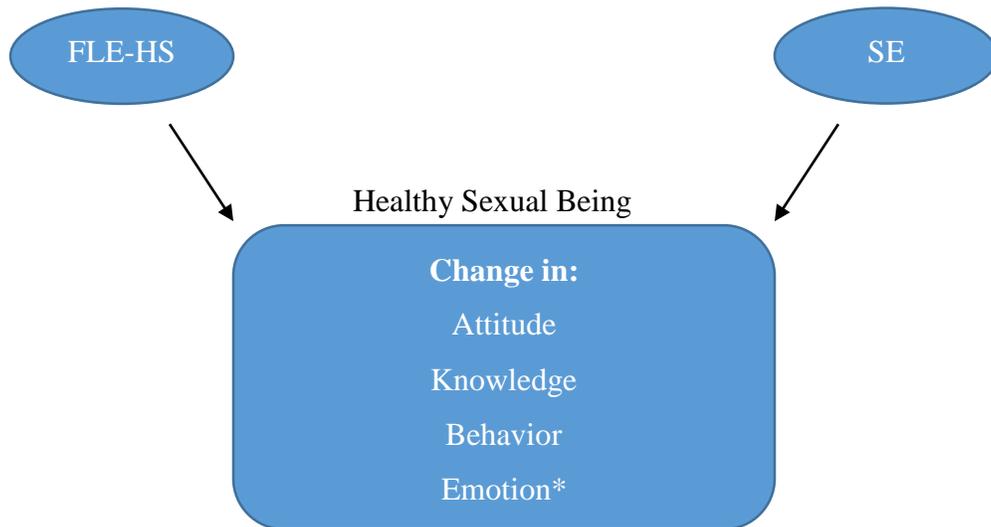
The following models have been developed to help in the understanding of the domain and boundary similarities and differences found from the results of the scholar and practitioner perspectives. Many of the models were built from Myers-Walls et al. (2011) models. Each model includes a paragraph explaining how the approach of each field affects the domain, and in turn, illustrates the difference between FLE-HS and SE.

#### **Why?**

Overall, results indicated that both FLE-HS and SE seek the long-term goal of helping recipients develop into healthy sexual beings. In order to achieve this, specific goals were identified as changing attitudes, knowledge, behavior, and emotion. As seen in Figure 4.1, there was a difference between FLE- HS and SE in the emotion category. The family life educators described an emotional specific goal as involving emotional safety, while the sex(uality) educators described the emotional sub-goal as involving emotional empowerment. This difference is due to the holistic approach of SE. Emotional empowerment is a result of focusing

on the recipient as a whole emotional being. The contextual approach of FLE-HS emphasizes emotional safety because it is concerned with the context of the recipient and the relationships the recipient has.

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\* FLE-HS identified *safety* as a theme within the *emotion* category, while SE identified *empowerment* as a theme within the *emotion* category.

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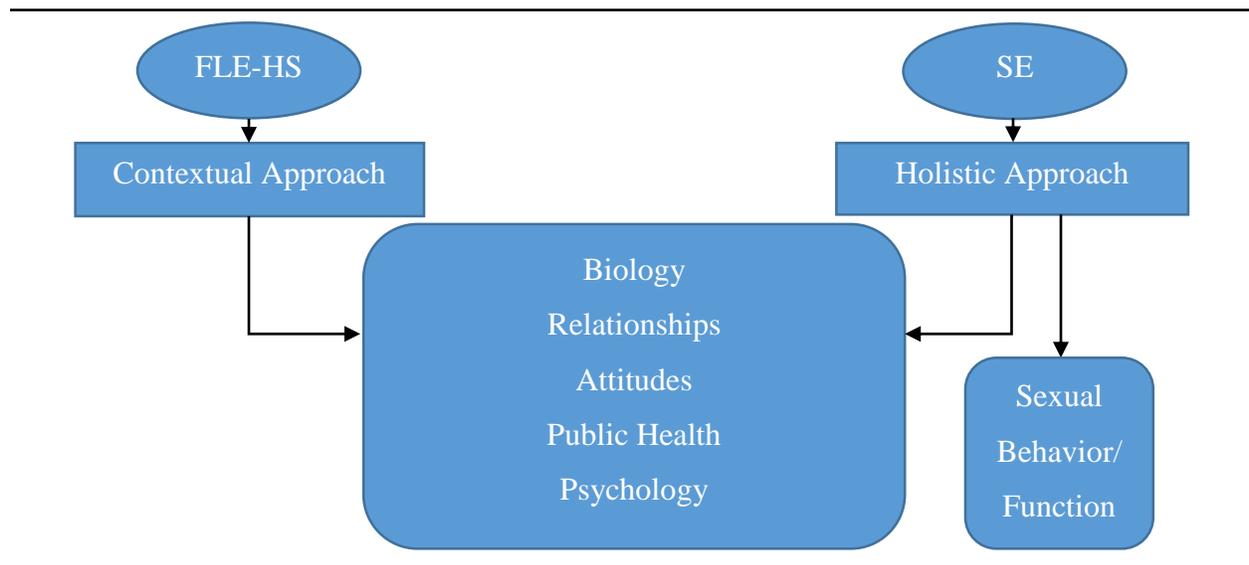
#### **Figure 4.1 Why?**

##### **What?**

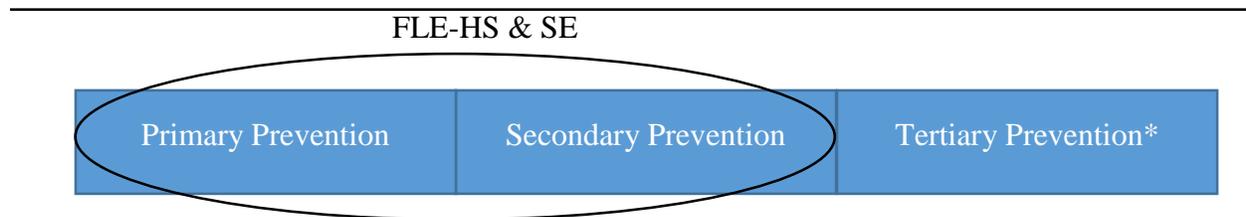
The other difference between FLE-HS and SE is in regards to the extra topic that SE presents in its education, sexual behavior/functioning. While FLE-HS talks about sexual behavior, it is more in regards to the attitudes about the behaviors, rather than the actual action. SE emphasizes the actions of sexual behavior. FLE-HS and SE both consisted of the other topics shown in Figure 4.2. These topics are all presented differently, though, because of the approach that each field takes. For example, FLE-HS and the contextual approach may emphasize family or cultural attitudes when addressing the topic of attitudes, while SE may emphasize only personal attitudes. Overall, FLE-HS and SE discuss topics differently due to the approach.

## When?

As can be seen in Figure 4.3 and Figure 4.4, FLE-HS and SE are the same. Both deal with primary and secondary prevention and both deal with the present and work toward the future for outcomes. This makes sense because both fields are in the education field, a field that focuses more on primary and secondary prevention as well as the present and future time orientations. There was one participant that identified doing tertiary prevention and the past in their education. However, this participant works in a private practice and identifies as a sexologist and relationship coach. Her identity may go beyond the boundaries of what a sex(uality) educator may fit into. Therefore, she may be seen as an outlier in answering this question. In conclusion, family life educators and sex(uality) educators are no different in regard to the domain of when their education is provided. The contextual and holistic approaches did not affect this domain because this domain has more to do with the fields being a part of education, rather than on the approaches that each takes in their education.

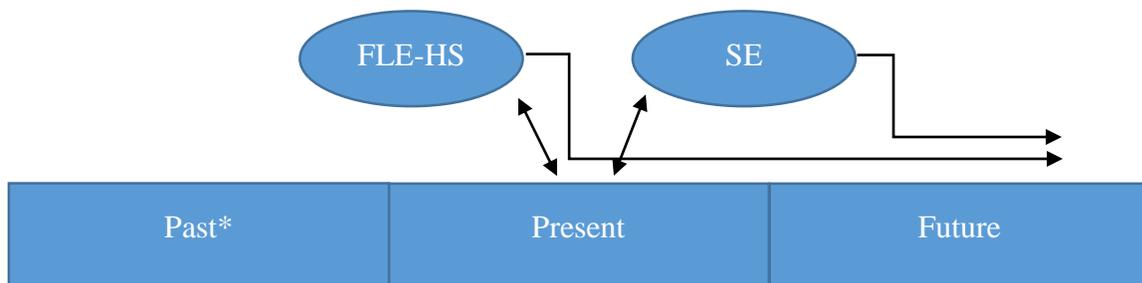


**Figure 4.2 What?**



\*One SE practitioner described doing tertiary prevention.

**Figure 4.3 When? Timing of Services**



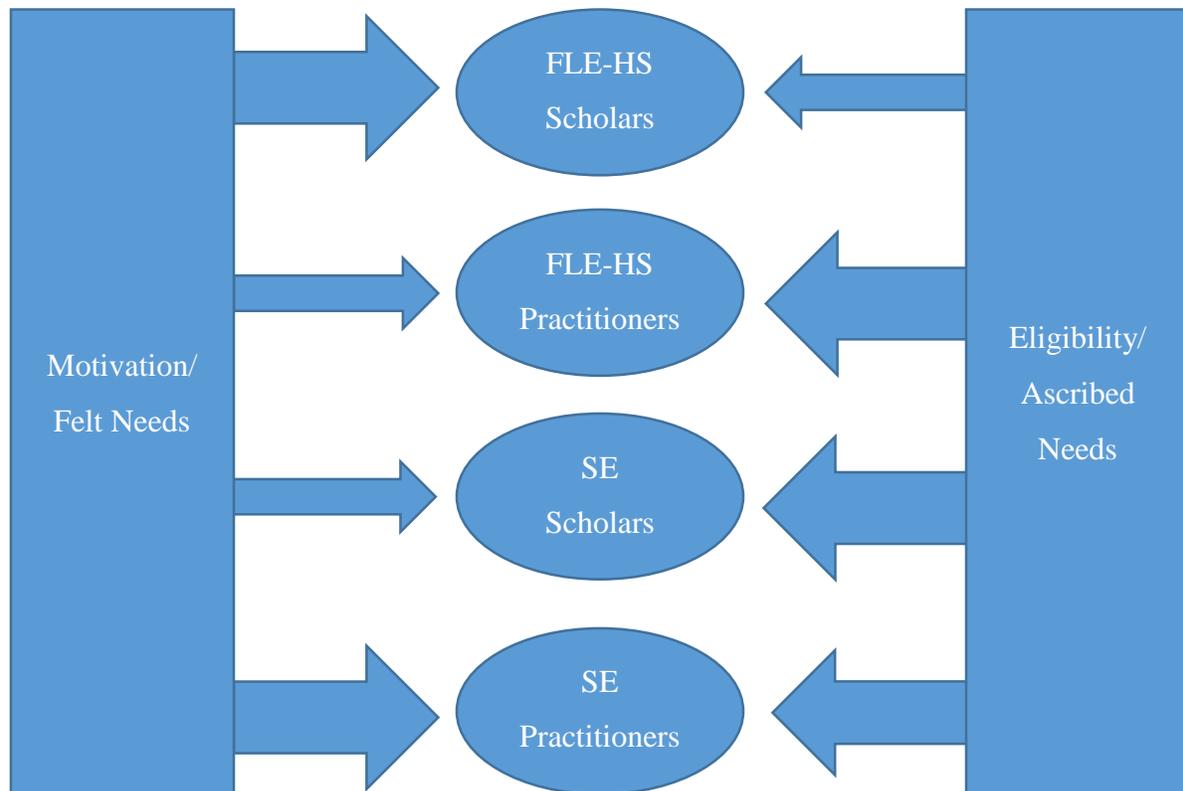
\*One SE practitioner described the past in regards to time orientation.

**Figure 4.4 When? Time Orientation of Services**

**For Whom?**

Results for whom the services are provided presented a difficulty in understanding. While it was not the purpose of this study to examine the similarities and differences between the scholars and the practitioners, discrepancies did appear (see Figure 4.5). According to the scholars, FLE-HS provided services based more on the felt needs of the recipients and less on the ascribed needs of the recipients. However, the practitioners presented this as being different. The two FLE-HS practitioners described their services as being based more on ascribed needs, rather than on felt needs. This could be due to the settings of the jobs of the two practitioners. One worked at a public high school, in which curriculum is often approved or mandated by the school, state, or federal levels. The other practitioner worked in a community setting of developmentally disabled adults. She was brought in by staff in order to address a need that the staff saw. Because this work was done in a community setting in which there is staff regulating

the schedule of those who live in the community, felt needs may not be addressed as often as the ascribed needs.



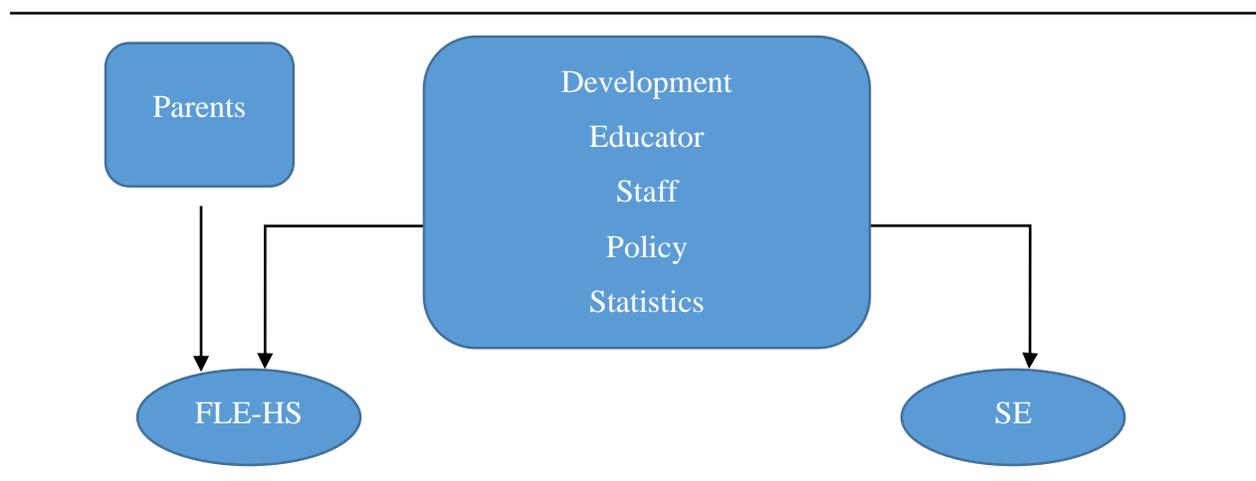
**Figure 4.5 For Whom?**

There also was a difference between the scholars and the practitioners within SE. Scholars described that recipients are determined based on ascribed needs. However, this is not what the practitioners described. The practitioners described determining needs by the felt needs of the recipients. An explanation of this may be that much of the literature published by the scholars has a strong emphasis in school-based SE, which is often based on ascribed needs. Only one of my SE practitioners went into a school setting; however, her job entailed much more than the school setting because she worked for a health department. Overall, this practitioner incorporated ascribed needs quite often due to policy and public health (see Figure 4.5). However, neither of the other two practitioners described much on determining recipients based

on ascribed needs, they instead emphasized the felt needs of the recipients. The question of for whom will need to be studied again in order to fully understand how the approaches affect the domain due to the difference between the scholars and practitioners.

### How?

Both FLE-HS and SE determine ascribed needs by looking at developmental needs; by the educator determining needs, perhaps via research; by the staff observing needs; and by policy mandating needs (see Figure 4.6). Family life educators also saw parents as influencing the needs of the recipients. From a contextual perspective, parents are an integral part of a child's life; therefore, it makes sense as to why parents may be involved in determining needs of child recipients in FLE-HS.

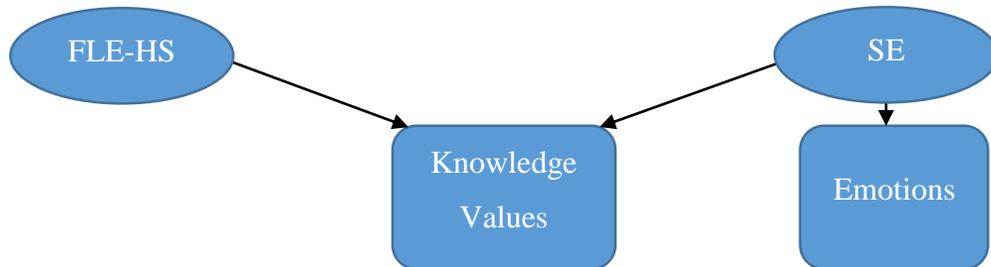


**Figure 4.6 How? How are Ascribed Needs and Goals Determined?**

In regards to how services are delivered, the scholars and the practitioners indicated that the two fields shared a focus on education techniques related to knowledge and values (see Figure 4.7). In addition sex(uality) educators mentioned techniques regarding the emotions of the recipient. FLE-HS did not mention emotions in their education. This can be explained by the holistic approach of SE as well. Since SE wants to develop the whole healthy individual,

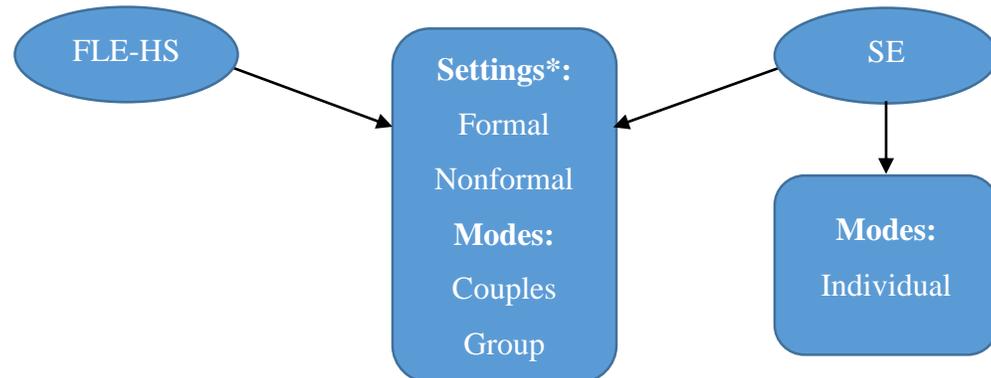
emotions must be taken into account. Since FLE-HS uses a contextual approach, context and relationships may supersede individual emotions and focus more on interactions.

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**Figure 4.7 How? How are Services Delivered?**

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\*FLE-HS practitioners described less variety in *settings* than the SE practitioners.

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**Figure 4.8 How? Settings and Modes.**

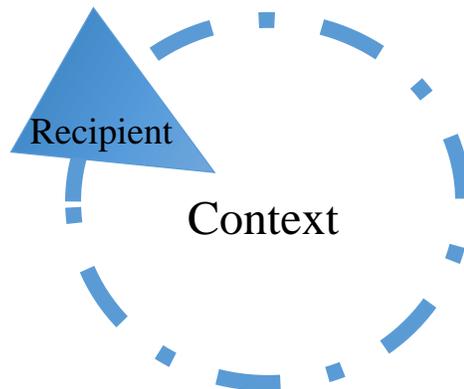
In regards to the settings and modes of education, both FLE-HS and SE work in formal and nonformal settings. The difference is with the modes of people the educators work with. Both fields work with couples and groups; however, SE showed a strong indication that individuals often seek their education as well (see Figure 4.8). This difference in mode also is explained by the approach that SE takes. Hearing FLE, people assume that one must be a part of a family or seeking to be part of a family in order to receive services since it uses a contextual approach; therefore, families and couples are more likely to attend FLE programs. People do not have the same assumption for SE; therefore, it may be seen as an education that is appropriate for

individuals. In addition, since SE focuses on the whole individual, more individuals are likely to receive services.

## Chapter 5 - DISCUSSION

This study addressed the following overarching research question: How are FLE-HS and SE conceptualized? In order to answer this question, I examined the perspectives of both scholars and practitioners. I approached this study from a social constructionism and phenomenological perspective in order to understand the shared meaning and lived experience of FLE-HS and SE. Findings indicated that there are many similarities between FLE-HS and SE; however, differences also were identified. These differences can be explained by one major distinction between FLE-HS and SE: the approach or perspective the field takes. All the other domain and boundary differences stem from this difference in approach.

FLE-HS takes a contextual approach (see Figure 5.1), while SE takes a holistic approach (see Figure 5.2). FLE-HS is one of the content areas of FLE. Therefore, it can be viewed as one piece of an entire pie. This piece of pie still holds the essence of FLE, including the contextual approach that emphasizes the context of the recipient. This may include relationships and interactions, as well as, environment or culture. As seen in Figure 5.1, the recipient is the focus of the education, but is not to be taken out of context.

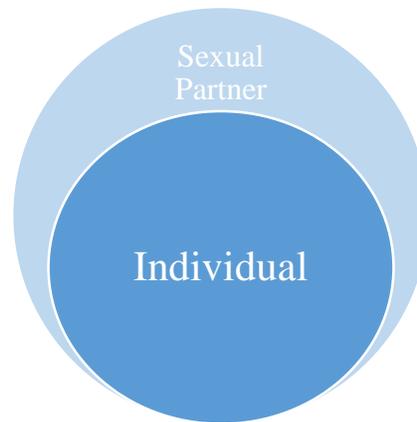


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**Figure 5.1 FLE-HS Contextual Approach**

The holistic approach that SE takes emphasizes the individual as a whole. SE does not emphasize the context of the recipient. It may include sexual relationships such as the partner(s) of the individual (see Figure 5.2), but it does not emphasize additional relationships such as family systems or other social groups of which the recipient may be a part.

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**Figure 5.2 SE Holistic Approach**  
**Strengths and Weaknesses**

This qualitative study provided practitioners with the opportunity to express their views and provide rich details regarding the fields of FLE-HS and SE. In order to have rigor and credibility, I used methods of triangulation. First, I gathered data from several sources: 1) qualitative interviews with sexuality practitioners, and 2) articles published by sexuality and family scholars. This provided multiple perspectives regarding the meanings of the fields of SE and FLE-HS. Second, I used triangulation of analysts. I had two additional analysts who verified the themes and categories that emerged in my analysis. All of these triangulation strategies helped reduce the systematic bias of my study (Patton, 2002). I also have provided visual models to make sense of the domains and boundaries of FLE-HS and SE. This led to the conclusion that the two fields are different due to the approach of each.

Naturally, this study has its limitations. This study could have benefited from a co-analyst for the analysis of the scholars. I wrote the interview questions and facilitated the interviews. It may have been a benefit if I had an additional interviewer to help maintain the focus of the interview and decrease the chances of the practitioners not answering a question fully. The small number of participants may have limited the diversity of responses that I received for the domains; however, the scholarly content analysis provided me with information that the practitioners may not have been able to give me due to the particular population with whom each works.

### **Implications**

As stated previously, a study that uses more participants may result in more comprehensive information and therefore may provide clearer answers to the boundaries and domains of each field and how each is conceptualized.

### **Researchers**

Although it was not the purpose of this study to examine the difference between scholars and practitioners, a disconnect between the two presented itself. The difference found between the scholars and the practitioners is something that should be looked into further. Is practice actually different than what the scholars are stating? According to Myers-Walls (2000), practitioners work in an environment in which they need immediate answers and solutions, whereas scholars take their time to make sure they have explored all findings and meanings. “Researchers often have the luxury of time to ponder and interpret phenomena, while practitioners feel someone’s hot breath—from clientele, funders, or supervisors—down the back of their necks” (p. 342). What can the fields do to address the disconnect issue in the future? It is important for educators to address this disconnect and to move toward a state in which there is

no disconnect between what is being written about the field and what is happening in practice. This information will help the fields be more consistent in how they identify sexuality education, but also how they do their education.

When researchers are doing work, they will need to be sensitive to the field that they are working with. If a researcher is doing work on FLE-HS, the shared meaning that has resulted from this study should be kept in mind. The researcher needs to be clear on what field s/he is referring to when addressing sexuality education. Since sexuality education can be done from different perspectives and approaches, different fields exist and it should be clear as to whether the researcher is referring to SE from the holistic perspective or FLE-HS from the contextual perspective. In addition to this, researchers should think about how other fields teach sexuality education. It would be interesting to look at how the medical field teaches sexuality. The medical field may approach the education differently than FLE-HS and SE.

### **Educators and Recipients**

This study should help practitioners and recipients identify and understand each of the domains and the boundaries around both FLE-HS and SE more clearly. There is need for more research addressing the relationship between the fields. It is important to repeat this study with a more representative sample, instead of relying on a self-selected group that responded to an invitation. The fields still need to think about when each education is appropriate. How does a practitioner know that their education is appropriate? Does the developmental level of the recipients matter to who the educator is? Evaluations analyzing methods and outcomes of both FLE-HS and SE could help clarify these questions.

In addition, future studies will need to be done in order to better clarify SE, as FLE has done great work clarifying their field. FLE could, however, look closer at the human sexuality

content area in order to understand whether or not the content area should be called *human sexuality* or *sexuality education*. For both FLE-HS and SE to continue to advance, efforts will need to be made to decide whether it is appropriate to have FLE-HS and SE be two separate fields, and to be viewed as two separate fields by recipients. It is apparent that the two fields are different, but do they want to be viewed differently by the people in the fields? The final questions on the questionnaire asked the practitioners to describe the services provided and to estimate how much time was spent on FLE-HS and SE. The sex(uality) educators did not provide information in the section requesting information about how much time was spent on FLE-HS; however, the family life educators provided the same information entered in for the FLE-HS time spent into the SE time spent. This indicates that the family life educators viewed FLE-HS and SE to be the same thing. If it is not appropriate to view the two fields differently, then scholars and educators may want to think about how to tweak one or both in order to become more similar.

Some questions to think about include: What are the advantages and disadvantages of viewing the two fields as separate or the same? What would be walled in and what would be walled out by a separate professional designation?

It is important for all family professionals to be aware of the walls around their own profession and be cautious not to cross boundaries into fields... The walls around those careers should be respected to ensure that professionals are not moving beyond their areas of training and expertise (Myers-Walls, 2014, p. 586).

Creating walls and boundaries has its benefits and disadvantages.

There are some benefits of a separate designation and certification; it can serve as a recognition and affirmation of the particular skills and training that are necessary for a profession. It can create

comradery among that particular group of practitioners. It may increase clarity in marketing and outreach with potential clientele and may increase a coach's credibility if FC were to be 'walled in' together. But this presumes that the profession is distinct from other professions (Myers-Walls, 2014, p. 586).

Another benefit is that "these walls are an increased reliability of specific services by requiring all professionals in a particular role meet minimum standards and provide comparable services" (Myers-Walls, 2014, p. 586). It becomes a disadvantage

when the walls create barriers that make it more difficult for additional professionals to join the 'in-crowd' inside them. That can be good and appropriate at times, but it can stifle a growing profession and create a sense of elitism. (Myers-Walls, 2014, p. 586)

Instead of designating the two fields as separate, should we try to integrate them more? If the professionals within FLE-HS and SE see the two fields as being the same, perhaps the contextual and holistic approaches should be addressed. Thinking of school education, the fields may want to combine the two approaches into one. The school population may benefit from both approaches. However, the school population may benefit from one approach more than the other. Research on the best approach to deliver desired outcomes should be addressed in the future. FLE and SE desire different outcomes as addressed in this study. Since the fields use different approaches to education, it is important to understand that they will result in different outcomes. Evaluations should be done to see what the outcomes are and then any discrepancies should be addressed. If the professionals feel that they are different, then using how each field approaches the education would be a good way of presenting the difference between FLE-HS and SE. What advantages and disadvantages would this have?

## **Future Educators**

One of the reasons I did this study was my own confusion between the two fields because all I knew at the time of applying to graduate school was that I wanted to do something with human sexuality. As I continued my graduate career, I learned more about each field, but was still confused. After doing this study, some questions have been answered that have helped me understand the two fields a bit better. When I was applying to graduate school, I had to make the decision to do Public Health or Family Studies. I now understand why I gravitated toward Family Studies; understanding context is important to me, and that is the approach that family life educators take when educating. Referring back to the introduction section and Rachel's story, she will now be able to think about what approach she finds important in a potential career. I hope that the results of this study will also help other individuals such as Rachel, identify which career path or employment opportunity s/he fits with best.

## **Conclusion**

In conclusion, this study is important for both fields to learn about the domains and boundaries of one another. This study produced results that will help each field develop a more accurate definition. Using a constructionism and phenomenology perspective, this study examined the lived experience and shared meanings of sexuality education. The most important finding of this study is that FLE-HS takes a contextual approach while SE takes a holistic approach. This finding will help scholars and practitioners better define and identify each field, which in turn will help recipients better understand which education is the best fit. In addition, students and professionals, like Rachel – the young woman described in the introduction, will now be able to decide which field to pursue based on the approach of the education. They can

become family life educators with a focus on human sexuality education that takes a contextual approach, or they can become sexuality educators who take a holistic approach.

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## APPENDIX A - CONTENT ANALYSIS PLAN

Field	Type of Publication	Title of Publication	Article Title	Author	Year	Journalistic Question
SE	Internet	AASECT	AASECT Certified Sexuality Educators	AASECT	2014	What, When, How
SE	Internet	Advocates for Youth	Sex Education Programs: Definitions & Point-by-Point Comparison	Advocates for Youth	2001	What
SE	Internet	Advocates for Youth	Characteristics of Effective Sexuality and HIV Education Programs	Advocates for Youth	2008	Why, What, When, For Whom, How
SE	Internet	Advocates for Youth	Myths & Facts about comprehensive sex education: research contradicts misinformation and distortions	Advocates for Youth	2011	What
FLE-HS	Journal	Family Relations	Family Life Education: Toward the 21st Century	Arcus	1992	What, For Whom, How
FLE-HS	Journal	Family Relations	Advances in Family Life Education: Past, Present, and Future	Arcus	1995	Why, What, When, For Whom, How
FLE-HS	Book	Handbook of Family Life Education: Foundations of Family Life Education	The Nature of Family Life Education.	Arcus, Schvaneveldt, & Moss	1993	Why, What, When, For Whom, How
SE	Journal	Journal of School Health	New Evidence: Data Documenting Parental Support for Earlier Sexuality Education	Barr, Moore, Johnson, Forrest, & Jordan	2014	Why, What, When, For Whom, How

SE	Journal	Archives of Pediatrics & Adolescent Medicine	Public opinion on sex education in US schools	Bleakley, Hennessy, & Fishbein	2006	What
SE	Journal	Sex Research and Social Policy	Predicting Preferences for Types of Sex Education in US Schools	Bleakley, Hennessy, & Fishbein	2010	What
FLE-HS	Journal	Family Relations	Promoting Healthy Adolescent Sexuality	Chilman	1990	What, When, For Whom, How
SE	Journal	Educational Theory	Introduction: the Ethics of Sex Education	Corngold	2013	Why, What
FLE-HS	Journal	The Family Coordinator	Family Life Education	Darling, Carol A.	1987	Why, What, When, For Whom, How
FLE-HS	Book	Family life education: Integrating theory and practice	Human Sexuality	Darling & Howard	2009	What
FLE-HS	Book	Family Life Education: Working with Families Across the Lifespan	Approaches to sexuality education	Darling, Cassidy, Powell	2014	What, When, For Whom, How
SE	Journal	Journal of School Health	Barriers to Providing the Sexuality Education that Teachers Believe Students Need	Eisenberg, Madsen, Oliphant, & Sieving,	2013	Why, What, When, For Whom, How
FLE-HS	Book	Handbook of contemporary families: Considering the past, contemplating the future	Contemporary Family Life Education: Thirty Years of Challenge and Progress	Gentry, Deborah B.	2004	Why, What, For Whom, How
SE	Book	Sexuality education: past, present, and future	A Crisis of Identity in Sexuality Education In America: How Did We Get Here and Where Are We Going?	Goldfarb	2009	What

FLE-HS	Journal	Family Relations	Teaching Traditional vs. Emerging Concepts in Family Life Education	Harriman	1986	Why, What, When, How
FLE-HS	Journal	American Journal of Sexuality Education	A Teacher's Point of View on Family Life (Sex) Education	Judy R. Gawlinski	2007	What, When, For Whom, How
SE	Journal	American Journal of Health Education	Emerging answers: Research findings on programs to reduce teen pregnancy and sexually transmitted diseases	Kirby	2001	What, How
SE	Journal	Journal of Adolescent Health	Sex and HIV education programs: Their impact on sexual behaviors of young people throughout the world	Kirby, Laris, & Rollerli	2006	What
SE	Journal	Educational Theory	Just the Facts? The Separation of Sex Education From Moral Education	Lamb	2013	Why, What, For Whom, How
SE	Journal	Obstetrician Gynecology	What schools teach our patients about sex: content, quality and influences on sex education	Lindau, Tetteh, Kasza, & Gilliam	2008	What
SE	Journal	Perspectives on Sexual and Reproductive Health	Changes in formal sex education: 1995-2002	Lindberg, Santelli, & Singh	2006	When
SE	Journal	Journal of School Health	Sexual behaviors of middle school students: 2009 Youth risk behavior survey results from 16 locations	Moore, Barr & Johnson	2013	How
FLE-HS	Journal	Family Relations	Reconceptualizing the domain and boundaries of family life education	Myers-Walls, Ballard, Darling, & Myers-Bowman	2011	Why

FLE-HS	Internet	NCFR	Family life education content areas: Human sexuality	NCFR	2014	What
SE	Journal	Journal of Adolescent Health	Abstinence and abstinence-only education: A review of US policies and programs	Santelli, Ott, Lyon, Rogers, Summers, & Schliefer	2006	What, How
SE	Internet	SIECUS	Sexuality Education Q & A	SIECUS	2009	Why, What, When, for Whom, How
SE	Internet	SIECUS	What the Research Says: Comprehensive Sex Education	SIECUS	2009	What, When, For Whom
SE	Internet	SIECUS	What the research says: Abstinence-only-until-marriage-programs	SIECUS	2009	What
SE	Journal	PLoS ONE	Abstinence-Only Education and Teen Pregnancy Rates: Why we need comprehensive sex education in the U.S.	Stranger-Hall & Hall	2011	Why, What, When, How
SE	Journal	Journal of School Health	National sexuality education standards: Core content and skills, K-12 (special report)	The Future of Sex Education	2012	How
FLE-HS	Journal	Family relations	Family Life Education: Analysis of the Concept	Thomas & Arcus	1992	Why, What

## APPENDIX B - DEMOGRAPHIC QUESTIONNAIRE

Name \_\_\_\_\_

Age \_\_\_\_\_

Location \_\_\_\_\_

Job Title \_\_\_\_\_

How many years have you been certified as a:

Certified Family Life Educator \_\_\_\_\_

Certified Sex Educator \_\_\_\_\_

What organization did you receive your certification, if any? \_\_\_\_\_

What organizations are you a member of, if any?

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Describe the services you provide related to Sex Education, if any?

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In the last six months, how much time do you estimate you have spent on services related to Sex Education, if any? \_\_\_\_\_

Describe the services you provide related to Family Life Education's Human Sexuality content area, if any?

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In the last six months, how much time do you estimate you have spent on services related to Family Life Education's Human Sexuality content area, if any? \_\_\_\_\_

## APPENDIX C - CONSENT FORM

**PROJECT TITLE:** Conceptualizing Sex Education and Family Life Education's Content Area of Human Sexuality

**APPROVAL DATE OF PROJECT:** 02/20/15

**PRINCIPAL INVESTIGATOR:** Dr. Karen Myers-Bowman

**CO-INVESTIGATOR(S):** Sarah Kuborn

**CONTACT NAME AND PHONE FOR ANY PROBLEMS/QUESTIONS:**

Dr. Karen Myers-Bowman, Associate Professor in Family Studies and Human Services, 308 Justin Hall, Kansas State University, Manhattan, KS, 66506, (785)-532-1491.

**IRB CHAIR CONTACT/PHONE INFORMATION:**

Rick Scheidt, Chair, Committee on Research Involving Human Subjects, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, (785) 532-3224.

Jerry Jaax, Associate Vice President for Research Compliance and University Veterinarian, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, (785) 532-3224.

**PURPOSE OF THE RESEARCH:** This research project is being done as a requirement to graduate with a MS in Family Studies from Kansas State University.

**PROCEDURES OR METHODS TO BE USED:** The study will be conducted by doing Skype or Zoom (video and audio recorded) interviews with professionals in the field of sex education or family life education. The interview should take no longer than 1.5 hours. The participant will be contacted after the research is done to get feedback on the results of the study.

**LENGTH OF STUDY:** 30-90 minutes

**RISKS OR DISCOMFORTS ANTICIPATED:** Participants will not be exposed to any known risks. Participants will be free to refuse to respond to any questions. The participant will be offered the results of the study.

**BENEFITS ANTICIPATED:** The findings of this study will provide information to further the fields of Sex Education and Family Life Education. The findings can be used to describe Sex Education and/or Family Life Education better to prospective professionals, prospective clients, and society at large.

**EXTENT OF CONFIDENTIALITY:** All interviews and transcripts will be held in strict confidentiality including being held on password protected devices.

**TERMS OF PARTICIPATION:** I understand this project is research, and that my participation is completely voluntary. I also understand that if I decide to participate in this study, I may withdraw my consent at any time, and stop participating at any time without explanation, penalty, or loss of benefits, or academic standing to which I may otherwise be entitled.

I verify that my signature below indicates that I have read and understand this consent form, and willingly agree to participate in this study under the terms described, and that my signature acknowledges that I have received a signed and dated copy of this consent form.

**Participant Name:** \_\_\_\_\_

**Participant  
Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Witness to  
Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## APPENDIX D - INTERVIEW QUESTIONS

If I followed you on a day you were doing (FLE-HS or SEX ED),

What population would I see you working with?

Probe: Think about backgrounds. Race, ethnicity, gender, sex, age, rural/urban, etc.

What kind of setting will I be in when your service is provided?

Probe: Elaborate on the location and what it may look like

What particular content would I see you using?

Probe: Are there specific emphases? Are there core competencies? What is the focus?

Probe: Describe the curriculum you would be using, if any?

What will be the mode of the services I receive from you?

Probe: Will I be experiences services with a group, individually, with family members, with strangers, in person, online, etc.

Imagine I wanted to receive your services,

What would make me eligible to receive services from you?

What would disqualify me to receive services from you?

At what point in my life would I receive your services?

Probe: Under what circumstances must I be to receive your services?

How would my needs be determined?

Probe: Will I identify my needs? Will you asses my needs? Will both happen?

What about me would influence my decision to look into receiving your services?

What are some characteristics of people you have served in the past year?

When do you deliver services in respect to the occurrence of the problems or concerns?

- Providing services before problems arise or early in the process to protect people before the problem arises.
- Providing services when an issue has surfaced in hopes of halting or slowing the progress of the problem in its earliest stages.
- Providing services to manage or repair damage of an issue or problem to stop further harm.

Tell me about where your services fit.

Probe: Time orientation –primary, secondary, or tertiary prevention?

How will you address needs to reach the goals of your profession?

Probe: Will you focus on the past, the present, the future, or multiple time orientations?

What are the reasons for delivering your services?

What are your goals?

Probe: What do you hope to accomplish?

Probe: What are the wanted outcomes?

In your opinion, how has FLE-HS or Sex Ed impacted the people you provide services to?

## APPENDIX E - PARTICIPANT DEMOGRAPHICS

Participant	1	2	3	4	5
Name	Valerie	Hannah	Mallory	Donna	Mandy
Location	CA	MI	NJ	KS	OR
Job Title	Sexologist & Relationship Coach	Sexuality Educator	Sexuality Education Consultant	Extension Specialist	Teacher
Setting of Work	Private Practice	Public Health Department	Non-profit	University	High School
Education	BS	BA	PhD	PhD	Masters
Certification	Sexuality Educator	Sexuality Educator	Sexuality Educator	Family Life Educator	Family Life Educator
Years Certified	11	1	6	7	10
Organization of Certification	San Francisco Sex Information & The American College of Sexologists	American Association of Sexuality Educators, Counselors, and Therapists	American Association of Sexuality Educators, Counselors, and Therapists	National Council on Family Relations	National Council on Family Relations
Sex Education in last 6 months	1000 hrs	20-30 hrs per week	50 hrs per week	6 class sessions	3 high school courses
Family Life Education in last 6 months	0	0	0	6 class sessions	3 high school courses