

**TEACHING SEXUALITY AND SEXUAL HEALTH EDUCATION AT A RURAL
GOVERNMENT PRIMARY SCHOOL IN THE NORTH EASTERN EDUCATION
DISTRICT: TEACHERS' CONCERNS**

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TEACHING SEXUALITY AND SEXUAL HEALTH EDUCATION AT A RURAL
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ABSTRACT

Teaching Sexuality and Sexual Health Education at a Rural Government Primary School in the North Eastern Education District: Teachers' Concerns

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This study sought to explore the concerns of six primary school teachers as it relates to the teaching of the sexuality and sexual health theme of the Health and Family Life Education syllabus in the North Eastern Education District. The conceptual framework that guided this study was the Concerns Based Adoption Model with emphasis on its diagnostic dimension, the Stages of Concern (SoC). The six teachers were purposively selected to represent each level of the school and data was collected and analyzed through the use of in depth semi structured face to face interviews.

The findings from the data revealed that the teachers expressed various concerns regarding the teaching of sexuality and sexual health and that these concerns occurred in different stages. The concerns that the teachers had were 1) Concern for information; 2) concern about parental reaction and support; 3) concern for their own discomfort and encouragement in discussing sexuality and sexual health; 4) concern about lack of resources and lack of proficiency and training.

If teachers are to reach a level where they can effectively execute sexual education, then measures need to be implemented to reduce these concerns expressed by teachers.

Key Words: Concerns; Concerns Based Adoption Model; Sexuality; Sexuality Health; Sexuality Education.

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Chapter One

Introduction

Few topics have evoked so much anxiety and pleasure, pain and hope, discussion and silence as sexuality than any other pertinent national issue (Weeks, 2002). A study conducted by Irving, 2004, revealed that school-based sexuality education has received more attention in public discourse than any other health education topic. Globally, much of the debate and research focused on the effectiveness of different approaches to dealing with educating students on this issue. One such debate involves the use of a comprehensive sexuality education programme versus an abstinence-only approach (Manlove, Romano-Papillo, & Ikramullah, 2004; Kirby, 2007, Trenholm et al., 2008, Jemmott, Jemmott, & Fong, 2010).

Another area of research focused on actual pedagogical content knowledge in the classroom (Darroch, Landry, & Singh, 2000; Lindberg, Santelli, & Singh, 2006). Additional studies on sex education in schools reveal that it actually encourages children to delay their sexual activity and to engage in safer sexual health practices once they become active (Evans, Rees, Okagbue and Tripp, 1998). While this body of research is undoubtedly of high importance, it does not fully capture the actual concerns of teachers as it relates to sexuality education and the challenges they face being in the role of imparting such contentious knowledge to students.

Gaining insight from teachers about how they manage to deliver pedagogical content knowledge that can be both open to discussion and debate yet be personal, the criticisms and challenges they face as well as the support they experience is a pivotal step for stakeholders to take if they are to heighten teachers scope and capacity to teach sexuality and sexual health education effectively and efficiently to primary school children. Previous research has identified

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lack of time and resources, protests by parents concerning exposure to sex education and lack of support by administration as hindrances to the successful implementation of sexuality education programmes (Haignere, Culhane, Balsley, & Legos, 1996). Additionally, a study conducted on Canadian health teachers in 2009 also identified factors such as lack of support from parents, school and community members as obstacles to teachers' work in the classroom and specifically referred to sexuality education as one of the areas in which they felt totally uncomfortable teaching and thus needed additional support (Vamos & Zhou, 2009).

Nowadays, children are exposed a lot more to sexual content and information since their environment is constantly being bombarded by it. In today's society, children receive messages about sexuality from many different sources including their parents and other family members, their peers, the media and teachers. Literature widely acknowledges that teachers do play a critical role in this process since they are perceived to be credible and trustworthy sources of information about sexual health. They are therefore held high on young people's list of sources (Rosenthal & Smith, 1995; Harrison and Dempsey, 1998).

The importance of understanding the need for sex education in the primary schools is especially relevant now as our children are quite vulnerable to various forms of sexual abuse. Teachers play a vital role in ensuring that students develop skills to assist them in making informed choices and to help them to protect themselves from sexual abuse, unintended pregnancies and sexually transmitted diseases such as HIV and AIDS. The HIV and AIDS pandemic remains a critical issue for the people of Trinidad and Tobago. Data coming out from the Global Aids Report Trinidad and Tobago 2012 revealed that during the period 1983-2010 there were 2000 reported HIV cases amongst children between the ages of 0-14 years (Global AIDS Progress Report: Trinidad and Tobago Country Report (2012)).

Unintended teenage pregnancies have recently become a major cause for concern in Trinidad and Tobago. A report in the Trinidad Express newspaper in January, 2011, highlighted a lament by the Minister of Education that there were seven reported cases of schoolgirls having to leave school due to pregnancies over the last four years. Another report covered by the Newsday in February of 2011, highlighted the position of the Family Planning Association of Trinidad and Tobago (FPATT) that the implementation of a comprehensive sexuality education program in primary and secondary schools will contribute to the protection of our children from this plight.

Even more recently, there was another report in the Trinidad Newsday, 2014, which disclosed that eight students from a secondary school in South Trinidad were confirmed pregnant, one of whom is a Form One pupil. The President of the National Parent Teacher's Association (NPTA), Mrs. Zena Ramatali made the startling disclosure and renewed the call for sex education in the nation's primary and secondary schools. She also stated that some religious bodies and parents are totally against anyone telling their children about sex in school as they feel it is the duty of the home to provide this information to children in a form that acknowledges their beliefs and values.

Other literature shows that there are studies of parental attitudes towards the school's role in sexuality education that indicate support for school based sexuality education (Milton, 2002; Bernie et al., 2000). However, while some parents choose to provide education for their children about sexuality without any help from the school, one Australian study (Berne et al., 2000) found that the majority of parents were most appreciative of the primary school's involvement in sexuality education.

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As teachers are a vital resource for providing sexuality and sexual health education, the paucity of information on their concerns leaves an important gap in our understanding of the features and factors which are most favourable to the effective delivery of sexuality and sexual health education to primary school students. With the exception of research done on evaluations of specific sexual health curricula, I found limited research regarding teachers' subjective experiences and concerns as they relate to the teaching of sexuality and sexual health topics within the primary school system and even less so in the North Eastern Education District of Trinidad and Tobago.

In light of the startling revelation made by the Minister concerning the alarming rate of teenage pregnancies, some of which have been occurring even in primary schools, I was motivated to explore the concerns of teachers as it relates to the teaching of sexuality and sexual health education as part of the Health and Family Life Education (HFLE) curriculum.

Background to the problem

Due to its controversial nature, the issue of sex education being taught in primary schools in Trinidad and Tobago is once again a major part of public discussion in the wake of the Minister of Education recent revelation that over the last four years, seven children of primary school age have had to leave school because of early and unintended pregnancy (2011). In light of this disclosure, it seems then that teenage pregnancy and even pre-teenage pregnancy is an immediate concern. The sensitive nature of sex education has resulted in different states to be at variance in what is considered appropriate to be taught in public schools. This has led to diverse ways in which students are instructed in sexual matters. These methods can include general sex education, sexually transmitted diseases, HIV and AIDS prevention, contraception, abortion, abstinence and sexuality.

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Research within the last decade has accentuated the serious social, physical and psychological threats that impact on the health and well being of children and youth (UNICEF, 2006). This resulted in a collaborative effort by education and health sectors to highlight the need of the role of the school and the teachers to the holistic development of the child with a focus on fostering positive behaviour and on developing good character and morals and values. It is against this context that the CARICOM Standing Committee of Ministers of Education passed a resolution in 1994 confirming support for a comprehensive approach to HFLE.

In 1996, this commitment was further reaffirmed with the goal of ensuring that HFLE was included as part of the general school core curriculum for all levels. In Trinidad and Tobago, a national committee was set up and a draft policy was formulated. In January of 2000, a national consultation was held in Trinidad and a summary report was submitted to the Ministry of Education for further action. This formed the beginning of the Trinidad and Tobago Health and Family Life policy document (J. Rampersad, 2003). Dr. Joycelyn Rampersad has also publicly commented on the value of exposing our children to sexuality and sexual health education as a means of providing and equipping them with life skills such as decision making and refusal skills which will enable them to deal with many of the health challenges plaguing our country (Rampersad, 2003).

Tracing the development of the HFLE document revealed that in February of 2001, the Trinidad and Tobago National Policy on HFLE was created. In 2002, the vision was to have HFLE institutionalized as a core component of the curriculum for all levels ranging from pre-primary through tertiary levels of education. In 2006, the HFLE Programme was developed to be made official as part of the national curriculum framework. Using a life-skill based approach and centered on four main themes, one of which is Sex and Sexuality, it provides numerous

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opportunities for teachers to engage pupils in developing a comprehensive knowledge base and life skills to equip them to deal effectively with many social and health issues that plague them daily.

The curriculum further caters to a thematic integration of various areas under the strand of Sexuality and Sexual Health. It is based on a holistic model of sexual health known as the flower model which was originally devised by Carol Painter and Jo Adams and used in the training manual on sexuality 2004 and cited in Cooper, 2006. The model looks at all areas that affect one's sexual health. These include sexual practices, self image, social relationships, sensuality, dealing with emotions and spirituality. It also promotes the development of healthy sexuality which would lead to positive sexual health.

One cannot diminish the importance of sexuality as an integral part of personality. As such it cannot be separated from other aspects of self. The expression of sexuality encompasses physical, emotional and psychological components including issues relating to gender. Furthermore, it involves our relationships with ourselves, those around us and the society in which we live, whether or not we are identified as lesbian, gay, bisexual, heterosexual, transsexual or celibate.

The country of Trinidad and Tobago is a diverse society in ethnicity, culture and religion. In order to cater therefore to the holistic development of students, it is integral then for them to have life skills in order to adapt to this multicultural society. This is appropriately espoused by one of the philosophical statements of the Education Policy Paper of Trinidad and Tobago:

“That the educational system of Trinidad and Tobago must endeavour to develop a spiritually, morally, physically, intellectually and emotionally sound individual. That ethical and moral concern is central to human development and survival. Fundamental

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constructs such as “decency,” “justice,” “respect,” “kindness,” “equality,” “love,” “honesty” and “sensitivity” are major determinants of the survival of our multi-cultural society” (Education Policy Paper, 1993-2003).

A number of issues have arisen within recent time among the school aged population of Trinidad and Tobago. Among these is the alarming data about HIV/AIDS and other prevalent sexually transmitted diseases being on the rise as well as a rise in pregnancies occurring in primary schools of Trinidad and Tobago. The Trinidad Express newspaper (January, 2011) has reported the Minister of Education lamenting on seven reported cases of primary school girls having to abandon their schooling as a result of being pregnant. This was during the period of 2007 and 2010. HFLE's thematic approach to various issues under the strand of Sexuality and Sexual Health are organized in such a way to assist students in developing important life skills such as refusal skills that will help them to deal with sexual exploitation and unwanted pregnancies. The Ministry of Education has affirmed its commitment to its life skills based Health and Family Life Programme in primary and secondary schools of Trinidad and Tobago.

Caribbean countries have also identified a large number of threats to the health of their young people, many of which can be prevented. These include HIV and AIDS infection, sexually transmitted diseases, sexual exploitation and unintended pregnancies. Caribbean countries continue to strive to develop mechanisms to address these challenges. One such mechanism is the promotion of sexuality and sexual health education as this is one way of making a significant contribution to encouraging a healthy lifestyle from the early years, then transitioning into adolescence and eventually adulthood.

The need for a highly infused life skills based curriculum that caters to the holistic development of the child so that they can be given every opportunity to guard against life

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threatening health issues is also highlighted in The Republic of Trinidad and Tobago Green Paper, the WHO (2003), the International Conference on Population and Development (1994) global review report and the UNICEF (2008).

Globally, studies also highlight the incentive for a life-skills based health education programme to be infused into the general core curriculum. In Mexico, the focus was on the prevention of adolescent pregnancy. In Zimbabwe and Thailand, it was on the prevention of HIV/AIDS among children and youth. Furthermore, in USA, the interest was on the prevention of alcohol, tobacco and other types of drug abuse. In 2008, the United Nations International Children's Emergency Fund (UNICEF) hinged that life skills development is a part of an overall human rights based approach to learning whereby children are inherently entitled to quality education that respects their dignity and helps them to achieve their maximum capabilities to become valuable contributing members of the society. The literature further goes on to reveal that in South Africa and Columbia the focus was on a comprehensive approach that dealt with a range of health and social issues and on integrating life skills for Integral Education.

Research also highlighted that teachers do have concerns about various factors that affect their willingness to teach sexual health education which makes them less willing to treat with sexual health education. Various concerns were also revealed in the literature. These include personal discomfort, conflict with personal beliefs, availability of resources and lack of training and pedagogical knowledge (Cohen, Byers & Sears; 2012, Sambucharan; 2013).

In Trinidad and Tobago, the Ministry of Education held a half day sensitizing workshop on Sex and Sexuality on the 11th June 2014, for the purpose of informing teachers of the need for the sexual health curriculum to be engaged in at all government primary schools. I was fortunate

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to have attended this workshop having just submitted my topic of research. A number of issues have arisen at my school involving sexual matters that warranted some sort of intervention.

East Side Government Primary School (ESGPS) is a relatively small school with a mixed population of 245 students all from the surrounding area. The school is situated in a rural community in the North East Education District and was established in 1961. The staff consists of seventeen teachers, three ancillary staff and the principal. All teachers are qualified with three recently graduating with their Bachelor's Degree. Only two teachers are qualified with a Master's degree.

The school continues to focus on the all round development of the child. All subject areas are targeted. Various strategies are used in an attempt to meet the learning styles of pupils. Such strategies include: individual teaching, group activities, peer teaching, constructivism, cooperative learning, educational trips, visual and performing arts. There is the presence of library activities, Physical Education and Agriculture.

At East Side Government Primary School, experimenting with sexuality has become an issue. Pupils from First Year to Standard Five have been known to be engaging in sexual experimentation during school time. These instances are often discussed amongst themselves in lurid detail. Though the school has taken the time to address these issues at assemblies and within discussions with parents, the practice still continues resulting in at least five unintended pregnancies over the last two years. This is indeed quite startling.

The theme of Sexuality and Sexual Health within the HFLE curriculum is based on a holistic model of sexual health that is ideal for treating with some of the issues currently being experienced by students of the ESGPS. It lends itself to the development of life skills needed for

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healthy sexual development. Since sexuality and sexual health spans one's entire life span, it is integral for the contents of the strand to be taught to every child at ESGPS. However, in light of the aforementioned issues currently occurring at this school, it appears that this is not the case as teachers themselves have stated their reluctance to treat with the topics within the sexuality and sexual health strand of the HFLE curriculum. Limited focus is given to the other three strands which are timetabled twice per week. It is evident then that that the children at East Side Government Primary School are not being fully exposed to sexuality and sexual health education in light of the issues being experienced at the school and thus gives rise to concern and a call for immediate intervention.

Statement of the Problem

Research suggests that sexual education assists young people in gaining a positive view of sexuality and provides them with information and skills to facilitate positive sexual health and make sound decisions now and in the future (Bezuidenhout, 2004). However, at East Side Government Primary School, teachers have stated that they have concerns regarding sexuality and sexual health education and as such are reluctant to teach the theme of Sexuality and Sexual Health in the Health and Family Life Education Curriculum although it is the mandate as put forward by the Ministry of Education. In order to understand the nature of these concerns, a study of this reality is needed.

Purpose of the Study

The purpose of this qualitative case study is to explore the concerns of six teachers at a rural government primary school in the North Eastern Educational District in Trinidad and Tobago regarding the teaching of Sexuality and Sexual Health Education. This will allow the

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researcher to get a clear insight into the concerns that the teachers have about implementing the Sexuality and Sexual Health theme of the HFLE curriculum.

Research Questions

According to Maxwell, 2012, research questions help to focus the study, offer some guidance on how to conduct the study as well as communicate to others the goal of the research. The research questions are therefore aimed at finding out from six teachers at East Side Government Primary School their concerns on the teaching of Sexuality and Sexual Health matters to their charges. The research is therefore guided by the following questions:

Overarching Question – What are the concerns of teachers at East Side Government Primary School as they relate to the teaching of the sexuality and sexual health theme of the HFLE primary school syllabus?

Sub-questions:

- 1: What are teachers' stages of concern regarding sexuality and sexual health education according to the Concerns Based Adoption Model?
- 2: How do teachers describe the challenges they encounter in teaching the HFLE theme Sexuality and Sexual Health at their school?
- 3: What support do teachers need to facilitate the effective execution of the teaching of Sexuality and Sexual Health?

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Significance of the Study

This study is important since it will provide data to determine the reasons why teachers have various concerns as they relate to the teaching of sex and sexuality education at East Side Government Primary School. It will also provide an avenue for teachers to voice their opinions on this contentious issue since they are a critical resource for providing sexuality education to the students. It will enable the researcher to add to the limited body of information on the concerns of teachers as it relates to the teaching of sex and sexual health matters at a rural government primary school. This is an important gap that exists in terms of understanding teachers' subjective experiences and responsibilities associated with the teaching of sex and sexuality education.

The study will also enable the school's administration to better understand the reservations and challenges faced by teachers as it relates to the implementation of sexuality education as mandated by the Ministry of Education and thus guide decisions concerning teacher training to treat with this aspect of the HFLE curriculum. Last, but by no means least, is the importance of the findings. Although it is limited in that it does not allow for generalizability, it is hoped that the results of this study will provide valuable information to the Ministry of Education which can address teachers' concerns, guide possible strategies, provide opportunities for training and additional support to teachers so as to alleviate mixed feelings and reservations as it relates to the teaching of sex and sexuality education at government primary schools in Trinidad and Tobago.

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Definition of Key Terms

Concerns. These are the composite representation of the feelings, preoccupations, thoughts and considerations given to a particular issue or task (Hall, George and Rutherford, 1979, p.5)

Sexuality. Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors (WHO, 2000).

Sexual health. Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled (WHO, 2000).

Sexuality education. Sexuality education is a lifelong process of acquiring information and forming attitudes, beliefs, and values. It encompasses sexual development, sexual and reproductive health, interpersonal relationships, affection, intimacy, body image, and gender roles. It involves a comprehensive course of action by the school, calculated to bring about the socially desirable attitudes, practices and personal conduct on the part of children and adults that will best protect the individual as a human and the family as a social institution (Kearney, 2008).

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Organization of the Paper

Chapter 1 provides a detailed introduction to the topic of research, background information to the stated problem that warranted a need for the study followed by the research questions that guide the study. The significance of the study is also detailed. Chapter 1 culminates with definitions of key terms mentioned in the paper. Chapter 2 focuses on a comprehensive review of the literature that surrounds sexuality and sexual health matters as it relates to the importance of this topic, the definition of the terminologies, different sources by which children gather sexual information, the role of the school in sexuality and sexual health education and teachers' concerns as they relate to the delivery of this area of the curriculum. It also presents the theoretical framework that guided the study. Chapter 3 presents the research method and the procedures followed during the course of the study. In addition, methods used to ensure credibility, trustworthy strategies, ethical considerations as well as limitations and delimitations are also included in this chapter. Chapter 4 outlines the analysis of data in relation to the research question and a discussion of the findings of the study. Finally, Chapter 5 concludes the study and presents recommendations to be considered based on the findings of the study.

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Chapter Two

Review of the Literature

In this chapter I will appraise the literature related to teaching Sexuality and Sexual Health Education. The literature is rich with excellent studies on various methods and programs for the implementation of sexual health education, problems related to sexuality, the importance of sex education as well as the delivery of the curriculum in different states. However, a search of the literature has failed to reveal an adequate number of studies conducted on teachers' concerns as they relate to the teaching of Sexuality and Sexual Health. The literature bank becomes even more depleted within the local context of Trinidad and Tobago and severely lacking in the North Eastern Education District. I believe that all literature cited is relevant as it serves to broaden one's understanding of the topic within its bounded context.

I will first explore the concept of sexuality and sexual health education by looking at the definitions of the terminologies. Secondly, I will review literature on the teaching of sexuality and sexual health education. Thirdly, the theoretical and conceptual frameworks that underpin this research, namely, the Sexual Health Model, the Health Belief Model and the Concerns Based Adoption Model will be looked at. Next, I will look at challenges in the teaching of sexuality and sexual health and finally, findings gathered from studies done on sexuality and sexual health education will be discussed.

Defining Sexuality and Sexual Health Education

Sexual Health cannot be defined or understood without first considering the concept of sexuality which underlies all important behaviours and outcomes related to sexual health.

According to WHO (2006), sexuality is

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“...a central aspect of being human throughout life and encompasses sex, gender, identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors.” (WHO, 2006)

Over the last three decades, the understanding of the term sexual health has evolved in interesting ways. Similar to the term sexuality, it is influenced by political, social and other historical events such as the 1960s sexual revolution and its after effects, the ongoing debate and struggle over reproductive rights and abortion, the maturation of the gay rights movement and the devastating impact of HIV/AIDS. These public health challenges called for a number consultations and publications which resulted in evolving definitions of sexual health.

In 1995, the Sexuality Information and Education Council of the United States (SIECUS) defined sexual health as encompassing sexual development and reproductive health as well as such characteristics as the ability to develop and maintain meaningful and interpersonal relationships; appreciate one's own body; interact with both genders in respectful ways; and express affection, love and intimacy in ways consistent with one's own values (Cited in Rodriguez, 1995).

In 2001, the Pan American Health Organization, World Association of Sexology defined sexual health as the experience of the ongoing process of physical, psychological and social-cultural well being related to sexuality. Sexual health is evidenced in the free and responsible

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expressions of sexual capabilities that foster harmonious personal and social wellness, enriching individual and social life. It is not merely the absence of dysfunction, disease and/or infirmity. For sexual health to be attained and maintained it is necessary that the rights of all people be recognized and upheld.

In 2002, the World Health Organization reported that sexual health is a state of physical, emotional, mental and social well-being related to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. While minor variances exist in the definitions presented, they all echo some similarities.

Having examined the terms sexuality and sexual health, I have come to the realization that one cannot exist in isolation of the other and therefore I can safely say that there is a symbiotic relationship between the terminologies in that sexuality encompasses sexual health as one of its aspects. It is not just about sex but involves many aspects of being human. It begins before birth and is a lifelong process. Understanding sexuality fosters and encourages the development of positive sexual health practices.

The Teaching of Sexuality and Sexual Health

Sex education programmes have been tried and evaluated in many different parts of the world. In 2001, Kirby conducted an evaluation of sex programmes that were conducted as far back as the 1980s in the US and Canada. His report *Emerging Answers*, 2007, targeted middle and high school ages adolescents, had an experimental or quasi- experimental design, and measured the impact of sexual or contraceptive behaviour, pregnancy or childbearing. Manlove,

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2004, also concluded in his study that definitive conclusions could not be formulated about abstinence only program effectiveness. Santelli et al., 2006, also reviewed studies on abstinence only programmes and found that these programmes lacked basic scientific criteria for evaluation and that all had flaws in methodology or data interpretation that affected the outcome of the final conclusions.

Abstinence from sexual intercourse is a behavioural intervention that can be used to prevent sexually transmitted diseases such as HIV and other STDs. There is support for abstinence as a necessary part of sexuality education. However, controversy occurs when abstinence is seen as an only choice for adolescents and where health information on other choices is severely restricted or otherwise misrepresented. Abstinence –only programmes therefore threaten fundamental human rights to health, information and life.

In his 2006 review, Santelli discussed in detail the concept of abstinence until marriage. He asserted that this concept does not reflect societal norms since most people in the United States become sexually active by or before age seventeen and do not marry until their mid twenties. Furthermore, he goes on to report that in terms of the harmful psychological effects of sex outside of the sanctity of marriage, there is no evidence that initiating intercourse during adolescence adversely affects mental health. On the contrary, the reverse is actually true in that early sexual activity among teens and teen pregnancy are in fact associated with preceding events such as sexual abuse and poorly supportive social environments.

Santelli (2006) also commented on the issue of sexual orientation and stated that abstinence-only education programmes has traditionally excluded issues of gay, lesbian, bisexual and transgender and emphasize heterosexual marriage as the only acceptable avenue for sexual

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relationships. Research indicates that approximately 10 percent of adolescents deal with issues of sexual identity as they are oftentimes ridiculed stigmatized and ignored (Garofalo et al., 1999). This further places them at a high risk for depression, substance abuse and suicide. Sex education that avoids these sexual issues that they face may further distance these youth.

The literature revealed that by sharp contrast, programs that included abstinence messages along with more comprehensive sexuality and sexual health messages were found to positively impact sexual behaviour in teens. Kirby, 2001, evaluated several comprehensive sex education programs and found that exposure to such significantly delayed the onset of sexual activities. These programs were found to be more effective than those that promoted strict abstinence-only since they provided a dual message of abstinence as well as the use of contraceptives and condoms if sexually active.

Similar results were found in a review done by Manlove in 2004 where he concurred with the findings of Kirby, 2001, that sexual intercourse can be delayed even when the dual messages of abstinence and contraceptive use are addressed. Another similar study done in high income countries worldwide has also addressed the dual message issue. Underhill et al., (2007), conducted evaluations of 39 HIV prevention programmes that also emphasized that abstinence was the most effective means of preventing HIV while simultaneously promoting safer sexual health practices. Underhill concluded that none of the 39 programmes had any adverse effect on the frequency of sex or contraceptive use. The findings also revealed that participants were not in any way confused with the dual message. In fact, 23 of the 39 trial programmes had positive effects on one or more protective sexual behaviour inclusive of abstinence, condom use, and unprotected sex.

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Yet another study conducted in 2008 by Milhausen, DiClemente and Lang et al., provide further support for the dual message issue. The researchers of this study concluded that the hierarchical messages in sex education that teach students that abstinence is the most effective way to prevent the negative outcomes of sexual activity while at the same time promoting the importance of using condoms if one chooses to become sexually active do not promote sexual activity in teens.

Parental involvement cannot be downplayed in treating with the issue of sex and sexuality education. It is well documented that the extent to which parents are involved in their children's lives are critical factors in affecting the involvement of children in sexual activity. A study conducted in the United States among high school children revealed that parents who communicated with their children on sexual matters or contraceptive use at home were more likely than others to delay sexual activity than young people who were not exposed to such discussions from their parents, and were therefore at a reduced risk for pregnancy, HIV and other sexually transmitted diseases (Blake et al, 2001).

The literature also suggests that the influence of peers on individuals can overpower the influence of parents since they spend so much time face to face with friends (Lefkowitz et al. 2004). According to Babalola 2004, not only is the peer group a primary source of information about sex, but it may also create an environment in which the child can succumb to peer pressure to indulge in sex because 'everyone does it' or as 'not to feel left out of the group'.

Schools also play a key role in providing important information on health and human relations. Education systems all over the world serve powerful socialization role in providing instruction to children in attitudes and values such as self discipline, achievement and

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conformity. Teachers are important role models and their own behaviours play a vital part in influencing students' development. In Nigeria, a study conducted in 2000 by Magnani et al, provided evidence that school- based sexual education programs have contributed to the significant, positive knowledge and attitude changes among students. This study concluded that students who receive sexual knowledge from the school possess greater knowledge than those from other sources.

Further, school-based sexuality and reproductive health education is one of the most important ways to assist young people in improving their sexual health since it emphasizes a range of reproductive health issues such as AIDS and STDs, contraceptive use, human reproduction, puberty, menstruation and pregnancy (Magnani et al., 2000). Further research conducted by Oshi et al., (2005) stress the importance of the role of the school in providing sexual health education to young people in saying that many societies do in fact recognize the many threats facing young people especially HIV infection and unwanted pregnancy and see the school as an ideal avenue for addressing such threats.

Parents, peers and school's discussions of sex and sexuality with children are not the only sources of sexual education. The literature is rich with research that has been done on the influence of the media on individuals (Lefkowitz *et al.*, 2004). Teenagers today from all over the world are exposed to a lot of sexually arousing material and sexual information from the radio, television, newspapers, books, magazines. Media research suggests that media exposure among today's youth has reached record breaking levels. Other studies have also highlighted the role of the media in social sexualization. A study conducted by Brown *et al.* (2001) on adolescents in Buenos Aires, Argentina, also revealed the mass media to be a prominent source of information on HIV/AIDS (Brown, 2001).

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While this powerful system of mass communication is able to reach millions all over the world in just a few seconds, it should not be taken as only a positive socialization. The content and quality of information that is disseminated may be presented in a manner that is against the sexual norms of a particular society. This can then influence the teenager to experiment and indulge in illicit sexual activities resulting in unwanted pregnancies as one of the possible outcomes. Thus, together with pressure from peers, the mass media can a powerful trigger in promoting unhealthy sexual practices (Bezuidenhout, 2004).

Theoretical/Conceptual Framework – Concerns Based Adoption Model -The Stages of Concern Dimension

The theoretical framework for this study was derived through an interaction with the literature on this topic. One of the frameworks of this research is grounded in the primary socialization theory. This theory looks at family, peer groups and school as the primary sources of sexual information for youth. In some cultures, however, literature has highlighted that parents are sometimes reluctant to discuss sexual matters with their children because such topics are considered taboo or shameful (Family Health International, IMPACT, 2000). Despite this, I still justify its importance to this study since it emphasizes the need to consider parents, school, peers and media as socializations agents for youth.

Additional models are also anchored in a holistic model of sexual health. These include the Sexual Health Model and the Health Belief Model. The assumption underlying the Sexual Health Model is that sexually healthy persons will be more likely to make sexually healthy choices including decisions concerning sexual risk behaviours.

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The Health Belief Model (Rosenstock *et al* 1994) has been applied to a variety of health education topics including sexuality education. Since it is a behaviour change theory and focuses on motivating people to take action, it can be a good fit for sexuality programs that focus on preventative health behaviours (preventing unintended pregnancies, STIs and HIV) as well as health promoting behaviours (early detection of sexually harmful behaviours to ensure the early treatment of the conditions through exposure to life skills).

The Concerns Based Adoption Model initially developed by Fuller (1969) was consequently used as the conceptual framework for this study. The model posits that teachers have various levels of concerns depending on their experiences, individual differences and type of innovation (Hall et al, 1973). Since the level of concerns of individuals is different, this gives rise to categorization of concerns.

The Stages of Concern dimension of the model was used to enable the researcher to get a clearer understanding of feelings, motivations and preoccupations a teacher might have about implementing an innovation, in this case, Sexuality and Sexual Health. This conceptual framework was used in the study to enable the researcher to explain the findings relating to teachers expressed concerns about the implementation of the sex and sexuality theme of the HFLE curriculum.

Five assumptions underpin the Stages of Concern dimension of the Concerns Based Adoption Model. The first is that change is a process, not an event (Hall & Hord, 1987). According to Hall and Hord, 1987, change takes time and thus can only be achieved in stages. The second assumption is that for change to occur, individuals must be the focus of the change. Thirdly, change is a personal experience. The assumption is that change is brought about by

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personal satisfactions, motivations, frustrations and perceptions of individuals. The fourth assumption is that those involved in change progress through stages relating to the innovation.

Finally, the fifth assumption is that a client-centered diagnostic/prescriptive model can best be used to enhance individual staff development needs. It therefore encourages facilitators of change to identify where clients are in the process of change and therefore direct methods of intervention towards those stages of concern and needs.

The Stages of Concern within CBAM is viewed as a developmental progression. This means that teachers implementing some aspect of change have various concerns that manifest themselves in varying levels of intensity across seven stages. Hall, George and Rutherford (1979) have provided definitions for each stage as follows:

Unrelated, Self, Task and Impact are the four categories by which the seven stages are expanded. At stage 0 (Awareness), there is little or no concern regarding the innovation. Self consists of two distinguishing stages, stage 1, Informational and stage 2, Personal. At the Informational stage, there is a general awareness of the innovation and an expressed interest in knowing more about it. At the Personal stage, there is expressed concern about how the use of the innovation will impact on personal life. There is some uncertainty about the innovation and anxiety about meeting the demands of the innovation.

At stage 3 is Task (Management). There is focus on lack of expertise and training. Management is achieved when the teacher becomes efficient, organized and is able to manage time and available resources efficiently. Impact also has significant stages within. Stage 4 is characterized by Consequence. Here concerns focus on the use of the innovation on clients (students). What impact will the use of the innovation have on them and how can it be modified

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to improve its effectiveness? Stage 5 is collaboration and focuses on relating, comparing and collaborating on the use of the innovation with other teachers so as to improve its benefits. In the final stage, stage 6 (Refocusing), focus is given to making major modifications or finding an alternative or replacement to the innovation.

Hall and Hord (2001) further stated that although the stages are distinct from each other, they are not mutually exclusive and that individuals may express concerns at some or all of the stages but at varying levels of intensity based on the personal experiences of the individuals with the implementation of the innovation. The researchers further contend that there will be a developmental sequence from early self concerns to task concerns. This will occur during the first years of use and gradually developing to impact concerns after a period of three to five years (Hall & Hord, 2001).

After examining the Concerns Based Adoption Model in detail, namely the Stages of Concern dimension of the model, I found that teachers do experience various challenges and concerns when involved in the implementation process of an innovation and as such, addressing their concerns is vital. The Stages of Concerns dimension of the Concerns Based Adoption Model provides the perfect avenue for gaining an insight into the concerns of teachers where the implementation of the sexuality and sexual health curriculum is concerned and to assist in developing measures that would address these concerns and thus find ways to alleviate them.

Issues/Challenges Encountered in the Implementation of Sexuality and Sexual Health Education

Successful implementation of sexuality and sexual health education is not without its issues and challenges. The training of teachers and the sexual health curricula available to them

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is crucial when considering school-based intervention. Lindau et al. (2008) conducted a study of 335 sex education teachers in Illinois and found that availability of the curriculum and training were key issues in determining the content of sex education materials. The findings of the study revealed that one-third of the teachers had no formal training in sex education. Such findings underscored the need for the provision of training for teachers so as to ensure accurate and thorough program content.

In Canada, sexuality education in elementary and in middle school typically forms part of the general health curriculum. As such, teachers are required to teach sexual health topics although they may have not acquitted specialized training in providing sexual health education (McKay and Barrett, 1999). One study, conducted by Cohen, Byers & Sears, (2012) looked at factors affecting teachers' willingness to teach sexual health education as well as the perceptions teachers' hold of those factors. The findings indicated that teachers do perceive various factors to affect their willingness to teach sexual health education and as such make them less willing to treat with sexual health education.

Another global issue is teachers' own reluctance to treat with the teaching of sexuality and sexual health education. In Portugal, it was found that many Portuguese teachers failed to implement sex education despite it being mandatory in Portuguese schools since 1986 (Ramiro and Matos, 2008). Similar to our local context, in Portugal, sex education is not done as a separate curriculum area but rather, it is part of a holistic thematic approach and infused into the broader content area of Health Education. In their study, *Perceptions of Portuguese Teachers about Sex Education*, it was revealed that teachers had two major concerns/challenges.

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Firstly, there was concern over the content area to be taught and the grade levels at which these areas were to be introduced and secondly, teachers were concerned about their own level of training and expertise to treat with the implementation of sexuality education. As a result of these concerns, Portuguese teachers failed to comply with the regulations to implement sexuality and sexual health education. based on the findings from the study, Ramiro and Matos recommended that training in sex education is indeed a great opportunity to alleviate these concerns of teachers and to allow them to acquire the necessary skills and support needed to treat with the teaching of sexuality and sexual health education with and should therefore be instituted.

In addition to these concerns, empirical findings gleaned from the literature also revealed that parental reaction plays a major part in inhibiting teachers' willingness to comfortably and efficiently teach sexuality and sexual health education to their charges (Francis, 2010; Cohen, Byers & Sears, 2012). In the study conducted by Francis in 2010, it was revealed that much anxiety is evoked in having to treat with sexuality issues. Teachers fear that this might encourage sexual activity and that parents might blame them for this (Francis, 2010, p.316). Walker and Milton reiterated this concern in their study when they pointed out that teachers' are actually fearful that parents may perceive them as being the instigators and the instillers of filling their children's minds with sexual thoughts and fantasies once they expose them to the teaching of sexuality and sexual health education topics (Walker & Milton, 2006). Those researchers recommended collaboration with parents, family and community when exposing students to sexuality and sexual health education.

Findings from the study conducted by Walker and Milton in 2006 further indicated that teachers also had concerns about their own personal beliefs and value system regarding sexuality

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and sexual health education. Teachers expressed uncertainty and embarrassment at having to treat with sexual matters with their students. For example, there is the perception that elementary school teachers believe that the content of sex education topics are not age appropriate for their young charges and thus experience an internal and personal struggle to openly discuss some of these areas with them (Cohen et al., 2001). Both studies highlighted the need for training programmes that would alleviate these concerns experienced by teachers by providing them with pedagogical strategies that would help them to deal with reducing the levels of discomfort felt by both teachers and students.

Within the local context of Trinidad and Tobago, sexuality and sexual health is not taught in isolation but as an integrated theme in the Health and Family Life Education curriculum. This curriculum comprises of four thematic areas of which one is Sexuality and Sexual Health which is the major focus of this study. The other three thematic areas are Self and Interpersonal Relationships, Eating and Fitness and Managing the Environment. The content is organized in a sequential and age appropriate manner and focuses on the development of life skills as well as on imparting valuable knowledge to assist pupils in acquiring and developing proper attitudes, morals and values so that they are able to cope efficiently with life's challenges and ultimately become positive and contributing members of society (Primary Health and Family Life (HFLE) Curriculum, 2006).

Further examination of the Sexuality and Sexual Health theme of the Health and Family Life Education curriculum revealed that the major focus of sex education in Trinidad and Tobago is on promoting the dual message of abstinence and safe sex practices. In other words, the focus is on the teaching of comprehensive sexuality education. This approach is highly recommended

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in the literature by researchers as a more effective sex education programme for treating with sexuality and sexual health matters (Kirby, 2002; Eisenberg et al, 2008).

However, implementing the approach is not without its challenges. Locally, in two studies both conducted in the Caroni Education District, it was revealed that teachers all had concerns about teaching Sexuality and Sexual Health Education to their students. These concerns included personal discomfort, conflict with personal beliefs, the availability of resources and lack of training and pedagogical knowledge (Mervyn, 2012; Sambucharan, 2013). Findings from these studies indicated that there was a need to resolve these concerns in order for teachers to feel comfortable about embracing their role as sex educators.

It is hoped that during the course of this research, I will be able to unearth the concerns and challenges faced by teachers at East Side Government Primary School and thus provide recommendations to administrators and policy makers that may alleviate the concerns of teachers at the institution.

Summary of the Literature

This literature review sought to explore several areas related to sexuality and sexual health education. These included: (1) defining Sexuality and Sexual Health; (2) the teaching of Sexuality and Sexual Health education; (3) the Stages of Concern Dimension of the Concerns Based Adoption Model; (4) issues and challenges encountered in the implementation of sexuality and sexual health education and finally, (5) some studies pertinent to this study was also explored.

In relation to the definition of sexuality and sexual health, no one definition is capable of epitomizing the two terminologies since they are both interconnected in meaning and thus cannot

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be understood in isolation of each other. In relation to the teaching of sexuality and sexual health education, the literature revealed some sexually-related problems that are faced by today's youth which makes the teaching of this topic highly relevant to today's youth. HIV, AIDS, STDs and unwanted pregnancies emerged from the literature as the major problems related to unhealthy sexual practices. It has been mentioned that many young people who lack age appropriate sexual information may indulge in premature and risky sexual behaviours. For example, in 2004, it has been mentioned that among young people aged 15-24 years, an estimated 6.9 % of women and 2.2% of men were living with HIV at the end of 2004(UNAIDS, 2004). This accentuates the need for all persons in general, more so the young ones, to receive relevant and age appropriate information related to their bodies development and reproductive health and on STDs including HIV and AIDS.

The importance of sexual education was also highlighted in the literature review by saying that it assists young people in gaining a positive outlook of sexuality and sexual health and in helping them to make informed decisions at present and in the future (Bezuidenhout, 2004). The literature review also revealed several sources of sexual information available to young people in different societies. Previous research identified parents, peers, school and the media as main providers of sexual information to youth. However, the importance of these sources depends on the society as well as on the topics to which they are addressed. It was argued however, that getting sexual information does not necessarily warrant a change in behaviour since there are many factors which may hinder the translation of information into behavioural change (Komunda, 2008).

The Concerns Based Adoption Model was also studied in detail and provided an excellent conceptual framework for guiding this research. Since the main goal of the research

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was to find out about teachers' concerns as it relates to the teaching of sexuality and sexual health education, I found it best to utilize a model that was specifically designed to address teachers concerns and in particular, their stages of concerns. The literature on CBAM highlights seven stages of concerns that teachers experience when attempting to implement a new innovation. These concerns stem from their own worry and reservations that they may harbor about the innovation (Hord, et al., 1987). Understanding these concerns is the first step in successfully implementing an innovation.

How teachers perceive their experiences of teaching sex and sexuality education, the factors which influence their willingness to teach sexuality education as well as the concerns they have were also explored in the literature (Sambucharan (2013); Mervyn (2012; Cohen, Byers & Sears, 2012). In the studies involving teachers' concerns, teachers were generally concerned about their inadequate training in the content as well in the delivery of the curriculum. The two studies conducted in the Caroni Education District of Trinidad and Tobago revealed similar concerns. Teachers had reservations about implementing certain aspects of the curriculum that dealt with sexuality as teachers felt uncomfortable treating with sexual issues.

While the Sambucharan study revealed many concerns teachers have about teaching sex and sexuality, the study conducted by Mervyn in 2012, centered on teachers experiences of teaching sexuality and sexual health education. Findings revealed that teachers experienced a lack of sufficient resources as well as training to assist with this aspect of the curriculum. Teachers also indicated that there was a lack of involvement from other stakeholders to facilitate effective implementation of Sexuality and sexual Health Education.

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The above literature review is relevant to my study since it explores a wide range of information pertaining to sexuality education and gives insight into teachers' experiences and concerns as it relates to the teaching of sexuality and sexual health education within the local context to a limited extent as well as abroad. It has thus provided much background knowledge into my research topic.

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Chapter Three

Methodology

The purpose of this study is to explore the concerns of six teachers at ESGPS as it relates to the teaching of the Sexuality and Sexual Health theme of the HFLE curriculum and to get a clear understanding about these concerns. In this chapter I will describe the research design that was used in the study. Firstly, I will describe the sampling procedure, data collection methods and analysis of the data to answer the research question: What are teachers' stages of concern regarding sexuality and sexual health education according to the Concerns Based Adoption Model? Next, I will describe the ethical procedures followed to ensure credibility of the research findings.

To recap, the research questions that guide the study are as follows:

Overarching Question – What are the concerns of teachers at East Side Government Primary School as they relate to the teaching of the sexuality and sexual health theme of the HFLE primary school syllabus?

Sub-questions:

- 1: What are teachers' stages of concern regarding sexuality and sexual health education according to the Concerns Based Adoption Model?
- 2: How do teachers describe the challenges they encounter in teaching the HFLE theme Sexuality and Sexual Health at their school?
- 3: What support do teachers need to facilitate the effective execution of the teaching of Sexuality and Sexual Health?

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The Research Design

A qualitative design was utilized for this research because its focus is based on meaning in context (Merriam, 1998). The qualitative design also provided me with the opportunity to garner the individual concerns of six teachers at ESGPS as they pertain to the teaching of the Sexuality and Sexual Health theme in the HFLE curriculum and thus gain a deeper understanding through listening to their voices as they share their direct experiences and concerns of the phenomenon. This approach is also supported by Creswell (2007) who purports that conducting qualitative research empowers researchers to gather rich data from participants so that a detailed understanding of an issue can be gained.

This study was therefore conducted using a qualitative research design since it allowed me to view the content of the problem from the participants' point of view and also to comprehend it in the natural setting in which it occurred (Creswell, 2007). The tradition used for conducting this study was a descriptive case study approach since it sought to explore the subjective experiences and concerns of six teachers as they relate to the teaching of Sex Education within a single bounded system (Creswell, 2007). A case study is also excellent for investigating real life events. At East Side Government Primary School, the issue of teaching sex education is real and allowed for multiple perspectives by teachers. Yin (1989:19) also prefers the case study for examining contemporary events while Miles and Huberman (1994), like Creswell (2007), postulates that a case study explores a single phenomenon occurring in a bounded context.

The study was also investigated the issue through the lens of postmodernism. Three main philosophical assumptions served as a foundation for this qualitative study. Firstly, there are ontological assumptions which focus on the participants' perspectives, their meanings and their

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multiple subjective views. Reality is considered to be socially constructed and multiple. There are also multiple truths. Hence, in conducting this study, I focused on reporting these multiple realities which emerged during the investigation.

Secondly, the epistemological assumption addresses how one acquires knowledge. In this particular study, one of the ways to gain knowledge about teachers' concerns on the teaching of sex education in a rural primary school in the North Eastern Educational District of Trinidad and Tobago was by conducting interviews with participants in their natural setting and where there exists a close relationship between me, the researcher as the main instrument, and the participants. In this way, I was able to gather subjective evidence based on their individual concerns.

Thirdly, the axiological assumption is the bringing of the researcher's own values to the study. Being a teacher at East Side Government Primary School, I firmly believe that sex education should be taught in all schools and that the HFLE theme of 'Sex and Sexuality' is an excellent avenue for doing so. I also believe that teachers play a critical role in providing sexuality education to students. At the same time, I acknowledge that the nature of this issue is a sensitive and personal one and thus it is my duty as a qualitative researcher to actively report their values and biases as well as the value laden nature of information gathered from interacting with them (Creswell, 2013).

Further, in order to gather rich data that would adequately answer the research question, qualitative research allowed me to be the primary instrument of data collection and analysis (Merriam, 1998). In addition, a qualitative research methodology allowed me to capture the participant's rich descriptions rather than numbers, to analyze and convey their subjective experiences and multiple realities as it relates to the teaching of Sexuality and Sexual Health

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education at East Side Government Primary School. An empirical research design therefore could not fit this study since it would be difficult to describe the social world of the participants.

Furthermore, the descriptive case study design was chosen since it allowed me to provide a rich, thick, narrative account of the participants' subjective experiences of the phenomenon under study. Additionally, the descriptive case study strategy gave me the opportunity to gain interpretation in context (Cronbach, 1975 cited in Merriam, 1998).

Finally, the study was specific to a single Primary School in the North Eastern Education District of Trinidad and Tobago during a fixed timeframe, thus in keeping with the posits of Miles and Huberman (1994), the study sought to explore a single phenomenon within a bounded context. The descriptive case study design therefore, best epitomized the inquiry.

Selection of Participants

Before the data could be collected, a decision was made to use purposive sampling. Purposive sampling, according to Patton (2002), is a strategy used to acquire detailed information about the case so as to be able to generalize. It also offered opportunity to select a convenience sample (Miles and Huberman, 1994). The six teachers were selected on the premise that they would be able to provide valuable information that is needed to understand their concerns about the teaching of sex education in a rural Primary School in East Trinidad. They were therefore, deemed most suitable to provide in depth data that would answer the research question. Five of the six teachers selected from the Infant, Junior and Senior departments respectively, and have more than ten years service in teaching and are recipients of the Teachers' Diploma. One has been teaching for only two years and is qualified with a Bachelor's Degree.

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Instrument and Instrumentation

For the purpose of this study, semi-structured interviews were used to collect the data from participants. This type of interview was selected due to its flexible nature. It is also one of the most common forms of qualitative data collection methods. I also share the view of Patton (1980), who states that “The purpose of interviewing is to allow us to enter into the other person’s perspectives, so that we can thus find out from them those things which we are unable to observe directly”. The semi-structured interview also allowed for a warm, trusting climate at the research site and permitted participants to share their perspectives on the issue with me freely. This warm climate was also encouraged by me, the interviewer, since I maintained a positive, respectful and pleasant demeanor throughout the course of the interview (Merriam, 1998).

The central questions for the interview were derived from the research sub questions. The interview guide (Appendix B) was comprised of fourteen fundamental, general questions to elicit specific information from the participants of a more personal nature. The interview questions were piloted by another colleague who, though familiar with the study, was not involved in it. This was to ensure that there was no ambiguity or adjustments to be made subsequent to the actual commencement of the interview process.

Two open ended questions (Mason, 2002) were also used to guide the interview as well as to prompt participants’ views. The open ended questions were issued to each participant first at the beginning of March after which the responses were read allowing for a more in depth view of the teachers concerns of teaching Sexuality and Sexual Health education at ESGPS and thus guided me to probe further into the phenomenon occurring at the school. After the data from this

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method was collected, I embarked upon a second data collection method, the individual, face-to-face, semi-structured interview (Merriam, 1998). Participants were encouraged to be honest and open with their contributions as this would help to ensure credibility of the findings. They were also given the opportunity to withdraw from the study at any time.

Data Collection, Management and Analysis

The interviews were conducted in the third and fourth week of March on six different days at the convenience of the six participants. Interviews were conducted in the privacy of school's library as this was newly refurbished and had the convenience of being quiet and air conditioned allowing for a peaceful, cool and conducive environment. Each interview session lasted for no more than twenty five minutes. The sessions were recorded using a sound recorder. Permission was granted from the participants to ensure this. Transcriptions of the interviews began soon after. Finally, to allow for transparency and validation of the data gathered, the transcribed interviews were presented to the participants for them to examine whether the transcribed data depicted a true representation of their realities.

After transcriptions were completed they were read and internalized for any gaps. Once satisfied that the data was thorough, an attempt was made to reduce the data and formulate codes and themes. This was done manually with each transcription in turn. This involved scrutinizing the data line by line looking for recurring themes and categories that appeared to comply with answering the research questions.

While coding proved to be no easy task, this method allowed me to clearly discern patterns in the data which were then organized into themes. All codes and themes were then captured and organized into a diagram (Miles and Huberman, 1994), so as to spot connections

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and relationships that were not otherwise apparent in the text. Finally, an attempt was made to produce a rich, narrative description of the analysis using excerpts from the participants own words so as to validate the findings of the study.

Trustworthiness Strategies

To ensure trustworthiness, some aspects of Guba's framework were taken into consideration (Guba, 1981). Guba posits four main constructs, that of credibility, transferability, dependability and confirmability.

Credibility - To ensure credibility, I used three strategies:

- Peer scrutiny - To demonstrate credibility, peer scrutiny was utilized. This allowed for fresh perspectives and to strengthen and challenge assumptions made by me. It also provided internal validity.
- Member checking- This was done to confirm what was transcribed accurately represented the participants perspectives.
- Triangulation – for the purpose of this study, I incorporated more than one method of data collection strategies: 1) the use of open ended questions to gather information from the participants beforehand which served to guide my interview questions to retrieve much needed data for this research and 2) semi structured face-to-face interviews to gather more in depth data to answer the research questions. The use of these two strategies allowed for validation of the findings.

Transferability – Although the findings of this study was limited to one particular site and specific individuals, the rich, thick, descriptive narrative provided therein can allow

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for relation of the findings to similar situations experienced by other practitioners (Bassey, 2003). It also provided a means of external validity.

Dependability – to ensure reliability, the processes conducted throughout this study was reported in detail thus allowing the reader to make a judgment as to whether proper research methods and practices were employed.

Confirmability- in order to ensure that the findings of the study resulted from the participants own views, samples of their direct quotations were included in the discussion of the findings.

Ethical Considerations

Ethics has become a very important cornerstone of conducting effective and meaningful research. As such, the ethical behaviour of individual researchers is always under unprecedented scrutiny (Best & Khan, 2006). Thus, in order to ensure that ethical standards were followed during the research process, the following were observed:

- Before beginning the data collection process, a written request was submitted to the principal to gain permission to conduct the study (Appendix D)
- Informed consent was sought from the six participants before proceeding with the interviews. This was done through written communication whereby participants were informed of the purpose of the study and assured that their confidentiality and anonymity would be maintained. They were also informed of their right to withdraw from the study at any time. Their consent was secured verbally.
- Participants also gave their consent to have the interviews recorded.

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- Pseudonyms were used in an effort to conceal the identity of the research site as well as of the participants. This ensured confidential and anonymous data collection methods.
- I paid special attention to accuracy in order to ensure that no researcher bias was present in terms of my opinions.

Overall, I aimed to ensure that my research practices met ethical standards by fulfilling the above ethical responsibilities.

Limitations of the Study

Clark and Cline (1998) maintain that limitations are those characteristics of research design or methodology that set parameters on the application or interpretation of the study.

One major limitation in this research was time. Consent was given to conduct this study at the school on the condition that no contact hours or school activities were disrupted as a result of the study. Scheduling the interviews with the participants proved to be limiting factor to the data collection process since synchronizing their schedule with my own in order to conduct the interviews proved to be a challenge. The desire not to disrupt the daily functioning of the school's operations yet keep to the timeframe of the research deadline thus posed a limitation.

Additionally, being the main instrument of data collection and analysis while being a teacher at the school provided opportunities for researcher bias to be present at times. Merriam (1998) contends that "the investigator as human instrument is limited simply by being human therefore, mistakes are made, opportunities missed and personal biases do interfere" (p.20). Thus, "bracketing' personal views, holding in abeyance my presuppositions, biases, assumptions or previous experiences on the topic under study proved to be challenging (Gearing, 2004).

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Delimitations of the Study

According to Dusick (2011), delimitations are those characteristics selected by the researcher to define the boundaries of the study. A single case study was best suited to the needs and resources available to a small scale researcher such as me; hence, the study was delimited to one government primary school in the North Eastern Education District in Trinidad and Tobago.

Additionally, the issue under study was specific to one particular school and a sample of six participants, thus the findings of the study may not be generalized to other contexts. Alternatively, any intent to transfer the findings of this study to other contexts resides with the reader.

Summary

This chapter sought to provide clarity to the reader on the methodology used in the conduct of this study. Firstly, an attempt was made to describe fully, the research design that was used. Next, the sampling procedure was discussed in detail as well as the instruments and instrumentation process. Following this, data collection, management and analysis were done in an effort to capture the participants' points of view. Trustworthiness strategies were then explained in detail as well as ethical procedures adhered to during the conduct of the study. Finally, limitations and delimitations of this study were stated with reasonable explanations as to why they existed.

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Chapter Four

Data Analysis and Research Findings

This study was guided by an overarching question and three sub questions and the findings were derived from an analysis of participants' direct words during the semi structured interview sessions which were conducted with six teachers from East Side Government Primary School as well as data collected from two open ended questions which were presented to participants' prior to the interviews. Research sub question one: What are teachers' stages of concern regarding sexuality and sexual health education according to the Concerns Based Adoption Model will be operationalized in this chapter.

Rampaul, Kady, Jen, Sasha, Hyron and Lana (Pseudonyms) represented Infants, Juniors and Seniors respectively (two per level). They all candidly responded to key questions of the interview guide during interview sessions which lasted for approximately fifteen to twenty minutes. The interview guide contained questions requesting background information such as personal information as well as information pertaining to the study. Participants frankly expressed their concerns about implementing Sexuality and Sexual Health Education as part of the Health and Family life Education Curriculum.

Data Analysis

As previously mentioned, two sets of data were analyzed for this study: data gathered from open ended statements as well as interview data. The data analysis process involved me scrutinizing the data thoroughly in an effort to formulate codes and themes. After formulating codes and themes in both sets of data, a comparison analysis was done on themes that emerged from both sets of data. This was done to look for consistencies as well as inconsistencies. I discovered that similar themes emerged from both data sets. Participants' responses on open

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ended statements and interview responses were found to be consistent. Refer to Table 1 for a summary tabular representation of the findings.

Demographics

This case study involved six participants, two from each level (Infants, Juniors and Seniors). All teachers are qualified with the Teacher's Diploma for Primary Education. Two have completed the Bachelor's Degree and two are qualified with a Masters in Education. Brief descriptions of the participants teaching experience at east Side Government Primary School are presented below.

- Mr. Hyron presently teaches Standard Five. He has taught there for the last 16 years and has been assigned to Standard Five for the last ten years.
- Ms. Jen teaches Standard four and has taught at ESGPS for the last eight years. She is relatively new to Standard Four and has been teaching that class level for only two years.
- Mr. Rampaul presently teaches Standard Two and has been teaching at ESGPS for the last five years. He has been in Std Two there ever since.
- Ms. Lana also teachers Standard Two at present. She has much experience at this level as she has taught this level for eight years. She has been a teacher for the last fourteen years.
- Ms. Kady presently teaches Second Year and has expressed her joy at teaching this level. She has taught at the school for the past fourteen years of which eight years were spent teaching Second Year Infants.

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- Ms. Sasha teaches Year One. She has been a teacher for only two years. She is fairly new to the service but has her Bachelor's Degree.

Findings:

Research Sub-Question One:

What are teachers' stages of concern regarding sexuality and sexual health education according to the Concerns-Based Adoption Model?

Several themes emanated from the analysis of the data. These are discussed in relation to the Stages of Concerns (SoC) dimension of the Concerns Based Adoption Model (CBAM). The data revealed that teachers had all three types of concerns (self task and impact). However, in my analysis, I found that most concerns were expressed within stage 2 (personal) and stage 3 (management) of the SoC dimension of the CBAM model. The data did not reveal any concern at Stage 0, 1 and 6. It was revealed also that teachers had several concerns of various degrees of intensity. The themes are captured and shown in Table 1.

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Table 1

Teachers' Stages of Concern about Sexuality Education

Dimension	Stages of concern	Description of Concern	Emergent Theme
Impact	6- Refocusing	The focus here is on exploring the universal benefits of the innovation with emphasis on major changes to the innovation or replacement with more powerful alternatives.	- NIL
	5- Collaboration	The focus is on cooperation with others regarding the use of the innovation.	- collegial relationships
	4- Consequence	The focus is on what impact the innovation has on the students or School.	-NIL
Task	3- Management	Focus is on the management of available resources and the processes of using the innovation.	- Lack of proficiency and training. - Lack of resources.
Self	2- Personal	There is focus on the individual's role, uncertainty about the demands of the innovation and his own ability to meet those those demands.	- Concern for information. - Parental reaction and support. - Conflict with personal beliefs. - Teacher discomfort and embarrassment in discussing the topic.
	1- Informational	There is greater awareness and interest in the innovation	-NIL
	0- Awareness	Individual is aware that the innovation will be introduced but shows little or no concern about it.	- NIL

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Self Concerns

Self concerns refer to those concerns that teachers have when they are uncertain about the demands of an innovation, their own inadequacy to meet and cope with these demands and concern about how a change will affect them personally.

Four themes emerged from the data in relation to self concerns in accordance with stage 2 of the CBAM. The themes that emerged were:

1. Concern for information
2. Parental reaction and support
3. Conflict with personal belief
4. Teacher discomfort and embarrassment in discussing the topic.

Each theme will be discussed in detail with excerpts from participants own words to support the findings of the data.

Concern for information

The findings revealed that all teachers had basic knowledge of the innovation. However, there was a commonality in their views when they said that they required a lot more information about the content, how to teach it and integrate it in the classroom. Lana, the teacher of the Standard two class expressed her concern for information:

I am not in a comfortable zone with the content because I sometimes do not know how to get across certain information. I fear that my words/ points may be misconstrued. I really feel that someone special should treat with this topic like a nurse or something.

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The other teachers all expressed similar concerns for information. Sasha, the teacher of Infant Year One expressed her need for more resources to assist her with implementing this aspect of the curriculum: Sasha states:

I am new to this area. I need something to refer to. Something like a special textbook or reference material that I can use to assist me with this. With Mathematics, there is a text. This area leaves me a bit concerned as to whether I am telling the children, the little ones, the right terminologies for their age. Simple things like puppets would also help children at this level.

Mr. Rampaul, another teacher from Standard Two, also expressed a similar concern for reference material:

In this day and age, technology is used for everything. Is there a text with an accompanying CD that could be used to make delivery of the content a lot easier to treat with? If so, then I will not be too concerned about getting the information across to my charges. However, to my knowledge no such resource exists and as such there remains a need for more information before I can feel comfortable in treating with this sensitive topic.

Parental Reaction and Support

The six teachers of ESGPS all expressed their concerns about parental reaction and support or lack thereof. They all had their reservations about what parents would say, how they would react to their children being exposed to this topic at school.

Ms. Jen had this to say:

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I have a lot of reservations about parents. Again it is the parents because some of them do not want you to get too much into that topic because they feel you are trying to take over their role as a parent; some of their children are not exposed and some of them are over exposed so sometimes that is why when you go to the topic you would find some of them using some words that they should not be using like you would say 'sex' and they would say an obscene word like b***. I honestly believe that we should have written consent from parents before we delve into this topic with children. Some people have different lifestyles, single parent, same sex relationships, and incestuous relations especially in a rural area like this. For others, it is their religion.

Mr. Hyron shared similar concerns. His response was quite similar to Ms Jen's.

I am really concerned about age appropriate information. At the Standard Five level, the curriculum content is quite good and there is real need at this institution to treat with some of the topics in detail where sexuality is concerned. But I am not so sure how this could be done at the lower levels. I have a real concern with how much they should know. I mean the issues at school are real. Some of the smaller ones are acting up and the teachers have to deal with it. I am quite certain that religious parents will have a field day with teachers addressing some of those issues with children.

Ms. Lana also said in her open ended response, "Lack of parental involvement at this school is real. There is the chance of conflict occurring with parents and teachers if some of these topics are discussed openly with children."

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In addition, Mr. Rampaul had this to say during the interview:

Certain topics are challenging to teach. I know the parents of these children and I know they would not approve of me sharing certain information with their children, especially their daughters. As a result, I do not discuss certain areas at all. I would be more comfortable if one of my female colleagues discuss these things with the girls. I can handle the boys. I do not want parents to think it inappropriate of me. Menstruation, for example, should be dealt with by a nurse or some trained personnel or a female teacher.

Sasha, the newest member of the staff added this bit of information:

Some parents would feel I discussing sex with the little ones and they are simply too small to be exposed to such information. In light of the cases of inappropriate touching taking place at present in the classroom, I know I have to treat with good touch and bad touch but I just don't know how.

Further analysis of the data revealed that the other participants all shared similar concerns relating to parental concerns as this was evident during the interviews as well as in their open ended response statements.

Conflict with Personal Belief

A common theme that emerged from the analysis was conflict with personal beliefs. Four of the teachers interviewed had problems with some of the topics to be taught in the Sexuality and Sexual Health theme of the HFLE curriculum. Ms. Lana had this to say:

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I have a serious problem with some of the content being exposed to young children. There is a lot of talk about comprehensive sexuality education as opposed to abstinence only programs. My mother always told me that having sex before marriage is wrong and this contradicts my belief if I have to teach children about condoms and safe sex practices.

Mr. Rampaul also had conflicting personal beliefs. He stated:

I am very religious. I really do not like talking to young children about sex. That to me is a very personal and sensitive topic. So sensitive that I would feel totally out of place discussing them with kids. My own kids may be different to some extent, but I really feel it is not my place to discuss matters of a sexual nature with students.

While Mr. Rampaul's views stemmed from his religious views, Ms. Sasha again expressed her belief that her charges were simply too young to be exposed to such information. She had this to say:

My mother would be most appalled to hear I have to teach this to my students. She did not tell me much about sex until I was much older. First Year children, in my opinion, should really be concentrating on the basics of Reading, Writing and Mathematics and on learning literacy and numeracy skills not about sex education at all. That could come later. Just as my mother exposed me to certain information when I was much older, so too, I believe it is the parents job to expose their children to sex talk and answer the many questions their children may have about sex.

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Ms. Kady, one of the Second Year teachers also added:

Personally, I do not like to discuss some of these topics with my students. Some are really over exposed and sometimes they say things that make me really uncomfortable. I think it is the parents place to discuss these things with them and not avoid the discussions. It is obvious that the children are exposed to way too much at home.

Teacher Discomfort and Embarrassment in Discussing the Topic

The findings revealed that the teachers expressed discomfort in discussing the topic. They both shared the common view that sex is a sensitive topic and as such created much discomfort among both teacher and student. Ms. Lana, the Standard Two teacher, indicated:

It becomes embarrassing to discuss it since the children themselves seem uncomfortable with it. As such it is very awkward to teach sex education to students at that age. If I try to discuss it they start giggling.

Teachers at the Senior level as well as the Infant Level all echoed similar concerns:

According to Ms. Jen:

Many of the topics involve discussions on sex, puberty, HIV and AIDS. Personally, I become very uncomfortable discussing such topics with children. Though I know how important they are for them to be exposed to such information at that age, it still causes great concern for me. Once I tried discussing sexual abuse and there was a child who had experienced an incestuous

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attack from her step dad and she had to be counselled. So now, most times I just avoid such discussions.

Mr. Hyron from Standard five also wrote a similar claim in his open ended response:

He wrote:

This generation of children is exposed to a lot in this day and age and they are naturally very curious. I know for a fact that if given the opportunity, they would ask some questions that would put me in an uncomfortable state to respond. I avoid such topics at all costs.

Ms. Sasha also wrote in her open ended response:

As a young teacher, discussing topics of a sexual nature makes me uncomfortable. My parents never discussed sex openly with me and as such I still do not feel at ease with this topic. My students are also very young so I do not think it is appropriate or my place to discuss such things with them.

Summary:

To recap briefly, four themes emerged from the data relating to self concerns as follows: concern for information; concern for parental reaction and support; conflict with personal beliefs and teacher discomfort and embarrassment in discussing the topic. These emergent themes were all in accordance with stage 2 of CBAM.

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Task Concerns

Task concerns are those concerns that relate to the actual implementation and management of the innovation. Two themes emerged from the data relating to task concerns.

1. Lack of proficiency and training
2. Lack of resources

Lack of proficiency and training

All six participants expressed concern about their proficiency and lack of training as it relates to teaching sexuality and sexual health topics to their students. They are all of the view that they are not adequately trained and thus not proficient enough to teach it.

Ms. Jen clearly expressed her concern about her lack of training:

Actually in college, we did not really do it as a as a core subject. HFLE on the whole that is. Even with the new curriculum, VCCE, Values, Character Ed, HFLE is part of it but yet it is not broken down in a way for you to understand. Integration is hard and sex and sexuality is not treated as a separate topic. I think it should be taught as a separate topic and proper training must be provided before that is done.

Ms. Sasha, Ms. Lana and Ms. Kady all agreed that lack of training was a huge concern of theirs. They each stated respectively:

Ms. Sasha:

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A two day workshop a very long time ago is not adequate in my opinion to effectively deliver this area of the curriculum. Really sensitive areas can come up and I honestly may not know how to deal with them.

Ms. Lana:

I recalled a half day session done to sensitize persons about dealing with sex education especially in Standard Four and Five but I do not see how that can be considered as any sort of training. That could never make one adept at teaching a sensitive topic such as sexuality and sexual health.

Ms. Kady:

I do not consider myself trained at all in this area. This requires specialized training. With proper training, I would feel more comfortable about teaching the theme.

Similar concerns on lack of training were expressed in a study done by Kinsman et al, (1999). That study highlighted the fact that Ugandan teachers were also concerned, just like the teachers in this study, about the lack of training they received to implement the curriculum.

Lack of Resources:

The findings also revealed that the lack of technological resources is a major challenge faced by three of the teachers. Ms. Lana shared this concern:

Another challenge for me is lack of technological resources to boost sex education classes so as to make use of power points, videos, pictures. Students at that age

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are always fascinated by some form of technology. Maybe this will make them less uncomfortable with the topic.

Also, according to Ms. Jen, who wrote in her open ended statement: “children are becoming more and more aware of technological devices. Those same devices could be used as learning tools to teach this theme.”

When asked to elaborate on this in the interview, she remarked:

I think a separate curriculum guide should be provided by the Ministry of Education in this area complete with a list of websites, CD and workbook with various activities. This would really help with an age-appropriate breakdown of the topics.

Ms. Sasha also added this:

Sample lesson plans would be ideal for this area and also methods of assessment. Maybe if it has to be assessed, more time would be spent with it.

Summary:

To summarize briefly, two themes emerged from the data relating to task concerns as follows: concern for lack of proficiency and training and concern for lack of resources. These themes were in accordance with stage 3 of CBAM.

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Impact Concerns

Collegial relationships

Impact concerns relate to the relevance of sexuality and sexual health education to children as well as the collaborative efforts with others to improve the innovation where possible. There are three stages of the SoC dimension that relate to impact concerns. These are: Stage 4 (Consequence), Stage 5 (Collaboration) and Stage 6 (Refocusing). There was not much concern about impact that could be deciphered from the data. However, there was concern in the area of relationships with colleagues. It was revealed that there exist very little or no collaborative efforts or a drive to push sexuality and sexual health education as most teachers work in isolation. Ms. Jen expressed her lack of desire to work with anyone:

The topic itself is very touchy and everyone has their own personal belief about it so I have not attempted to work with anyone in this area.

Mr. Hyron shared a similar concern. However, unlike his colleague, he saw benefits of collegial relationships. He stated:

Collegial relationships are nonexistent among staff members. However, I think if we work together on this one we might actually get somewhere. We each have different pedagogical approaches and so I believe that sharing our ideas in this area might prove quite beneficial in treating with this aspect of the curriculum.

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Summary/Conclusion

The purpose of this chapter was to present findings gathered from an in depth analysis of the data collected as they relate to research sub-question one: What are teachers' stages of concern regarding sexuality and sexual health education according to the Concerns Based Adoption Model?

A total of seven themes emerged during the data analysis process that corresponded with stages 2, 3, 4 and 5 of Stages of Concern dimension of the CBAM. The seven themes each represented the concerns of teachers' as they relate to the teaching of Sexuality and Sexual Health theme of the HFLE curriculum. The seven themes were:

1. Concern for information
2. Parental reaction and support
3. Conflict with personal belief
4. Teacher discomfort and embarrassment in discussing the topic
5. Lack of proficiency and training
6. Lack of resources
7. Collegial relationships

Not only did the findings reveal that teachers do have varied concerns relating to the teaching of sexuality and sexual health education at their school but also revealed that many of them experienced different stages of concerns that aligned with the Stages of Concern dimension of the Concerns Based Adoption Model.

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Chapter Five

Discussion, Conclusions and Recommendations

The Health and Family Life Education curriculum was developed in Trinidad and Tobago in 2006. The programme is structured according to four main themes one of which is Sexuality and Sexual Health, which formed the basis of this study. The students at East Side Government Primary School have not been sufficiently exposed to this aspect of the HFLE curriculum since teachers have stated openly that they have a variety of concerns relating to the teaching of this particular theme. As a result of the many concerns they have, teachers have not been implementing Sexuality and Sexual Health Education as it was designed.

The study's main purpose was to find out about the concerns that teachers at ESGPS have as they relate to the teaching of sexuality and sexual health education. A qualitative case study design was utilized in an attempt to answer research sub-question one: What are teachers' stages of concern regarding sexuality and sexual health education according to the Concerns Based Adoption Model?

Purposive/convenience sampling was used and six participants were selected to respond to open ended questions as well as to participate in semi structured face to face interview sessions. All ethical guidelines were observed to ensure anonymity, confidentiality, credibility and trustworthiness. Teachers' concerns were recorded, transcribed and then analyzed. The analysis and findings were then presented in a rich, narrative format that included the participants own 'voice' through actual snippets of their responses which were gathered during the data collection process.

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Discussion

This qualitative case study explored the concerns of teachers about teaching sexuality and sexual health education as part of the HFLE curriculum at a rural government primary school. The results clearly indicated that teachers at East Side Government Primary School experienced concerns that varied through stages two to five according to the CBAM. A total of seven themes emerged from the data were found to be in alignment with the SoC dimension of CBAM. These themes ranged from stage two (personal) to stage five (collaboration). While there was a paucity of literature that addressed the Concerns Based Adoption Model and its relation to teachers' concerns about teaching sexuality and sexual health education, the findings of the study were found to be similar to studies that addressed teachers concerns both internationally and locally.

The findings revealed that teachers were concerned about information and as well parental reaction and support. This finding is supported by Francis (2010) who concluded that lack of parental support was a hindrance for teachers in implementing sexuality and sexual health education. Vamos and Zhou, 2009, also concluded in their study that lack of support from parents also contributed to teachers' level of discomfort regarding the teaching of sexuality and sexual health education. Teachers also experienced concern about conflict with their personal beliefs as well as their level of discomfort with discussing this topic. This finding was also supported in the study conducted by Ramiros and Matos (2008) who also concluded that conflict with personal beliefs stemmed from the fact that many teachers felt that the content itself was not age appropriate and therefore should not be introduced so soon to children.

The study also found that teachers have concerns with their lack of proficiency which stemmed from inadequate training. Ramiro and Matos also concluded that training for teachers

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was necessary to equip them with the pedagogical skills required to execute sex education effectively and with a more confident and positive attitude. There were also concerns about the unavailability of resources and lack of collegial relationships among staff members. These concerns were consistent with findings from the literature which suggests that the issue is of paramount importance both internationally and more so, locally (Sambucharan, 2013; Walker & Milton, 2006).

Conclusions

The findings of this study revealed that teachers at East Side Government Primary School have seven areas of concern regarding the teaching of sexuality and sexual health as part of the HFLE curriculum. These concerns were found to be in closely related to findings in the literature which suggests that this phenomenon does not only exist only in the Trinidad and Tobago, but globally as well.

Since the findings of this study are similar to those espoused in international and local literature relating to teachers' concerns regarding the teaching of sexuality and sexual health education, it is important that they be considered when determining strategies that may help to alleviate these concerns. The results of this study therefore point to the importance of promoting professional training for teachers so that their concerns can be alleviated and thus make them more willing to implement sexuality and sexual health education efficiently and effectively. The following recommendations which have been proposed by previous researchers can be employed to address the issue.

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Recommendations

The following recommendations are proposed based on the findings from this study as well as insights gathered from the literature. They are proposed with the hope of addressing the concerns of teachers at East Side Government Primary School regarding the implementation of the Sexuality and Sexual Health theme of the HFLE curriculum.

- To provide support for the implementation of the Sexuality and Sexual Health theme of the HFLE syllabus, the Ministry of Education should organize and undertake workshop sessions not only to sensitize teachers but also to properly train them for the effective delivery of the theme. The training should include pedagogical practices that center around a skills based approach, information on the content area as well as the philosophical benefits of the programme for students.
- The training should also focus on best practices, facilitate practice sessions as well as occur in a cyclical or periodical manner so as to ensure adequate time for all teachers to develop proper training and skills to implement this programme successfully, efficiently and effectively.
- To sustain parental support for the successful implementation of sexuality and sexual health education, the Parent Teachers' Association (PTA) can be used as a forum to educate parents about the value of sexuality and sexual health education and its health benefits for their children.
- Parents should also be encouraged to work together with teachers with a spirit of collaboration in an effort to help them both to overcome some of the anxieties faced when treating with matters pertaining to sexuality and sexual health.

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- To treat with the issue of lack of collegiality among staff members, in house training sessions in the form of professional development workshops can and should be organized by administration as a means of providing opportunities for them to discuss best practices and strategies for overcoming challenges which they may sometimes face.
- To treat with the concern for lack of resources, the Ministry of Education should ensure that schools are provided with modern resources that appeal to all types of learners. These resources should be age appropriate and specially designed to treat with the content of this theme of the HFLE curriculum. CDs, lesson plans, technological aids and toolkits comprising of demonstrations and ways to integrate sexuality education into other aspects of the curriculum are also recommended.
- Since all of the participants interviewed expressed concerns about the teaching of sexuality and sexual health, then I would also like to recommend that further research be done in the area of sex and sexuality as a theme of the HFLE curriculum. Further research may give additional voice to teachers' varied concerns in these areas and help to identify strategies for alleviating such.

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APPENDIX A

Open-Ended Statement of Concern

Name (Optional)

The purpose of these open-ended questions is to determine what your concerns are on the teaching of the Sexuality and Sexual Health theme of the Health and Family Life Education Curriculum, what present challenges you face and to determine what measures you perceive can help you to deal with these challenges.

Thank you for taking the time to complete this task.

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APPENDIX B

Interview Guide

Background Questions

1. How long have you been teaching altogether?
2. How long have you been a teacher at this school?
3. What class level do you presently teach and how long have you been teaching at this level?

Sexuality and Sexual Health as you are aware, is one of the themes of the HFLE curriculum. It focuses on all areas that affect one's sexual health and seeks to promote the development of healthy sexuality and the development of life skills so that students are better able to manage socially, emotionally and psychologically when faced with various challenges that may affect their sexual health.

R Sub Q 1. What are teachers' stages of concern regarding sexuality and sexual health education according to the Concerns-Based Adoption Model?

4. Do you teach HFLE in your classroom?
5. How do you feel about the teaching of the Sexuality and Sexual Health theme of the HFLE curriculum?

Some areas that the Sexuality and Sexual Health theme focus on are relationships, sexual health, growth and development and factors influencing sexual expression.

6. Are there any areas of the Sexuality and Sexual Health theme that you are uncomfortable about teaching? Why?

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R Sub Q 2. What challenges do teachers encounter in teaching Sexuality and Sexual Health at their school?

7. What problems/challenges have you encountered/experienced while implementing the Sexuality and Sexual Health theme of HFLE?
8. Do you have any reservations about teaching the Sexuality and Sexual Health theme of HFLE? If so, what are they?
9. Do you feel that you have been adequately trained to prepare you for the teaching of the Sexuality and Sexual health theme?
10. What concerns do you need to be addressed to help you to effectively implement sexuality and sexual health in your classroom?
11. How will you describe the culture of the school in terms of a 'drive' to implement HFLE and in particular, the Sexuality and Sexual Health theme?
12. In what ways can administration help to reduce your concerns/reservations about the teaching of sexuality and sexual health?
13. What measures/support systems will better enable you to effectively teach this theme?
14. Is there anything else you would like to share regarding your perceptions about teaching the Sexuality and Sexual Health theme of the HFLE curriculum?








Thank you for participating in this study.

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APPENDIX C

CODED INTERVIEW SESSION

Coding Key

Self Concerns:	- Concern for information	
	- Parental reaction and support	
	- Conflict with personal belief	
	- Teacher discomfort and embarrassment in discussing the topic	
Task Concerns:	- Lack of proficiency and training	
	- Lack of resources	
Impact Concerns:	- Collegial relationships	

Coded Interview Session (Interview with Miss Kady)

I- Interviewer

Miss Kady- Teacher

Background Questions

I- How long have you been teaching altogether?

Miss Kady: Fourteen Years

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I- How long have you been a teacher at this school?

Miss Kady: Ten Years

I- What class level do you presently teach and how long have you been teaching at this level?

Miss Kady: I teach Second Year Infants, I'm teaching there about seven years now.

Sexuality and Sexual Health as you are aware, is one of the themes of the HFLE curriculum. It focuses on all areas that affect one's sexual health and seeks to promote the development of healthy sexuality and the development of life skills so that students are better able to manage socially, emotionally and psychologically when faced with various challenges that may affect their sexual health.

R Sub Q 1. How do teachers' describe their ability to teach the Sexuality and Sexual Health theme in HFLE?

I- Do you teach HFLE in your classroom?

Miss Kady: Yes, I do.

I- How much do you know about the teaching of the Sexuality and Sexual Health theme of the HFLE curriculum?

Miss Kady: I am very uncomfortable with this topic. I do not feel that I have enough information in this area. The content is just too much not to mention that the area itself is very ticklish.

I - Am, Would you want to am, expand on what are some of the areas that you are uncomfortable with?

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Miss Kady: Because ...because the parents they do not want you to go far so you just have to give them the basics about good touch, bad touch. Sometimes I wonder if I am even teaching that topic properly. Parents may want to know why certain things are being discussed with their children.

I- Go on Miss, I am just jotting some notes down. So you're seeing the need for parental involvement, and collaboration with parents.

Miss Kady: Yes, because if you delve into the topic more, they might want to know why you're teaching their children certain things.

I- But at the same time you have a curriculum to follow and there are some areas that the sexuality and sexual health theme focus on. Some of these are relationships, sexual health, growth and development and factors influencing sexual expression. Are there any areas of the Sexuality and Sexual Health theme that you are uncomfortable about teaching? Why?

Miss Kady: Yes, that area, factors influencing sexual expression.

I- What about it are you uncomfortable with Miss?

Miss Kady: Relationships as well because most of them came from a single parent home so it is hard to teach a topic sometimes when they do not experience it, like a father figure and am growth and development sometimes am some issues come up some areas come up in the topic that you don't want to go in and they bring it in so to avoid it coming up I just don't teach it. Personally, I do not like to discuss some of these topics with my students. Some are really over exposed and sometimes they say things that make me really uncomfortable. I

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think it is the parents place to discuss these things with them and not avoid the discussions. It is obvious that the children are exposed to way too much at home.

I- You are saying that some of these issues and some of these things occur even at the Second year level?

Miss Kady: Yes, Yes, so I don't, to avoid that, I don't often teach it

R Sub Q 2. What challenges do teachers encounter in teaching Sexuality and Sexual Health at their school?

I- What problems/challenges have you encountered/experienced while implementing the Sexuality and Sexual Health theme of HFLE?

Miss Kady: What happen is that, the internet, we don't have internet into the classroom, so I cannot do presentations through the internet and then resources because to get things like puppets, simple things, it's really hard to locate resources.

I- So you are saying that lack of resources and lack of a good internet use to be the challenges that you currently experience?

Miss Kady: Yes definitely.

I- Do you have any reservations about teaching the Sexuality and Sexual Health theme of HFLE? If so, what are they?

Miss Kady: I have some yes. Again it is the parents because some of them do not want you to get too much into that topic because they are not; some of them are not exposed and some of them are over exposed so sometimes that is why when you go to the topic you would find

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some of them using some words that they shouldn't be using like you would say sex and they would say 'bull'. Also, at the lower level, I am not to clear on how much they should know. I know for sure, parents who are religious would have a serious problem with some of the content in this theme.

I- So you are saying that that they are not using the correct terminology.

Miss Kady: Yes, the correct terminology.

I- Could that be then that the children lack the information?

Miss Kady: Yes, the children and parents lack information.

I- And that's where you come in Miss as the role of the teacher to provide that information to them. You still have reservations about teaching it?

Miss Kady: Well, I was thinking of bringing in other personnel which I haven't gotten the time to like nurses, so...

I- You're saying a specialist person to deal with the more uncomfortable areas; they would be more comfortable dealing with some of the issues. Right?

Miss Kady: Yes.

I- Do you feel that you have been adequately trained to prepare you for the teaching of the Sexuality and Sexual health theme?

Miss Kady: No. I do not consider myself trained at all in this area. This requires specialized training. With proper training, I would feel more comfortable about teaching the theme.

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I- You want to elaborate a little bit about that?

Miss Kady: Because actually in college, we did not really do it as a as a core subject. So I definitely do not feel adequately trained to teach it.

I- HFLE on the whole or Sex and Sexuality?

Miss Kady: HFLE on the whole. Even with the new curriculum, VCCE, Values, Character Ed, they, HFLE is part of it but yet it is not broken down in a way for you to understand.

I- This VCCE, is part of the new PCR curriculum?

Miss Kady: Right. There is not much about it, in it.

I- Ok, alright, so you're seeing the lack of training as well to be a reservation for you, a concern.

Miss Kady: Yes, to teach it, integration is hard, you know, because with us now with the new PCR, you have to integrate everything so if you teach your topic you have to bring in HFLE and that is very hard. So if you're teaching a math topic to bring it to the HFLE, it's very hard. I was not trained for this.

I- The integration is difficult?

Miss Kady: Yes

I- What concerns do you need to be addressed to help you to effectively implement sexuality and sexual health in your classroom? Remember, the Minister has now mandated a reimplementation of, especially the Sex and Sexuality strand.

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Miss Kady: Ok, so what happen is in the VCCE, there is not much, it needs to be further broken down, you know to the topics

I- Ok, a need for a further break down of the topics.

Miss Kady: Yes.

I- So that's one concern that you have that needs to be addressed?

Miss Kady: Yes, the topics, is not clearly outlined in the new curriculum. So you don't know how, because in the new curriculum, we doing more like responsibility, fairness, honesty, respect.

I- More values?

Miss Kady: Yes, more values than ah of the HFLE.

I- How will you describe the culture of the school in terms of a 'drive' to implement HFLE and in particular, the Sexuality and Sexual Health theme?

Miss Kady: No there is not a drive.

I- And why do you think that there is not a drive?

Miss Kady: Because it is not tested in the curriculum and even at SEA, they don't test it so teachers put it to the back, you know so they don't spend time on it, they spend more time on the core courses like Language and Math.

I- In what ways can administration help to reduce your concerns/reservations about the teaching of sexuality and sexual health?

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Miss Kady: they can bring in human resources like the nurses and bring in other trained personnel, plus collaborate with the parents as well and the PTA, they could probably do a session with them. Am we could get some brochures like, we could get some brochures you know for the kids that are appropriate for their level. So we could probably have some competition, some competition in the school to create a poster, projects..

I- And that would be one way to integrate it throughout the school. But do you see the need for it to be integrated throughout the school from First year to Std Five?

Miss Kady: Yes, because it is affecting the country now so...

I- And well the countries in general but do you see those issues affecting children here at this institution even from First year to Std Five?

Miss Kady: Yes, yes we do because we are having problems with Infants.

I- When you say 'problems' would you care to elaborate a bit Miss?

Miss Kady: Am, Sometimes, in some cases there were touching.

I- Inappropriate touching?

Miss Kady: Yes, inappropriate touching.

I- So the issues are real and present at this school?

Miss Kady: Yes, they are very real.

I- What measures/support systems will better enable you to effectively teach this theme?

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Miss Kady: As I said before, there is a need for more resources so bring in the nurses and other trained personnel, the guidance officers, well we have a guidance counselor and the Ministry needs to provide resources in the form of books, CDs and so on.

I- But you still see the need for the nurses because you think that they would be more appropriate to treat with the issue of sex and sexuality?

Miss Kady: Yeah

I- If you were to receive more training Miss, to help you to effectively teach it, would you then be more comfortable?

Miss Kady: Yes, if I get more training I'll be more comfortable so I'll know like the areas I have to teach and how to actually go about doing it.

I- Yes and then you would be provided with the resources hopefully. Were you aware that there was a training that took place for sexuality and sexual health in June last year, 2014?

Miss Kady: No.

I- You are not aware at all of that?

Miss Kady: No. But let us be real Ms. Emmanuel. You are a teacher yourself. Do you really feel that some kind of one day or two training would be sufficient to get teachers ready to treat with such a sensitive and touchy topic? The Ministry of Education needs to be real. Too many things are happening, CAC, PCR and now sex education. Problems in this area are escalating throughout the schools. If the Ministry can see the need for this, then provisions should be made to have teachers properly trained in this area.

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I- Do you have any concerns about collaborating with your colleagues in relation to the teaching of the Sexuality and Sexual Health theme of the HFLE curriculum?

Miss Kady: Not really no. Due to the sensitive nature of this topic and the different views, both personal and religious, that people hold, I have not seen collaboration as an option to assist me in this area. Of course, it is a very good idea because different persons do have different strengths so where I do not understand something, another colleague may offer a better explanation for it, but...then too at school since we relocated into the brand new building in our individual classrooms, most people keep to themselves.

I- Is there anything else you would like to share regarding your concerns about teaching the Sexuality and Sexual Health theme of the HFLE curriculum?

Miss Kady: Am, with help I think am with help we would be at least able to improve and assist the children in the areas that they need to know.

I- Thank you very much Miss for participating in this study.

Miss Kady: You're welcome.

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APPENDIX D

Letter Requesting Permission to Conduct Study at School

18th February 2015

To: Mr. [REDACTED]

Principal

[REDACTED] Government Primary School

RE: PERMISSION TO CONDUCT STUDY AT SCHOOL

Dear Sir,

I am presently pursuing the Masters in Education (MEd) programme with a concentration in Youth Guidance at the University of the West Indies. I am writing to request permission to conduct educational research at [REDACTED] Government Primary School. This research is part fulfillment for the aforementioned degree.

The focus of my research is 'Teaching Sexuality and Sexual Health Education at a rural government primary school: Teachers' Concerns'. In order to gather much needed data for this research project, I will request participation from six teachers at this school, representative of Infants, Juniors and Seniors. These teachers will be asked to respond to two open ended statements concerning the issue under study as well as participate in face-to-face semi-structured interview sessions with me. I can assure you that scheduling of the interviews will be at teachers' convenience and will be conducted at a time that does not disrupt regular school/class activities.

I can also give you my assurance that the findings of this study will be used only for the purpose of this project and that participant's confidentiality and anonymity will be strictly maintained. A copy of the final report will be made available to you upon request.

Your consideration and support in this matter will be greatly appreciated.

Yours Respectfully,

Savitri Emmanuel

TEACHING SEXUALITY AND SEXUAL HEALTH EDUCATION AT A
RURAL GOVERNMENT PRIMARY SCHOOL: TEACHERS' CONCERNS

APPENDIX E

Permission to Conduct Study

From: [REDACTED], Principal Primary
[REDACTED] Government Primary School

To: Savitri Emmanuel, Teacher 1, Primary

Date: Wednesday, 18th February, 2015

Subject: Re: Permission to Conduct Study at School

Ms. Emmanuel,

In response to your request dated February 18th, 2015 **Re: Permission to Conduct Study at School** permission has been granted on the condition that no teaching/contact hours will be lost as a result of your study.

Principal Primary
[REDACTED] Government Primary School