AN INVESTIGATION INTO TEACHERS' AND PARENTS' CONCERN OF THE TEACHING OF THE SEXUALITY AND SEXUAL HEALTH TO STUDENTS AT CO-ED GOVERNMENT SECONDARY SCHOOL IN THE ST. GEORGE EAST DISTRICT

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Abstract

The purpose of this study is to investigate the concerns of teachers' and parents' about the teaching of sexuality and sexual health to students at a co-ed government secondary school in the St. George East District. It sought to answer the research questions pertaining to teachers' perceptions and challenges they may face in delivering sexuality and sexual health education. This qualitative case study also attempted to glean insights into the challenges parents face with communicating with, and their feelings about how they can contribute to sexuality and sexual health education of their children. Interviews were conducted with six teachers and two parents and the data collected was coded, themes and categories imputed and analyzed. The results show that both parents and teachers are supportive of sexuality and sexual health education as a means of assisting students with making informed choices. However, teachers are not too willing to teach it, while parents want to maintain some level of control over the content of the subject. This thesis hopes to provide a foundation to further studies into teachers' willingness to teach sexuality and sexual health education and parents relinquishing some measure of control so that students can access the subject with more integrity and honesty. A discussion of the findings and recommendations linked to each were offered.

Keywords: ……..Sexuality and sexual health, concerns, Health and Family Life Education (HFLE)

An investigation into teachers' and parents' concerns of the teaching of sexuality and sexual health to students at a co-ed government secondary school in the St. George East District

by

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Chapter 1 Introduction to the Study

Background

"Sexuality is a complex and confusing aspect of life. Sexual health education, therefore, is about providing young people with the knowledge, skills, and attitudes that will empower them to make the right choices about their sexual health."

(Rampersad, 2003)

An individual's sexuality and sexual health is a sum total of their uniqueness, beliefs about sex, values and knowledge about sexual matters and the decision-making skills that promote healthy notions of their reproductive health, relationships and sexual preferences. While knowledge of reproduction and hormonal and physical changes are integral to the HFLE (Health and Family Life Education) Sexuality and Sexual Health curriculum, the emphasis is on abstinence. Sexuality education discourses based on markedly different constructions of sexuality.

According to the National Research Council and Institute of Medicine (2009), in the U.S. today, "Most adolescents are thriving, but many engage in risky behaviour, develop unhealthy habits, and experience physical and mental health conditions that can jeopardize their immediate health and contribute to poor health in adulthood." They therefore need to be taught how to clarify their own personal values, manage extreme emotions, how to cope with sexual feelings and orientation, how to form healthy relationships with members of both sexes, how to recognize or avoid potentially harmful situations, make good decisions, how to be assertive and how to refuse.

Health and Family Life Curriculum Framework acknowledges that: "Sexuality is an integral part of personality and cannot be separated from other aspects of self." The Health and Family Life Curriculum (pp. 7) also recognizes that "Sexual role behaviours and values of teachers and children are conditioned by family values and practices, religious beliefs, and social and cultural norms, as well as personal experiences." In addition, more and more of our children are exposed to sex through the media, peers and natural urges which if left unfiltered can be detrimental to their development. Therefore students require proper instructions in order to transition and navigate this crucial stage in their physical, emotional and mental development so that they can inculcate positive sexual habits and concepts.

Children and adolescents need to be empowered to learn about sexuality and sexual health as a means of discovering their own values systems and personality, so that they can develop positive outlooks about themselves and their peers, with a view to becoming responsible and contributing members of society (Preface: WHO European Region, 2010).
Most sex education programs emphasize the prevention of unwanted pregnancy rather than on the importance of disease prevention especially with the rise of HIV/AIDS and other sexually transmitted infections. Sex education programs focus on abstinence and prefer not to deal with methods of birth control at all (Friedman, 2005). The existence of barriers which deny adolescents from receiving reliable information pertaining to safe-sex methods is still predominant today as ever and continue to perpetuate the taboos and misconceptions (Keller, 2011).

Masland (2010) postulates that a central issue in the debate about sex education is whether giving kids information about sex will encourage them to engage in sexual activity. UNESCO (2009) recommends investment in sexuality programmes that promote a more

comprehensive view of sexual health. Kirby (2007) explored the effects on these programmes/curricula in the United States, and concluded that many of them appeared successful. Solving public health issues is a great priority in many societies; therefore, the attention upon this approach is understandable. Reiss (1995) further stressed that "sex education should promote physical health" is an important philosophical position in considering sex education. Comprehensive sex education is a concept favoured by many researchers, and many believe that it is the most appropriate approach for sex education in current society (Kirby, 2006; Breaken & Cardinal, 2008).

Global Context

Internationally, school-based sexuality education has been in existence for many years either as a stand-alone programme or as part of the curriculum in another subject area as health education, biology and health sciences, or family life education (Little-White, 2012)
Sex education involves a continuous, lifelong process of learning. It should begin as early as elementary school continue throughout the developmental stages of the child, with content and methods tailored to their age level (Ministry of Education and Health, France, 2000).

In Portugal, the Assembly of the Republic approved the Law No. 60/2009 of 6 August, further regulated by Ordinance No. 196-A/2010 of April 9, providing some principles and rules relating to sex education. The traditional view of sex by the Chinese as taboo is entrenched in their way of life and thwarts any attempt to implement sex education in most of the schools from pre-to-secondary levels. In 1997 the Hong Kong Education Department (termed Education and Manpower Bureau since January 2003) recommended that sex education be implemented in

schools. However, the fetters of Chinese mores, and the notion that young children lack the capacity to comprehend the dynamics of sexuality hinders the teaching of sexual issues in schools. An Alan Guttmacher Institute (AGI) study (1990), based on a survey of public school teachers in the USA , revealed that sexuality education in secondary schools since the late 1980s, focused more on abstinence and was less likely to provide students with information about contraception. Compared with teachers in the late 1980s, teachers today are more likely to teach about abstinence, STDs and resisting peer pressure to have sex, but are significantly less likely to discuss more "controversial" subjects such as birth control, abortion and sexual orientation.

Saur (2010) concluded that sexuality education influenced sexual behaviours among German students more towards sexual health than to their detriment. Teachers described a range of sexual health needs perceived among their students. While the existing structures were described as open, allowing teachers more freedom to make decisions, it also limited their options on topics for teaching. Esu (1990) & Isangedighi (1990) noted that the teaching of sex education to adolescents continues to pose as problems in Nigeria because both literate and illiterate parents share common cultural and religious beliefs. Both Christian and Islamic religions, as well as Cross River State culture forbid the teaching of sexually related matters to unmarried adolescents.

The potential of education to assist students in developing new ways of seeing, understanding, and hoping is crucial, as is the importance of supporting education processes.

The role of the parents and other family members to transmit and relay positive attitudes towards sexuality cannot be underestimated. Parents are the first educators of their children, who learn by modelling what they see, as well as what they do not see. In order to develop healthy sexual ideas, behaviours and outlooks, parents and families need to provide their children with

good models. The strength of connections between parent, child and school can ensure a sexually confident, well-informed and reproductively healthy adolescent capable of responsible decisions and actions.

Regional Context

Early initiation of intercourse and the context within which sexual activity begins are key indicators of adolescents' potential risk for unplanned pregnancy, abortion and sexually transmitted diseases (Alan Guttmacher Institute, 2000). A recent survey conducted among adolescent youth in four English-speaking Caribbean countries showed that among those who reported being sexually active more than 40% said their sexual debut had started before the age of 10. The surprise expressed by parents and teachers at this information portends a grim future since these adults postpone honest communication about sex until children are older, by which time the children have already heard the misnomers from equally ill-informed peers, the media and internet.

The Caribbean girl stands a higher risk of infection from sexually transmitted diseases since they fall prey to the advances of more mature men. In some countries, these ratios are reported to be as high as 7:1 in the 10 to 19 age group (CAREC, 1997). The socio-economic conditions of the Caribbean region foster unhealthy sexual practices of incest, child abuse and molestation the effects of which can be seen generations after.

The Caribbean dynamics that create its unique environment for Sexuality and Sexual Health skills must be assessed as a viable backdrop for teaching students responsible personal habits and behaviours. The multi-religious composition of schools requires teachers to be mindful so as not to impinge on any religious doctrines of abstinence and chastity, but rather to

strengthen these religious observations and principles. Through proper education, it may be possible to break the existing epidemic of teenage sex.

Local Context

According to the Central Statistical Office, in the year 2000 teenage girls gave birth to 2,638 children, representing 15 per cent of all live births in Trinidad and Tobago, In 2013 the rate was 14.7 per cent. The Institute for Gender and Development Studies (IGDS) at the University of West Indies (UWI), St. Augustine (2008-2011) postulated that young people in Trinidad and Tobago are negotiating an increasingly complex and confusing social, technological, sexual and gendered space where a globalized media presents powerful hypersexual visual and musical messaging in a context where education about gender, sexuality and sexual rights is limited.

Many young persons obtain their sex education from similarly uninformed peers, and the mass media including television, cinema and the Internet (Reddock, 2006). The organisation Youth for Social Justice (YSJ) called on the Government of Trinidad and Tobago to implement sex education in schools as the world commemorated World AIDS Day 2013 (Trinidad Express, Dec. 2013).

Concern about the need to implement a comprehensive sex education component in schools amplified after a report of alleged sexual activity at a secondary school in central Trinidad in which three female Form One students were caught performing oral sex on three of their male counterparts (Newsday, April 2014). The Family Planning Association of T&T (FPATT) reference to an article published in the Newsday of Friday January 23, 2015, headlined

"Girl, 13, pregnant…again" called on the Prime Minister and the Minister of Education to keep their promise and introduce age-appropriate, comprehensive sexuality in all schools (Trinidad Guardian, Jan. 2015). It was the premise of their argument that while some form of sex education already exists in schools, through Human and Social Biology and Social Studies curricula, it is not treated exclusively as a subject.

A poll commissioned by the Joint United Nations Programme on HIV/AIDS (UNAIDS) in Trinidad and Tobago in 2013, revealed increased levels of support among Trinidadians for age-appropriate sex education in secondary schools. The majority, 78 per cent, prescribe education for adolescents on human sexuality while others sanction the teaching about condoms and contraceptives (85 per cent), HIV and sexually transmitted infections (87 per cent). "I think these results are a recognition that our children grow up,'' said UNAIDS Caribbean Regional Support Team director, Ernest Massiah. "We want them to enter their sexual lives in a healthy manner and with confidence."

The Rapport Youth Centre, the youth arm of the North Central Regional Health Authority (NCRHA) related that the organisation has to tailor its approach to sexuality education during sessions at schools based on the schools' guidelines and policies. Centre assistant Wanda Thomas, highlighted another problem was getting parents to become more involved in sex education with their children (Trinidad Guardian, Nov. 2014). The T&T Unified Teachers' Association (TTUTA) admits teachers are not ready to administer sex education in schools. TTUTA treasurer Gewan Durga proposes that sex education in schools must be a collaborative effort among all stakeholders and professionals working for and with children. There can be no ad hoc approach, otherwise we will be doing more damage than good. He said TTUTA was aware of the urgent need for a viable sex education programme in schools.

School Context

The study was conducted at a co-ed government secondary school in the St. George East school district. It falls within the lower end of the SEA achievement scale, and so comprises students with raw scores of 40-80%.

Reports from teachers emphasising overt sexual behaviour of students in full view of others highlight the need for intervention in the school. Teachers at the researcher's school are skirting around the issues of sexual activities, in hopes that someone else would deal with the problem. Even within the curriculum in subject areas where reproductive health and functions are part of the content area, teachers approach the delivery cautiously. The Guidance Officer, whose approach is also cautious, may be the only educator who makes any conscious attempt to sensitize the students in Form One about puberty and sexuality based on the SSSD curriculum for Guidance.

Parents of students who are identified are embarrassed and hesitant to discipline their children, and are more often than not, willing to side with their children in an effort to avoid the issue all together. Administration and the Deans are handicapped by lack of evidence, since many of the allegations are unsubstantiated or lack the physical evidence that parents refuse to permit the authorities to collect. The sensitivity of the allegations and legal ramifications make the discussions precarious at best, because parents are not willing to concede that they have erred in their parental duties. Therefore, the alternative is to educate the students early and adequately about their urges, changes, sexuality and sexual health so that they can be better prepared to navigate decisions and choices now and throughout they lifetime.

Problem Statement

The teachers and parents at school X are abdicating their roles as it relates to sexuality and sexual health education. The teachers are not dealing with the issues by pretending they don't exist or by simply turning the responsibility over to the deans and administration. The subject areas that lend itself to the teaching opportunities are treated reluctantly or cursorily so that the topic is covered but not used as an opportunity to instruct students with the purpose of providing deeper and more meaningful lessons in sexuality and sexual health that they can take with them and use outside of the classroom and hopefully in life.

The parents are ill equipped to communicate on matters of sex with their children and hope that their children would outgrow the behaviours. Even in the face of obvious behavioural issues, parents opt to ignore the problem than strike up meaningful conversations with their child that may help to give some guidance or assurance that it is natural or at least human nature.

There is an overwhelming need for more to be done in the teaching of sexuality and sexual health to students at an early age to assist in deterring teenage pregnancies, unsafe sexual practices and diseases associated with these practices, in addition to unhealthy sexual reproductive well-being.

Purpose of the Study

The purpose of this qualitative case study is to investigate the concerns of teachers and parents towards sexuality education in a co-ed secondary school in the St. George East district.

Research Questions

Grand Tour question:

What are teachers and parents' concerns regarding the teaching of sexuality and sexual health to students in a co-ed government secondary school in the St. George East District?

Sub-questions:

1) What are teachers' perceptions of teaching the sexuality and sexual health component of HFLE at a co-ed government secondary school in the St, George East District?

2) What are the challenges teachers perceive in the delivery of sexuality and sexual health lessons to students?

3) What are the challenges parents face when communicating with their children about sexuality and sexual health?

4) How can parents contribute to the education of their children in matters of sexuality and sexual health?

Significance of the Study

This study may serve as a foundation for further research on sexual education and health with a focus on removing perceptions that can postpone change and delay movement towards positive growth and development**.**

The identification of parents' concerns about sexuality and sexual health discussions can provide rich information for the introduction of meaningful collaboration between school and

home. This study will furnish critical information about the teaching of sexuality and sexual health that may be used to develop a programme through evocative planning and decision making, that will empower students to take control of their sexual health and help them through proper teacher and parent involvement to strive for positive outlooks at their own sexuality and those of others, with greater respect for individuality, choice and preferences at the researcher's school.

Definition of Key terms:

Concern:

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

Health and Family Life Education (HFLE):

Health and Family Life Education also widely known by the acronym H.F.L.E is a comprehensive life skills based subject in the curriculum that focuses on promoting psychosocial competence where a person will be able to deal effectively and efficiently with the demands and challenges of everyday life using the life skills acquired. It "is perceived as the viable way to bridge existing gaps to enable young persons to attain the high levels of educational achievement and productivity required for the 21st century" (UNICEF/CARICOM, 1999, p 15.).

Sex Education:

An age-appropriate, culturally relevant approach to teaching about sex and relationships by providing scientifically accurate, realistic, non-judgemental information. Sexuality education

provides opportunities to explore one's own values and attitudes and to build decision- making, communication and risk reduction skills about many aspects of sexuality (UNESCO, 2009).

Sexuality

The World Health Organization (2004) defines sexuality as 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, behaviour, practices, roles and relationships.

Sexual health

Report of a technical consultation on sexual health, January 2002, Geneva defines sexual health as 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.

Chapter 2: Literature Review

Introduction

This study explored the literature related to teachers' and parents' concerns of the teaching of sexuality and sexual health to students. The review of literature focused on themes such as Conceptions of Sex Education, th   e HFLE curriculum which includes the theme of Sexuality and Sexual Health education. It also explores the Concerns-Based Adoption Model (CBAM) and its implications to the study.

Conceptions of Sex Education

Definition

Sex education ('sex ed'), sometimes called sexuality education or sex and relationships education, is the process of acquiring information and forming attitudes and beliefs about sex, sexual identity, relationships and intimacy. Sex education is also about developing young people's skills so that they make informed choices about their behaviour, and feel confident and competent about acting on these choices (Avert.org).

Kearney (2008) defined sex education as:

"involving 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."

SIECUS in Vergnani & Palmer (1984) concurs with this definition and further suggests that sexuality education is the lifelong process of acquiring information and forming attitudes, beliefs and values. According to Vergnani & Palmer (1998), sexuality education is a process that is started by the parents at home and continued by educators at school. The core elements of sexuality education according to Vergnani & Palmer (1998) are information, values and skills.

Therefore, sexuality education helps inculcate positive values, opinions and feelings towards self and others through informed decision-making and choices.

Justification for Sexuality and Sexual Health Education (SSH education)

SSH education is the right of a child (European Convention on the Exercise of Children's Rights, 1996, Article 3). It relates to the rights of young people to sufficient information and support to assist them in making informed decisions regarding their health.

The emergence and spread of HIV/AIDS, increasing concerns about sexual abuse of children and adolescents and changing attitudes towards sexuality and changing sexual behaviour among young people have necessitated SSH education. These new developments require effective strategies to enable young people to deal with their sexuality in a safe and satisfactory manner (Standards for Sexuality Education in Europe, 2008).

Daria & Campbell (2004) posit school-based sexuality education programmes must receive high priority. Reddock, (2006) argues that appropriate education is a powerful primary prevention tool, which can reduce the risk of a range of psychological and physiological impacts, stigma and discrimination that prevents students from achieving their full potential.

Goal of SSH education

FOCUS (2001) found strong evidence that support the effectiveness of SSH education programs in improving Youth Reproductive Health (YRH) outcomes. Rampersad (2003) writes that students:

"…need to be taught how to manage intense and unpredictable emotions, how to cope with sexual feelings, how to form healthy relationships with members of both sexes, how to recognize or avoid situations that are potentially harmful, how to make good decisions, how to be assertive, how to refuse, and how to clarify their own values."

This ultimate goal therefore is to provide life-skills. According to Vergnani & Palmer (1998), these skills may include faith in ourselves, taking control of our lives and what is happening around us, coping with life and taking charge of it, feeling motivated and confident to face life challenges and achieving all that we can. SSH education provides the link between home and school and bridges gaps in students' learning that is critical to their healthy sexual development. Above all else, the goal is to educate holistically and explicitly.

Therefore, the solution is comprehensive SSH programmes, not just abstinence as previously advocated. Comprehensive sex education programmes have been the preferred choice of the Obama administration, who removed funding for programmes that advocate abstinence as the only method of managing teens' sexual curiosity (Kirby, 2001). Instead funding was created for programmes that gave teens options and placed the choice for their sexual and reproductive health squarely on them by providing them with the information they need to take charge of their sexual well-being.

Health and Family Life Education (HFLE)

While family has an important role to play in transferring personal, moral, religious, and cultural values, the 1998 "Regional Report of [the] Needs Assessment Study", of the CARICOM HFLE Project (produced by the School of Education, UWI, Cave Hill), has revealed that young persons themselves are asking for help in this area (Rampersad, 2003).

HFLE is a comprehensive, life skills-based programme, which focuses on the development of the whole person (Health and Family Life Education, TEACHER TRAINING MANUAL, 2009). According to WHO, a health promoting school should enhance physical and emotional health for all living and working within it through the teaching and learning style it adopts. This in turn, should empower young people to action and to generate change influencing their health status and their health behaviours (WHO, 2003).

Over time societal dynamics and transformation of traditional family structures have placed increased responsibility for teaching sexuality education on government and other public organizations such as schools and health agencies (Duncan & Goddard, 2011). The HFLE Regional Curriculum Framework provides a comprehensive program of standards and guidelines for the teaching of the innovation. It "is perceived as the viable way to bridge existing gaps to enable young persons to attain the high levels of educational achievement and productivity required for the 21st century" (UNICEF/CARICOM, 1999, p 15.). The CARICOM Health and Family Life regional curriculum framework which focuses on the resilience of the whole person because it:

"enhances the potential of young persons to become productive and contributing adults or citizens, promotes an understanding of the principles that underlie personal and social wellbeing;

fosters the development of knowledge, skills and attitudes that are necessary for healthy family life; and provides opportunities to demonstrate sound health-related knowledge attitudes and practices". (Patrick Faber, Minister of Education, Belize)

HFLE in the Caribbean

Jamaica

The Ministry of Education, Jamaica has made it mandatory for schools to teach Health and Family Life Education (HFLE) as a core subject. This is a requirement of all schools from the Early Childhood level to high school. A study in 2010 by the MOE revised the implementation of HFLE Programs in all schools in Jamaica, on a phased basis, until 2012. The initial revised HFLE curricula commenced in September 2007, with 223 schools. In September 2008, the Program was scaled up to include an additional 234 schools across the country. The intention was to eventually incorporate all schools in Jamaica from early childhood through to secondary (MOE, 2010).

The HFLE program for grade six students in Jamaica has been successful. There is evidence to demonstrate that students from HFLE schools reported more positive attitudes and norms, greater knowledge and less risky behaviour than students from their matched Non-HFLE schools. HFLE is proving to be an effective way of providing students with choices for a healthy life, now and into adulthood.

Guyana

The Ministry of Education, Guyana has seen the need to introduce Health and Family Life Education (HFLE) curriculum as a timetabled subject at the Grade Seven in 30 secondary schools in eight education districts (Kaieteur News, 2011). This was a direct move to implement the Caricom HFLE initative and was a follow-up held the previous year in Georgetown, at which 30 teachers were trained. The teachers are expected to peer-train their colleagues in their respective regions on effective methods of delivering the programme.

In an effort to effectively equip teachers with the necessary tools to deliver the subject, the Ministry of Education, Guyana in collaboration with the Guyana HIV/AIDS Reduction and Prevention Programme, Phase II (GHARP II), funded by the US President Emergency Plan for AIDS Relief (PEPFAR) through the United States Agency for International Development (USAID) commenced training of teachers/educators in HFLE education, in an effort to curb the "growing incidence of violence, substance abuse, and irresponsible sexual activity (that lead to unwanted pregnancies, sexually transmitted infections including HIV), among adolescents, factors that subsequently may affect academic performance and school attendance". HFLE is hoped to assist in the elimination of hindrances that contribute to persons not completing school.

Therefore, Guyana has attempted HFLE implementation with a level of urgency, as it is a means of stemming teenage risk- taking and unhealthy behaviour.

Trinidad and Tobago

Sex education is not officially taught in schools in T&T because there is no comprehensive approach or the professionals available (The Trinidad Guardian, 2014). Minister of Education, Dr. Gopeesingh attributed blame to the curriculum department of his Ministry. "They have failed to put together a programme which is urgently needed in our schools." However, the Department was reportedly working to revise the Primary Health and Family Life Education (HFLE) programme, which included sex education for primary schools. At secondary level, HFLE will fall under Social Studies.

Hundreds of teachers were expected to undergo training to teach children in primary and secondary schools about sex and its consequences, from September, 2014 (Minister of Education, Gopeesingh). Sex education would fall under the context of Health and Family Life Education (HFLE) and the programme would be accelerated in all primary and secondary schools up to form three. The denominational boards agreed to implement HFLE, but in keeping with their religious beliefs and doctrines.

Teachers from some 50 to 100 schools will be trained in the next three months to test the programme by September, 2014 and were expected to disseminate the information in a responsible way. "We must rise to the challenge to educate our most vulnerable people, our youth, about their health, build their self-esteem, and better empower them to make positive choices" (Gerry Brooks, Chairman, FPATT).

In conclusion, the teaching of SSH education is not a recent development but has been evolving through the decades based on the needs of society. The debate is no longer whether it should be taught, but how soon can it be implemented.

The Concerns-Based Adoption Model (CBAM)

Originally based on research showing that beginning teachers went through developmental stages and expressed predictable concerns at each stage as they learned to teach, it was developed by researchers at the University of Texas at Austin. The model was later adapted to measure concerns expressed by teachers as they learned to use new practices and the extent to which they implemented the innovations.

The Concerns-Based Adoption Model applies to anyone experiencing change, that is, policy makers, teachers, parents, students (Hall & Hord, 1987; Hord, Rutherford, Huling-Austin, & Hall, 1987; Loucks-Horsley & Stiegelbauer, 1991). Fuller's Concern Theory evolved from the need to resolve the misconception by George, Hall & Stiegelbauer, (2006, p. 1) which posits that in educational change, "teachers only had to adopt an innovation to achieve the desired outcomes". Fuller believed that change began with the teacher and that it was important to understand how teachers were affected by change.

Educational change is about how teachers implement a new practice in their classrooms (Hall & Hord, 2001; Anderson, 1997). Teachers have concerns or feelings and perceptions as a result of implementing an innovation (Fuller, as cited in Hall & Hord, 2001). Van den Berg and Ross (as cited in Cheung, 2002) define concerns as the questions, uncertainties, and possible resistance that teachers may have in response to an innovation. Concerns are indicative of the type of support teachers and parents require before, during and after the change process. Since it is a highly personal one the process is also cyclical and requires constant review.

Teachers and parents are central to the change of notions about sexuality education. This, however, does not necessarily mean changing of beliefs since personal beliefs are constructions

of individuality itself and are results of upbringing, cultural conditioning and personal development. In an effort to facilitate implementation, change facilitators sometimes try to alter beliefs to match that of the innovation. Since changing beliefs may prove difficult, addressing concerns is a more feasible option (Hord, Rutherford, Huling-Austin & Hall, 1987). Lloyd and Wilson (as cited in Cetinkaya, 2012) maintain that teachers' concerns about an innovation have a significant effect on their implementation of this innovation. If concerns remain unaddressed, implementation is more likely to be unsuccessful.

George et al. (2006) assert that "The CBAM is a conceptual framework that describes, explains, and predicts probable behaviours throughout the change process, and it can help educational leaders, coaches and staff developers facilitate the change process" (p.5). The CBAM is comprised of three facets: the Stages of Concern (SoC), Levels of Use (LoU) and Innovation Configurations (IC). This study is based on the SoC which describes the affective side of change (Horsley & Loucks-Horsley, as cited in Harry, (2008).

The Concerns-Based Adoption Model (Hall & Loucks, 1979) describes the seven levels of concern that teachers experience as they adopt a new practice (brief definitions appear below):

Table 1: The Stages of Concern Model

Self Stages

0. Awareness: I am not concerned about the innovation.

1. Informational: I would like to know more about it.

2. Personal: How will using this approach affect me?

Task Stage

3. Management: I seem to be spending all my time getting material ready.

Impact Stages

4. Consequence: How is my use of this approach affecting my students?

5. Collaboration: How can I relate what I am doing with what other teachers are doing?

6. Refocussing: I have some ideas about something that would work even

better.

This study is concerned with the SoC teachers and parents are within this continuum so that issues can be managed in order to move forward with the teaching of sexuality education to the benefit of the students. Teachers' and parents' concerns develop from initial awareness to refocusing as they progress in implementation (Hord et al., 1987; Sparks & LoucksHorsley, 1989; Horsley & Loucks- Horsley, 1998; Hall & Hord, 2006). Each stage is distinguishable from the other but is not confined to itself; there can be overlap between and among them. The management of the individual at each stage is important in order to minimize regression from one stage to another, which can delay the process and results (Anderson, 1997; Hall & Hord, 2006).

The SoC steps assist educators in ascertaining their interest in an innovation so that they can be addressed, since it is only when this is done can an institution move forward. The affective domain of the SoC model allows for feelings, perceptions and opinions to be fully addressed as these are crucial to the innovation's success. Hall and Loucks (1978) further states

that change is a personal occurrence, and the person affected should have ample time to accept and understand the change process.

Behavioural change requires individuals to relinquish old behaviours and substitute new ones which lead to organizational restructuring congruent with personal values and organizational goals (Hallinger & Hausman, 1993). Fullan and Stiegelbauer (1991) posit that the success of change necessitate facilitators' understanding and participation in the change process.

Teachers' concerns

Personal, Cultural and Traditional beliefs and values

UNESCO (2010) reports the importance of acknowledging teachers' personal, cultural and traditional beliefs and values and the effect of these on their comfort, willingness and ability to teach sensitive topics in the appropriate language. UNESCO emphasized like other members of society, teachers live within a network of societal confinements that must be understood and addressed if they create barriers to effective teaching. Teachers' confidence about teaching sex education depends on their expected outcomes because sex education is not value-free, but loaded with meaning and a teacher might consider that parts or the whole content of a program contradicts her/his own values and norms, those of the students or the parents, or values and norms of the general community (Helleve, Fisher, Onya, Mathews & Aaro et al, 2009).

A UK survey conducted by Stonewall (2009) found that less than half of teachers feel confident about providing pupils with information on lesbian and gay issues. A teacher who is not trained in sexual health education is more likely to feel uncomfortable when asked to teach

topics on safer- sex issues such as oral, anal, and same sex intercourse. Moore and Rienzo (2000) examined topics taught in sexuality education classrooms and discovered teachers omission of topics in their curriculum based their own sense of were important. Some topics were thought controversial or difficult to teach to students. A teacher's personal experiences and beliefs influence his or her handling of sexuality education material (Timmerman, 2009).

A study exploring explicit and implicit values about sexuality education communicated by teachers and health services staff in a large, urban school district in Indiana (Herbert, et al, 2014) reported that sexuality education classes were guided by educators own values and beliefs. Sexuality educators also have very little guidance when it comes to teaching content and methodology. Many the teachers commented on the necessity for sexuality education in schools particularly the need for "real" information that addresses issues in students' lives.

Barriers/ Challenges / Difficulties

Advert.com postulates in an article entitled "Sex Education That Works", too often, teachers are embarrassed to discuss same-sex relations, the need for which is relevant in today's rapidly enlightened social dynamics. "The discomfort of teachers and parents has been, for too long, allowed to frustrate the needs of pupils both gay and straight." The perceptions and concerns of teachers have been similar to that of the researcher's own. Teachers are quite uncomfortable with the notion of same sex relationships or allow their personal or religious beliefs to disallow any possible discussions on the topic.

Masinga (2009), in her self-reflexive study on teaching sexuality education to her Grade 6 learners, argues that in order for a teacher to teach with integrity a teacher must identify and accept the inconsistencies in their own understanding of sexuality. A teacher who is honest with his/her own self- prejudices and all- will teach with a greater sense of self than one who cannot see that sexuality comes from within and cannot be constructed by others. She states, "My self-study journey required me to first acknowledge that as teacher, woman, and researcher, I have my own 'demons' that prevent me from talking openly about sexual matters to younger children (11 to 15 years of age). I realized that these 'demons 'contributed to how I selected and delivered sexuality-related content" (p. 246). Rooth (2005) also reports that many teachers are uncomfortable or fearful of aspects of sex education, such as contraception and safe sex.

Sex and sexuality education is affected by teachers' integrity to their own values and beliefs (Harley et al., 2000) at the risk of proper instructions to students. Rooth (2005) similarly acknowledges this subjectivity in the SSH curriculum regarding contentious issues such as HIV/AIDS, contraceptions, masturbation, religion, sexual orientation which prove challenging for teachers to articulate (p. 261).

Mukoma et al (2009) also found that teachers were limited when using learner-centered methods, reflecting a lack of understanding of the theoretical underpinnings of learning through practice and social modelling. In their study, teachers rated role-play as an unsuccessful and time consuming activity and in some cases discontinued using role- play in the programme, to substitute other activities instead (Mukoma et al, 2009, p. 44). Classroom realities such as over-crowding, inadequate furniture, indiscipline problems and mixed-age learners in the same class present further challenges to teaching sexuality education effectively.

Needs training / Support from Parents, Principal /MOE

Teacher training is pertinent to a knowledgeable educator who can deftly impart that information wisdom with skill and composure. Milton (2001) explored qualities and attributes that Australian teachers found useful for teaching sexuality education. She found that teachers valued neutrality, acceptance and open-mindedness with regards to issues in sexuality education. This is likely the case for any topic a teacher is called upon to teach, but when it involves the sensitive content of sexuality education, this is all the more uncomfortable, value-laden and judgmental.

"These are dark times for balanced, responsible sexuality education," concludes Barbara Huberman, director of training at Advocates for Youth. The World Health Organization [WHO] (1997) states:

"the extent to which schools can become instruments of health promotion for children and adolescents is fundamental in determining whether they will be both educated and healthy, and whether they can lead fulfilling lives and contribute to building a better world" (p. 1).

This position is further reflected in the WHO's Health Promoting Schools (HPS) approach, an internationally recognized strategy for the design and delivery of positive and comprehensive school health promotion programs. This principle postulates a number of characteristics of the health promoting school crucial to the concept of inclusion regardless of background, class, race and geographical location. It strengths the notion of education for all and no child left behind but goes further by including the value of health to the equation so that opportunities for success are increased (Basch, 2010; Marks, 2010: NHMRC, 1996).

It is much easier to teach facts and content related to sexuality education, than it is to give learners the opportunities to interact with their learning of life skills such as assertiveness, decision making and communication skills (Rooth, 2005, p. 251). Teachers who view learners as "knowers" (Mitchell et al., 2004; Walsh, Mitchell, & Smith, 2002) or as legitimate sexual subjects (Allen, 2005, 2009) are more comfortable using participative methods such as discussions, learner feedback and role play, while teachers concerned with instilling a particular set of moral values in learners are more likely to use traditional didactic methods. Milton (2001) contends that educators should be adequately trained and be given adequate resources so that sexuality education can be properly implemented.

Ahmed et al (2009) also found conflict between the messages that teachers were expected to teach and their own personal beliefs and values. Training therefore needs to include an element of self-reflexivity where teachers acknowledge their own prejudices and identify their values and beliefs as separate from the content that they teach (Masinga, 2007, 2009). Mitchell et al argue that youth are, "often publicly referred to and visually constructed as children in need of protection, rather than as youth who have the right to relevant information about their own bodies and their sexuality" (2004, p. 36).

However, Anastácio (2007) reports that despite legal and ministerial guidelines, teachers continue to resist the approach of sex education in schools. According to Cohen et al. (2012) the teachers who demonstrate greater willingness to teach Sexuality and Health Education (SHE) are more likely to be teaching middle school, have less teaching experience, have received training in SE, feel more knowledgeable about sexual health, and view broad-based SHE as more important. Buston et al. (2002) argue that when schools decide who should deliver sex education

it is more important that they select teachers who feel comfortable with SE and have the requisite skills to deliver it.

Training should be a choice because when people decide for themselves they tend to put more effort into their decision. It is only natural that we attempt faithfully choices we make for ourselves than to have decisions thrust upon us and we begin to resent the policy.

Parents' concerns

Personal, Cultural and Traditional beliefs and values

Values and attitudes about sexuality are transmitted from parents to children regardless of parents' actively participation in the sexuality education of their children or their neglect (Allen & Baber, 1992; Calderone, 1989; Goldman & Goldman, 1982; Klein & Gordon, 1992). McCarthy (1996) argues that parents should teach their children sex education and further states that school-based education "corrupts the innocence and purity of young children" by causing them to "think impure thoughts" and should focus on developing "the virtue of chastity." Psychologist Sharon Maxwell, Ph.D., author of the book The Talk: What Your Kids Need to Hear From You About Sex believes strongly that parents should be the primary adults teaching their kids about character, including sexual values.

Isangedighi (1990) pointed out that parents are the first group of people who set moral standards for their children. More than half of parents do not think sex education should be taught to children in school from a young age, a survey suggests. Of 1,700 parents of UK 5-11 year olds surveyed by the BabyChild website (2011), 59% said they disagreed with the practice.

The most common reason given was that it is "inappropriate to teach children about sex". Private interviews were conducted with 52 parents, using a structured interview guide based on an online library of John Wiley & Sons, Inc. (2013). Mothers were seen as the main sex educator for girls, whereas both parents were seen as sex educators for boys. Sixty percent of the parents believed that sex education should begin during the school-age years. Lack of adequate knowledge about their child's potential for sexual functioning was perceived by all parents.

Durojaiye (1972), Essen (1994) studies revealed that the introduction of sex education in the school curriculum resulted from parents' refusal to give their adolescents the sexual information they require to help them function well in the society. Parents believe that adolescents' moral decadence is an after effect of what they learn from school either through peer influences or from teachers who are meant to act as role models. Akpama (2013) hypothesised that parental perception of the teaching of sex education to adolescent in secondary schools in significantly negative that is, all parents, irrespective of their gender or educational status perceive the teaching of introductory sex education to youths as a bad, moral issues that should not be encouraged.

Barriers/ Challenges / Difficulties

Frappier, et al (2008) recognize that parents desire provision of guidance for their children, but express discomfort with the subject of sexuality, believe their children are not ready for the "talk" or are fearful that discussions will lead their children to experimentation. These are major barriers to effective parental involvement in sexuality education.

Empirical evidence indicates that adolescents whose parents communicated openly with them about sexuality when they were young feel more comfortable discussing sexual topics with their parents and are more likely to make personal decisions about sexual behaviour that reflect parental values and morals (Brock & Jennings, 1993; Fisher, 1988).

Parents who are open, responsive, comfortable, and confident in discussions about sex and related issues raise children who participate less often in risky sexual behaviour, suggesting that the quality of communication influences the message adolescents receive about sex (Guilamo-Ramos & Bouris, 2008). Parents' belief that their children are incapable of meaningful dialogue further exacerbates them to seek information elsewhere, from far less reliable, competent sources, which leads to greater complication by incorporation of improper values and teachings that derail chances for healthy habits and choices. Adolescents, who have repeated communications about sex, sexuality, and development with their parents, are more likely to have open and closer relationships with them (Martino, Elliott, Corona et al., 2008). This provides unrestricted communication with parents in the future about sex issues than adolescents whose sexual communication is thwarted by discomfort and dishonesty.

Parents impart more by not speaking. Parents are quite unaware that through their own lives, the manner in which they view sex and sexual matters, and by the words that they use, or fail to use that their children form opinions and feelings which are stamped into their value system about their own sexuality. Young people who reported feeling a lack of parental warmth, love, or caring were also more likely to report emotional distress, lower self- esteem, school problems, drug use, and sexual risk behaviours (Steinburg, 2001). Incidental learning can be more detrimental than honest, open communication even if it is uncomfortable. The likelihood of ambiguity and mixed messages is far less once communication lines remain open.

Needs training / Support from teachers

According to interviews conducted for the Kaiser Family Foundation (2000), most parents (65%) believe that sex education should encourage young people to delay sexual activity but also prepare them to practice safer sex once they do become sexually active. A questionnaire, based partly on the Finnish national core curriculum for basic education, was administered to 348 parents. Parents living in rural areas and the youngest group of parents were more likely to consider that health education should be shared with schools than were parents living in cities, or older parents.

Researchers identified five areas where parents needed help: confronting their own conflicting feelings about sexuality, exploring their own attitudes and values, obtaining accurate information, honing their communication skills, and accepting their roles as sexuality educators (Alter & Wilson, 1982). Parents often require assistance from schools and teachers in communicating matters of sexuality with their children. The Student Support Services and Social Workers are also seen as professionals who can also provide parents with the assistance required to transfer the information.

Training and workshops on parenting and effective communication can assist parents with the information and skills they need to talk with their children. They will need to work on changing their attitudes and misconceptions through their own education and enlightenment. As part of their 2030 Vision the Ministry of Education and the Ministry of Health in Jamaica intent to work together to ensure that mothers and fathers who access care at prenatal clinics should be required to participate in parenting classes before their child is born. Caregivers should be sent

into homes when children are in the preschool stage to further teach parents how positively develop and influence their children (The Gleaner, 2014).

In conclusion, the literature review emphasizes the possibility that SSH education can make a difference in education and the lives of parents, teachers and students. It has the potential to effect change.

Chapter 3: Research Methodology

Introduction

This chapter will describe the research methodology used in the research design for the sampling procedure, data collection and data analysis to answer the research questions.

Qualitative Research Design

The purpose of a research design is to provide valid and accurate answers to the research question (Denzin and Lincoln, 2000; Mc Millan and Schumacher, 2001). The overall goal of qualitative research is to be "descriptively accurate and explicit" and "interpretively rich and innovative" (Polit & Beck, 2004, p. 492). According to Stake (1995) "in a qualitative research "knowledge is constructed rather than discovered" (p.99). This study therefore employed a descriptive case study design under the umbrella concept (Merriam, 1998) of qualitative research.

Qualitative research allows the researcher to "empower individuals" (Creswell, 2007), in this case, the participants so that they may share their concerns, let their voices be heard and create awareness and understanding for the need for sexuality education in School X. The multiple realities of the qualitative research allows for the information to be collected through the eyes of different "actors". The intimate and sensitive quality of the research required can only be procured through qualitative methods since the researcher will need to gain the participants' trust and confidence (Guba & Lincoln, 1988) in the handling of their perspectives and concerns.

The researcher is guided by her own biases and through the propagation of these prejudices and partialities that make qualitative research the best instrument for the research since the information to be gathered is subjective, personal, value laden and biased. The researcher then, is as much a part of the story voiced as the participants are in the telling of the story (Denzin, 1989). This will assist the researcher in collecting, interpreting and representing the concerns of both teachers and parents in the teaching of sexuality education and through the data, the researcher can present a better understanding of these challenges.

In conclusion, qualitative research design give the researcher the opportunity to gain interpretation in a context (Cronbach, 1975 cited in Merriam, 1998) of School X. The qualitative approach allows for the interaction of participants in a natural setting so that less contrived findings could be obtained (Creswell, 1998).

Sampling Procedure

Sample Type

The selection of participants for this study was done through purposive sampling. "It is described as a non-random selection of sampling units within the segment of the population with the most information on the characteristic of interest" (Guarte & Barrios, 2006; Creswell, 2009). Patton (1990) defended purposive sampling as "logical and powerful in selecting information-rich cases for in-depth study". According to Parahoo (1997), in non-probability sampling researchers use their judgement to select the subjects to be included in the study based on their knowledge of the phenomenon. According to Anderson and Burns (1989), purposive sampling

allows the researcher to focus interest on a selected cases which provide the greatest possibility of successful results. For this reason, the population sample of one school, six teachers and two parents were selected.

Target Population

The target population fell within the St. George East School District and comprised one co-ed government secondary school from the district.

The Accessible Population

The accessible population for the study consisted of six teachers out of a staff of eighty teachers. Two parents were selected from among the form 2 student population which consists of 198 students.

Teachers/Parents in the Sample

Originally, four teachers were selected based on the assumption that subjects like Biology, Social Studies and English Literature lend themselves to issues/topics that are congruent with sexuality education. The guidance officer provided a rich source of data since the topics of sexuality, puberty and sexually transmitted diseases are covered in the Student Support Services curriculum for form one students. Eventually, six teachers were selected primarily on their willingness to participate in the research and whose schedules facilitated the interviews.

Two parents were selected from the form two year group based on willingness to participate from information sent out and collected requesting permission to be used in the research. Two mothers responded positively and were used to represent the parent participants. Both participant were in the 31-40 age group, both having completed their secondary school education and were gainfully employed. Eventually, the subject areas of the teachers and guidance officer had to be amended based on availability and willingness to participate.

The following summarizes the socio-demographic data of the teacher participants.

Gender	Age group	Education Level	Years of Experience Teaching
male	31-40	Degree	> 5years
female	21-30	Degree	< 5years
female	31-40	Degree, Dip. Ed.	> 10 years
female	31-40	Degree	< 10 years
female	41-50	Degree, Dip. Ed.	> 15 years
female	41-50	Degree, Dip. Ed	> 15 years

Data collection Instrument

Interviews

Data collection was based on semi-structured interviews of eight participants. Ribbins (2007) believes, interviews provide the opportunity to obtain in-depth information about a participant's thoughts, beliefs, knowledge, reasoning, motivations, or feelings about a topic. Interviews appeared to offer the most appropriate method of securing the intensive detail which was required for the research.

The participants' concerns were captured with the use of semi-structured interviews through a semi-formal, conversational tone drawing on mutual trust to extract the lived experiences of each participant. A one week time frame was allocated for interviews with teachers, with another allotted to the interviewing of the parents. A purposeful sampling method was used to identify the participants since their willingness directed the selection and their availability facilitated the process. Data collection hinged on the research questions which provided a base for the structure of the interview and the questions.

Administration of Interviews

The interviews commenced with the researcher reminding each participant of their right to withdraw at any time during the interview or within the process itself. Confidentiality and anonymity were assured and the researcher requested permission to record the interview for transcription later, and then proceeded with the topic of the research followed by prescribed interview which allowed open-ended responses.

Interviews lasted approximately twenty to twenty-five minutes. In addition to the recording of each interview session, notes were taken for easy reference later. The researcher scheduled appointments with the participants ahead of time at which the location of the interview was agreed upon in order to manage time more efficiently for both parties. The researcher allowed the interview to assume a more conversational feel, but generally used "leading" questions to keep the interviews on track. The participants were allowed opportunities to volunteer as much or as little information as was comfortable so as not to force or deny the participants' telling of their story. At the end of each interview, appreciation was expressed verbally and consultation on transcribed interviews "appointment" arranged.

Teachers' interviews

The teachers were interviewed in a secure room which provided privacy and discretion. Prescribed questions were used and since the process was more difficult for some, only the responses to these questions were transcribed and used.

Parents' interviews

Parents were also interviewed in a secure room generally used for parent/teacher conferences so that there was no discomfort or suspicion created. The interviews with the parents proved more challenging than the teachers since the parents needed more time to become comfortable before they became forthcoming.

Procedures Used In Instrument Administration

The Interview Protocol

Loflan and Loflan, 1984, as cited in Hoepfl, 1997 posits that the interview protocol helps ensure good use of time, makes interviewing multiple subjects more systematic and comprehensive and helps to keep interviewers, as well as participants, focused. The interview questions (see Appendix B) help guide the interviews since the researcher needed to:

1. Answer the research questions- overarching and the four sub-questions,

2. Capture the concerns of both parents and teachers regarding the teaching of sexuality and sexual health, and

3. Share the lived experiences of both parents and teachers with regard to their understanding, attitude and evaluation of the teaching of sexuality and sexual health education.

This could only be accomplished if the researcher was prepared with "leading" questions that moved both sets of interviews along and which directed the process so that it would not become tedious and which allowed the required data to be collected consistently among the participants. The uniformity of the interview questions facilitated the data collected increasing reliability and integrity within the process.

The table below outlines the interview protocol adopted for the realization of the research questions. Refer to Appendix B and C for detailed questions and responses.

Table 2: Interview Protocol for Teachers Interviews

Themes/Categories	Research Questions	Protocol Interview

		Questions
Concerns, perceptions, feelings,	Overarching question : What are teachers concerns regarding the teaching of sexuality and sexual health to students?	Questions 1-19
Relevance, Information as Protection Solution to Social Problem , Responsibility, Structure/Content	Sub-question 1 : What are teachers' perceptions of teaching the sexuality and sexual health component of HFLE?	Questions 2, 4, 5,6,7,8,9, 10, 11,12,13,
Self, Social/Cultural, Resources	Sub-question 2: What are the challenges teachers perceive in the delivery of sexuality and sexual health lessons to students?	Questions 3,14,15, 16, 17, 18, 19

Table 3: Interview Protocol for Teachers Interviews

Themes/Categories	Research Questions	Protocol Interview Questions
Concerns, perspectives, experiences	Overarching question: What are parents' concerns regarding the teaching of sexuality and sexual health to students?	Questions 1-11
Self, Tradition	Sub-question 3: What are the challenges parents face when communicating with	Questions

	their children about sexuality and sexual health?	1, 2,3,4
Family Matters, Locus of Control	Sub- question 4: How can parents contribute to the education of their children in matters of sexuality and sexual health?	Questions 5,6, 7,8, 9, 10, 11

Overview of Data Analysis

Grounded theory methodology (Glaser & Strauss, 1967) was used in the analysis of the data collected. Building grounded theory requires an iterative process of data collection, coding and analysis. The process consisted of four key stages, familiarization, categorization, summarization and interpretation.

Bogdan and Biklen (1982) define qualitative data analysis as "working with data, organizing it, breaking it into manageable units, synthesizing it, searching for patterns, discovering what is important and what is to be learned, and deciding what you will tell others". Qualitative researchers tend to use inductive analysis of data, meaning that the critical themes emerge out of the data. Creswell (2002) highlights the importance of becoming familiar with data before trying to gain meaning from it, by scanning each word, line by line and repeating the process until some understanding is gleaned.

After poring through the each transcribed interview, a process repeated over and over, the recognition of uniformities and consistency created codes. Through the coding process, the researcher was able to search for patterns in the data and then to classify them according to the patterns that emerged. In vivo codes or the direct quotes or words of participants were also

utilized in this process of coding (Creswell, 2013; Merriam, 1998). For this process, the recoding of data had to be done since research is a cycle and review is essential to the process (Abbott, 2004). Ary et al. (2006) suggest this refinement serves to strengthen initial codes while reducing their number, making data more related and easier to manage.

The codes were analyzed and themes and categories generated from them. This process was further refined as more insight was garnered through constant reading and checking. Member checking and participant verification were employed throughout the process and to minimize the researcher's axiological and ontological assumptions which informed the selection of the codes since it is through the researcher's own values and reality that these codes surfaced.

Lastly, themes and categories formed the foundation of the analysis and findings.

Ethical Considerations

The necessary permission from the Ministry of Education, the Principal of the researcher's school and the participants was obtained before the research began after proper appraisal was done. The participants were told of their right to volunteer and informed consent obtained. The participants' right to withdraw at any time during the process was also guaranteed as were confidentiality and anonymity throughout. The assurance was given that the information gathered would be checked for accuracy by the participants, and that "no harm" would come to them or the information at any time during the process. It was very important for the researcher to earn the participants trust since it was the foundation of the research itself, and especially since the researcher needed to respect the source of the information to be gathered and have the feeling reciprocated.

Limitations

Qualitative research carries with it the risk of the researcher's biases, values and opinion seeping in, from inception to conclusion. It is hoped that the data collection, analysis and findings is uncorrupted by the researcher's own concerns about the teaching of sexuality and sexual health and that the data remains more the participants' than the researcher, especially in the telling of their descriptions and narration.

The researcher has taken all precautions to prevent this with the use of member checking, triangulation, participants' verification and input throughout. Time to conduct the research was also a limitation since schedules and timetable had to be worked around in order to facilitated data collection, analysis and write up.

Delimitations

The findings of this research reflect the concerns of one co-ed secondary school in the St. George East district and is further restricted to eight participants of the school.

In conclusion, this chapter outlined the methodology, procedures involved in the collection and analysis of the data, including the ethical considerations that informed the research. The following chapter outlines the findings and the analysis of the findings.

Referencing

The American Psychological Association (APA) format 6th edition was utilised for references and citations

Chapter 4: Data Analysis, Research Findings and Interpretation

Introduction

The analysis, the findings and the interpretation of the data collected through the interviews conducted with teachers and parents is presented in this chapter. It will attempt to analyse, determine findings and interpret these findings which emerged out of the codes, themes and categories for each research question.

Research Sub question 1:

What are teachers' perceptions of teaching the sexuality and sexual health component of HFLE at a co-ed government secondary school in the St. George East District?

In order to answer this first research question, the data that was collected from the participants was carefully examined to formulate codes and categories based on open coding methods. The following is a list of themes that emerged from the categories:

- Relevance

- Information as Protection

- Solution to Social Problem

- Responsibility

- Structure/Content

Relevance

The participants all agreed that sexuality and sexual health education was very appropriate and relevant. They were almost unanimous in this regard, with five participants agreeing on the appropriateness of SSH education for students and expressed hope that such a programme would benefit the students. Five of the six participants rated SSH education as "very important" and only one expressed scepticism, stating that other factors also influence students:

- Teacher 6: "I don't know how important teaching sexuality education will be in curbing the current situation in society since children are exposed to so many things…"

The participants also shared similar notions as to the appropriate age for students to receive SSH education with four of the six agreeing that "puberty" and "form 1" were appropriate ages.

- Teacher 3: " …form one bridges the gap between childhood and puberty…it is a transitional period."

Teacher 2 and 6 believed that it was when they began to "show interest". A difference was that Teacher 6 felt that that "interest" could be at any age and that what was important was the "volume of information we give them at particular ages". Teacher 4 also felt that students at any age could be taught SSH education.

Few participants had limited, if any, knowledge of the HFLE Curricula for ages 5-12 (primary) and 11-16 (secondary). One teacher had "No idea there was such a thing", while

another knew there was one for primary school but was "not aware of this programme for secondary school". Teacher 6 knew of a HFLE curriculum but admitted "It is not in the secondary schools so I have not seen it." Two participants had learnt about HFLE during their Diploma in Education studies, and Teacher 2 had merely "read about it somewhere".

Information as protection

The participants' responses to the notion that SSH education would promote promiscuity were varied. Five of the six teachers felt SSH education would not make students any worse off, but may even help them learn to "make better choice", "curb their enthusiasm" could serve as "a nice reality check".

- Teacher 1: "The lack of sexuality and sexual health does not appear to limit promiscuity so I don't see how education will promote it."

- Teacher 6: "…we should equip the young adults of society to protect themselves and make proper decisions."

Teacher 4 felt it didn't really matter, because the students " who want to listen, listen and those who don't, don't", while Teacher 5 felt that SSH education can work both ways:

- Teacher 5: "On one hand, teaching them about STIs and unplanned pregnancy may sway them from wanting to have sex and be promiscuous. On another hand teaching them about contraception may open a gateway for them to have sex, safe sex, but none the less, sex."

Teachers were unanimous in their opinion about effective protection against sexually transmitted diseases: "Abstinence and barrier methods". Teachers felt with the spread of HIV/AIDS and other STIs, "education about the use of condoms, as well as, insights into STI's"

were "natural" especially if students "do not heed warnings about delaying sexual activity until they are older".

- Teacher 4: "Religion and culture teach that the only safe sex before marriage is no sex, but we have come a long way from that idea, but I suppose it is still the most effective ways to prevent STIs."

Responses by teachers were contrasting about how a teenager can prepare for sexual maturity. However, a common thread among them was the concept of "responsible behaviour", "fully informed about the processes that occur during puberty", the "syncing of desires with practical thinking" and the notion that it requires "maturity" and "transition of body and mind from childhood to adulthood". While Teacher 4 questioned whether even adults achieve sexually maturity, Teacher 5 opined that "children learn by mirroring the behaviours around them".

Solution to Social Problems

Two teachers had positive feelings that SSH education can help prevent teenage pregnancy and STIs in some way, or at least help reduce, especially pregnancies. Teacher 3 expressed wistful thinking that it may help them "make proper decisions maybe", but was fearful that the students may also "do their own thing" regardless. Teacher 4 felt "it couldn't hurt", while also expressing alarm at the growing number of teenage pregnancies. Teacher 6 felt that the problem was a "plague", but admitted:

- Teacher 6: "Sex education may help but the students have to want to change too… to change their bad habits and begin to exercise restraint".

The teachers' believed that SSH education would not necessarily promote promiscuity rather it assisted in "teaching them to make better decisions".

Responsibility

Teacher 5 believed that the responsibility for deciding the appropriate age for SSH education for students rest with "parents not a teacher", while Teacher 6 felt the responsibility lay with "specialized people". These opinions remained constant when asked who should teach SSH education at the school.

- Teacher 5: "Parents should be trained…".

- Teacher 6: "A specially trained individual or a specially trained teacher to deal with that curriculum alone."

The opinions remained varied with teachers believing "Biology and Science teachers" and "Guidance officer" since it was already "part of their Curriculums". Teacher 4 felt "Nurses and doctors … during morning assembly". Teacher 1 thought that:

- Teacher 1: "The entire staff should have regular training sessions to deal with questions that may arise from the children. Some teachers already have a good rapport with the students and might be better equipped to relay the information".

Structure/Content

Teacher unanimously agreed that facts: puberty, reproductive system, testing for STIs/AIDS, HPV vaccination against cancer and appropriate use of contraceptives should form part of any SSH curriculum. Teachers also suggested current issues like "gender issues, LGBT rights, use of protection and prevention against diseases and unplanned pregnancies". Many teachers also recognise the need to include teaching students to make "informed decisions and balancing sexual urges with practical thinking", "respecting yourself and others", and "how to develop healthy relationships". Teachers 5 and 6 stated:

- Teacher 5: "The curriculum should involve clear cut content that is not clouded by religious beliefs because that will just complicate an already complicated subject matter."
- Teacher 6: "It should deal with the facts not people's opinion."

Teachers identified Biology, Social Studies, Integrated Science, Human and Social Biology and Physical Education as school curriculums that addresses aspects of SSH education. Teachers were also mostly unfamiliar with the HFLE programme for primary and/or secondary schools.

Research Sub-question 2:

What are the challenges teachers perceive in the delivery of sexuality and sexual health lessons to students?

Formulation of codes and categories based on open coding methods was used in order to answer this second research question. The data collected from the participants was carefully examined and the following list of themes emerged from the categories:

- Self

- Social/Cultural

- Resources

Self

Teacher 6 expressed that "finding a way to teach the material without making both the teacher and children uncomfortable" was a barrier to the introduction of SSH education. Teacher 3 believed it would be "the teacher's ability to keep the classes professional and control the children's reactions to topics". Teachers 2, 3 and 5 believed they were incapable of teach SSH education because of their "lack of training in appropriate materials".

Three of the six teachers were not willing to teach SSH education to students, while Teachers 1, 4 and 6 responded affirmatively. This was also reflected in the teachers' 2, 3, and 5 refusal to teach the HFLE Sexuality and Sexual Health curriculum even if provided with all the tools and training required. Again Teachers 1, 4 and 6 expressed interest since it might "contribute to students' lives". Teacher 4 explained that training of teachers could be a challenge "to ensure that the wrong information is not passed onto students as well as misconceptions which the teacher may also have".

Resources

Teachers conveyed varied needs should they agree to teach SSH education. Two teachers articulated training:

- Teacher 1: "Training because it is a very sensitive issue."

- Teacher 5: "Training and knowledge…. This prepares you to perform the task effectively."

Other physical resources such as "videos of contraceptive measures, the development of the baby during the gestation period and other teaching aids and materials", "material on the topic and technology to appeal to the young people" and "at least a workshop" were identified.

Social/Cultural

"People's opinions, religious beliefs and society's taboos" and "the embarrassment people feel" were thought to be some barriers to the introduction of SSH education. Teacher 5 felt that:

- Teacher 5: "Parents might be the biggest barrier because they might want to teach their children themselves or on the hand they may not want their children to be exposed to sex education at all."

Teacher 6 named "ignorant and outdated ideas and beliefs where sex is concerned and close-mindedness" as a challenge to SSH education.

Research Sub-question 3:

What are the challenges parents face when communicating with their children about sexuality and sexual health?

The data collected from the participants was carefully examined to formulate codes and categories based on open coding methods. Two themes that emerged from the categories were :

- Self

- Tradition/Culture

Self

The two participants identified that it was difficult to talk to their children. However, Parent 1 felt "at this age, everything" was difficult to talk about, while Parent 2 tried "to talk about everything", but admitted that "some things are not discussed openly in the house".

Both parents agreed that they felt "embarrassed" to talk to their children about sex or matters concerning sex. Parent 1 admitted that the content and extent of the conversation proved problematic:

- Parent 1: "I didn't know what to say, how much…".

Parent 2 felt that conversation about sex was embarrassing to both she and her child and that "they prefer to talk to friends because they think we are making fun of them". However, while Parent 2 admittedly needs to "gain courage and talk about sex", her husband is "more restricted" and "uneasy" about the subject.

Tradition/Culture

Both parents stated that no one ever "sit and talk" with them. Parent 1stated, "mother didn't talk about anything" and admitted that "it runs in the family I guess, because I didn't talk

with my kids". Parent 2 remembered her father being watchful over them, "especially after we got our first period", and her mother's opinion was that "a woman should have only one man", and "that sex is only after marriage".

On the issue of teenagers' readiness to learn about matters of sex at this time, both parents believed that they were ready and had to become ready. Both parents believed that 'consequences" were important factors with sexual readiness. While both parents felt that their teenagers would become aware through the mass media and peers, they both expressed concerns that:

- Parent 1: "…girls should value themselves, they can't go out chasing boys, because people will talk about them. They can't go out with one...then another".

- Parent 2: "…today, the tendency is to have sex earlier, this is shown on television, on soap operas...the different one is the one who doesn't have sex... without making yourself vulgar, respecting yourself... . We do this because we are afraid they will suffer ...get bad reputations".

Research Sub-question 4:

How can parents contribute to the education of their children in matters of sexuality and sexual health?

Codes and categories formulated from the collection and analysis of the data from participants to answer this research question were:

- Family Matters

- Locus of Control

Family matters

Parents 1 and 2 differed in their beliefs about how they could help their children cope. While Parent 1 admitted that, "Sometimes I can't find the right way or the right words to say" she did "talk about friends and making good choices", Parent 2 talked "about things like sex is for when you are married and it is about how you show love to your husband". Parent 1 found that "Talking about having sex and condoms is more difficult, so I just say.. don't let people tie up your head and sex is for when you get older", Parent 2 "hope and pray that she can look at people in the family and see what examples they are".

Locus of Control

Both parents differed in opinion about whether children should be allowed to discover about sexuality on their own. Parent 1 believed, "not really" while Parent 2 felt "some things they to find out on their own".

- Parent 1: "When friends tell friends about sex and thing, they don't know themselves and only know about what they hearing or seeing . They may not know the dangers of sex and feel it is only about nice feelings…"

- Parent 2: "I can't teach them everything. I could tell her about period, boys and what to look out for with them. I tell her about AIDS and diseases that you can get from sex, about pregnancy and things like that".

The parents were in agreement about their concerns about their children growing up today. They both felt that "children were exposed to too much too soon" and that sex was "everywhere". The two parents believed that "growing up now is hard" and there were "too

much for children to fight". Parent 1 believed that growing up was hard but children "have to learn to listen", while Parent 2 felt that "Boys have gangs and drugs, girls have pregnancy and they get bad names if they too easy…"

Both parents expressed similar notions about their responsibility to teach their children about safe sex and protection.

- Parent 1: "I prefer that she does not see sex as a choice she have, but that sex is not for now. If I talk about protection she could think different…"
- Parent 2: "Telling her that she should protect herself might be license to misbehave.."

The two parents believed that school was a good place for children to learn about sexuality. However, Parent 1 favoured "a little at school, a little at home", and Parent 2 preferred school but "not from their friends". Parent 1 felt that "teachers might say things I don't want her to know yet" but both parents expressed:

- Parent 1: "I don't want her to learn about things too fast".
- Parent 2: "I want to have control over some of the information".

Both parents were concerned about the content of sexuality education in schools. While Parent 1 worried "the school might be teaching things against my beliefs", Parent 2 wanted to "see the topics to make sure". The parents wanted the facts taught and limited information given to their children. Parents want their children to learn by accident or example, without actively contributing to their education in SSH matters.

The summary of findings, discussions and recommendations will be addresses in the following chapter.

Chapter 5: Summary, Discussion, Conclusions and Recommendations

Introduction

The discussion of the findings each in light of the literature will be done in this chapter. Reasonable conclusions and recommendations will also be made that are linked to each finding. In essence it corroborates to a large extent what has already been done on teachers and parents' concerns about the teaching of SSH education. A few new dimensions were added to build on further.

Summary of Research Findings

In relation to the research sub-question 1:

- The teachers had little, if any, knowledge of the HFLE SSH programme.

- The teachers believed that SSH education was a shared responsibility between home and school, but felt that professionals trained in the discipline should also be part of the programme.

- A comprehensive SSH education was identified as the best way to provide informed decision-making skills as a preventative method for students.

In relation to the research sub-question 2:

- The challenges to the teaching SSH education relate more with teacher willingness rather than their lack of resources and training.

In relation to the research sub-question 3:

- Parents will talk to their children about most things but sexuality and sexual matters were felt to be too embarrassing for both parties.

- SSH education will continue to be 'taboo' since parents teach how they learn.

In relation to the research sub-question 4,

- Parents want to maintain control over what their children learn because they are fearful they will practise what they learn. They want to limit the information their children access despite acknowledging that "sex is everywhere".

Discussion of Findings

The teachers had little, if any, knowledge of the HFLE SSH programme.

It was emphasised during the course of the interviews how little teachers at the researcher's school knew about the HFLE programme and even less, about the Sexuality and Sexual Health component contained in the curriculum. Despite efforts by the Ministry of Education and its claim to have widespread training for teachers, the teachers' inability to

recognize any aspect of the HFLE curriculum is cause for concern. The call on the Prime Minister and the Minister of Education to keep their promise and introduce age-appropriate, comprehensive sexuality in all schools (Trinidad Guardian, Jan. 2015) by the Family Planning Association of T&T and the subsequent failure to implement the HFLE curriculum effectively at the primary level, leaves much to be expected at the secondary level.

The call by the Minister of Education for age-appropriate information for students supports the findings that HFLE is not being implemented, not even in the primary schools. The Chief Planning Officer Mrs. Evelyn Hamilton in her presentation to the Ministry of Education noted that teachers were teaching HFLE content but not developing the skills as required and were unclear about the infusion method and lacks the skills of infusion. In addition, she reported that many recommended resources for HFLE were located in the libraries but teachers were unaware of their existence.

This was also supported by reports in Grenada, when an appeal for at least one teacher at every school across the island apply for entry into the HFLE Diploma Course, resulted in the cancellation of Semester 2 of the HFLE Diploma and deferral to August of year 2013-2014 because of low enrolment. This report supports the findings of this research as it pertains to Trinidad where teachers have little, if any interest in the HFLE curriculum.

The teachers believed that SSH education was a shared responsibility between home and school, but felt that professionals trained in the discipline should also be part of the programme.

Teachers were clear that the responsibility for SSH education was a collaborative effort of home and school. While this sentiment echoes that of many research studies, and has been the topic of debate for as long as the topic of sex education deciding on who these "professionals" will be poses more questions than answers.

Rooth, (2005) believes that while health professional are knowledgeable in the facts, their ability to transmit this knowledge may not provide students with the interactive, personalized teaching that teachers can provide. This contradicts the findings of this research where the participants believe professional were needed to present SSH education. Teachers, in addition to knowing their students, already have significant rapport with them and are poised to make considerable strides with regard to shaping positive sexual habits and choices. A teacher must know that he or she is teaching, not only a subject, but a child (Butisingh, 1962). Allen (2005, 2009), Mitchell et al., (2004); Walsh, Mitchell, & Smith, (2002) support the researcher's that students should be seen as "knowers" and "legitimate sexual beings". When teachers, and parents, believe their children are young adults capable of sexual interest and desires, then teaching them becomes easier.

A comprehensive SSH education was identified as the best way to provide informed decision-making skills as a preventative method for students.

Teachers were unanimous in their opinion that a comprehensive SSH programme was required for any chance at preparing students for proper decision-making and life skills. They were certain, even the sceptics among them, that in order for students to access the best teaching

rewards from SSH education, there must be a clear, unequivocal, bias-free programme for them to implement.

Douglas Kirby's study on effective prevention methods supported the teachers' views that education must include more than appeals to remain chaste until marriage, but must provide information that students could use to help make informed decisions about their own sexuality. Kirby (2007) reported that comprehensive SSH programmes were more effective than abstinence-only programmes, on teenagers' decisions to delay sexual activity or protect themselves against pregnancy or STIs including HIV/AIDS. Santelli, et al (2007) supports comprehensive SSH education life skills and choice promotion programme. Young people need honest, effective sex education – not ineffective, shame-based abstinence-only programs (Advocates for Youth, 2009).

President Obama's mandated federal funding into comprehensive sexuality programmes (Feijo &, Grayton, 2004) supports choice. The research found that the teachers were open-minded to the comprehensive programme as it increased the chances of preventative methods against unwanted pregnancies and diseases. The evaluation of HFLE in 2010 in Jamaica found "much greater knowledge of HIV among sixth-grade students in schools that took part in the programme than among students whose schools did not participate".

 On November 26, 2010 about 300 young people at the Yute X Conference hosted by the Jamaica Youth Advocacy Network (JYAN) aired their concerns and needs with regard to their sexual and reproductive health. The consensus was that providing young people with the comprehensive information and services needed to make responsible decisions (including information and skills to delay sexual initiation, reduce the number of partners, and increase condom use) does not cause adolescents and young people to become sexually active but, rather,

reduces their risk of HIV infection (The Gleaner, 2010). This is supportive of the findings of this research for the use of comprehensive SSH programmes as effective treatment for students' unhealthy sexual risk-taking.

The challenges to the teaching SSH education relate more with teacher willingness rather than their lack of resources and training.

Teachers were aware of the importance of SSH education and even encouraged by its possibility to stem pregnancies in the school and communities as a whole, but were generally unconcerned about their role in abating the problem. Each teacher displayed different profile of their concern within the SoC, which validated the point that concerns are individual and personalized. They seemed to be at varied Self stages with some straddling each: Awareness, Personal and Informational. Though they seem to be interested in the Informational stage and wanted to learn more, the teachers' Personal interests were divided since they were quite unwilling to teach SSH education even if all resources were provided.

This is supported by Anastácio (2007) where the resistance by teachers despite the requisite training, resources or administrative support can lead to the failure of an innovation. Teachers are guided by their own positions and feelings and may not want to teach SSH education because they simply do not want to teach the subject. Contrary to Buston et al. (2002), teachers who are more comfortable with the material are not necessarily who should be tasked with the responsibility, but more importantly, those who are willing. Though it could be argued that it goes hand in hand, comfort is not as important as willingness since the teacher who is willing can be made comfortable through appropriate training and resources. The same cannot be said in reverse. Haignere & Culhane (1996) suggestion that the success of a sexuality education

programme depends on the expertise of the educators failed to consider the willingness of the same educators to disseminate their expert knowledge and training.

Parents will talk to their children about most things but sexuality and sexual matters were felt to be too embarrassing for both parties.

Parents want to provide the guidance and knowledge their children need to become responsible and happy adults. Parents, however, are sometimes afraid of talking about sexuality with their children (Frappier, et al, 2008). This was quite obvious in the parents' interviews. The research recognised the yearning by parent to play a more active role in their children's SSH education, but also acknowledge parents' inhibition by the communication skills they lacked, or by the fear that knowledge would provide their children with desires to investigate.

According to Steinburg (2001) adolescents need to talk with their parents and have value-free, honest discussions to reassure them that their parents care. Not talking is not an option especially when the alternative for information is peers and media which portray skewed concepts of sex and sexuality.

SSH education will continue to be 'taboo' since parents teach how they learn.

Many parents, because their own parents struggled to talk to them, experience the same difficulty with their children. Allen & Baber (1992) posits that values and attitudes are transmitted to children whether parents actively participate or not. Then parents need to see their involvement as crucial and critical, particularly when they examine their own deprivation of information. This should propel parents into action, but sadly this is not working.

Mitchell et al argue that youth are, "often publicly referred to and visually constructed as children in need of protection, rather than as youth who have the right to relevant information about their own bodies and their sexuality" (2004, p. 36). Parents tend to perpetuate this view of their children, because they want to see them as perpetually innocent. This might be why parents postpone discussions about sexuality in the hopes that their children will never grow up. However, failure to reconcile their own parental shortcomings stymies their own growth and in turn they are doing the same to their children.

Parents want to maintain control over what their children learn because they are fearful they will practise what they learn. They want to limit the information their children access despite acknowledging that "sex is everywhere".

Every parent wants to believe that they are in control of their child. The truth is children grow up and unless parents instil good values and life skills that include decision-making, problem-solving and conflict-management, they may be in for a rough ride.

The parents who were interviewed both wanted to have input in what their children would be exposed to at school, in sexuality education classes, but they failed to see their influence through shared discussions and open-minded interaction without even being there. Parents are not willing to trust that their children can make informed choices once they are given the information to do so. Among religious Muslims, learning about sex in the school curriculum is viewed as part of a belief system that condones premarital sexuality rather than as a subject in the school curriculum (Ashraf, 1998; Mabud, 1998; Noibi, 1998). A study of the sexual maturation of teenagers in the US and Netherlands reports it does not inspire the same fears

among parents, providers, and policy-makers in the Netherlands as it does in the United States, (Schalet,2004).

Conclusion

SSH education in T&T is way behind its counterparts in the Caribbean. This can be attributed in part to lack of interest by teachers' to teach anything outside their assessed subject area and the Ministry of Education's failure to implement the HFLE programme

This study revealed that teachers are not availing themselves of opportunities to improve themselves through training, or the lives of their students as far as SSH education is concerned. It was discovered that teachers were optimistic about the impact of SSH education and feel that if anything it can help to make students more aware of the risks they take and help them make better alternatives. In addition, the findings also showed that teachers are moving away from traditional views that SSH education promotes promiscuity or wanton experimentation, and have dynamic beliefs that information about sexuality and sexual health will allow student to stop and think.

However forward-looking the findings revealed about the teacher, the opposite was found of the parents. While the parents hoped for better communication with their children, they were led by their narrow views and pessimistic approach to SSH education. The parents were willing to concede to SSH education, but only on their own terms. They were not keen on providing their children with the information to make better decisions, choosing instead to believe that their

children will remain asexual until they tell them otherwise. Ironically, the parents were repeating the same mistakes their own parents made, and while they recognised it, they did nothing to alter their courses.

The results of this study have led the researcher to a better understanding and appreciation of the concerns of teachers and parents' about the teaching of sexuality and sexual health education at a co-ed secondary school in the St. George East district, Therefore, the purpose of the study was achieved.

Recommendations

The following recommendations are proposed based on the findings of this study:

- The Ministry of Education needs to provide the requisite training for teachers if the HFLE programme has any chance of success. The Ministry need to stand behind the programme and the teachers who will be tasked with the administration of it. The collaboration requires mutual trust and respect in order to go forward with one goal: to provide the youth with the best chance of a heathy, happy future.
- The Ministry of Education must implement the HFLE curriculum with the same integrity and vigour they put into its creation with the rest of the Caricom members. The Ministry can take a look at the Caribbean islands who have managed to implement the HFLE curriculum initiative, learn from their successes and failures and simple do what they said they would do.

- Teacher must be ready to take up the challenge for implementation of the HFLE curriculum initiative. There are no other professional body that will be able to garner the support or trust of students to guide them honestly and safely. Students have so much respect and love for their teachers, who for more than a few, have come to replace parents. Therefore teachers must not allow fear of failure or administrative mind-games deter them from the highest, most rewarding career they can have.

- Parents need to have access to programmes and services which can help them develop parental skills and communicative know-how in order to become better parents. Providing assistance for these parents, through non-judgemental, supportive courses, workshops, services which can be community- based may help parents through what can be a challenging time for families.

- There is an urgent need for parents to use the technological age where their children can access most everything to assist them in their own understanding of their role. Parents can use the very "evil" that they believe can corrupt their children, to find the "good" that it can also provide. Technology can be friend or foe and being able to recognise the difference can redound to the benefit of parents since they can use it to talk with their children, "befriend" them in their own worlds and/or find information that can help them learn to communicate with their tech-children.

- Parents need to break the cycle of ignorance and fear about sexuality education and begin to talk *with* their children, not *to* them. Parents can be more supportive and less authoritative and use the opportunity to help their children develop good, healthy habits about their sexuality by paying attention to what they say, do and fail to do.

There is a lot at stake in the teaching of sexuality and sexual health education. The stakeholders-students, parents, teachers, schools, communities, country- must each play their part in the eradication of ignorance and fear.

References

Ahmed, N., Flisher, A., Mathews, C., Mukoma, W., & Jansen, S. (2009). HIV education in South African schools: The dilemma and conflicts of educators. Scandinavian *Journal of Public Health*, 37 (2), 48–54.

Allen, L. (2001). Closing sex education's knowledge / practice Gap: The reconceptualization of young peoples' sexual knowledge. *Sex Education*, 1(2), 109–129.

Akpama, E. G. (2007): Parental Perception of the Teaching of Sex Education to Adolescent in Secondary School in Cross River State, Nigeria

Anastácio, Z. C. Marinho, S. (2014): School Based Sex Education: Attitudes and Conceptions of Teachers of Basic School Conference: ECER 2014, The Past, the Present and the Future of Educational Research Network: 08. Research on Health Education. *European Educational Research Association.*

Asampong, E., Osafo J., Bingenheimer, J. B., Ahiadeke, C. (2013): Adolescents and parents' perceptions of best time for sex and sexual communications from two communities in the Eastern and Volta Regions of Ghana: implications for HIV and AIDS education.

Basch, C. E. 2010. *Healthier Students are Better Learners: A Missing Link in School Reforms to Close the Achievement Gap*. New York: Columbia University

Bucka, A. & Parrottab, K. (2014) 'Students teach sex education: introducing alternative conceptions of sexuality'. *Sex Education*: *Sexuality, Society and Learning* Volume 14, Issue 1, pages 67-80 DOI:10.1080/14681811.2013.830968.

Butisingh, R. (2007) Role of teacher, role of the Head Master: Teaching is a vocation. November

   20, 2007 Teaching Is A Vocation – A Calling.

Burt. (2009). *The Guardian* (2013, January) ' Why sex education matters'

   Retrieved from: http://www.avert.org/sex-education-works.htm#footnote6_ylm6k8r

Carter, M. (2001). Birds, Bees, and Venereal Disease: Toward an Intellectual History of

   Sex Education, Dangerous Sexualities: Medico-Moral Politics in England since

   1830, 1987

Collins, C., Alagiri, P. and Summers, T. (2002), ' Abstinence only vs. comprehensive sex

   education: What are the arguments? What is the evidence?' University of California, San

   Francisco: AIDS Research Institute

Conference: ECER 2012, *The Need for Educational Research to Champion Freedom, Education

   and Development for All*. Retrieved from:

   http://www.eera-ecer.de/ecer-programmes/conference/6/contribution/16793/

Creswell, J.W. (2008). *Educational Research, Planning, Conducting and Evaluating

   Quantitative and Qualitative Research*. New Jersey: Pearson, Prentice Hall.

Creswell, J. W. (2007). *Qualitative inquiry & research design: Choosing among

   five approaches*. Thousand Oaks: Sage Publication.

Denzin, N.K., & Lincoln, Y.S. (2000). *Handbook of qualitative research (2nd

   ed.)*. United States of America: Sage Publications.

DfE 1994 The Education Act (no 2) London: HMSO. Section 241 B.J.Pol.S. 27, 333–360

Copyright 1997 Cambridge University Press Printed in Great Britain

Dickson, R., Fullerton, D., Eastwood, A., Sheldon, T., Sharp, F et al. (1997), ' Preventing and reducing the adverse effects of unintended teenage pregnancies' *National Health Service Centre for Reviews and Dissemination* University of York

Diller, R. (2010). Sex Education: Why is it Wrong Friday, January 8, 2010

Read More: http://guilfordjournals.com/doi/abs/10.1521/aeap.2011.23.6.495 2014

Dixon, B. More work needed on sex education for youth Trinidad Guardian

Published: Monday, December 1, 2014

Donovan, P. Family Planning Perspectives Volume 30, Number 4, July/August 1998 School-Based Sexuality Education: The Issues and Challenges.

Duffy, B., Fotinatos, N.; Smith, A.; Burke, J. (2013). *Sex Education: Sexuality, Society and Learning*, v13 n2 p186-203 2013

Durex global sex surveys (1996, 1998). London: London International Group.

Retrieved from: http://data.unicef.org/hiv-aids/adolescents-young-people#sthash.r3yrcrzD.dpuf

Eisenberg, M. E., Madsen, N., Oliphant, J. A., Sieving, R. E., & Resnick, M. (2010). "Am I qualified? How do I know?" A qualitative study of sexuality educators' training experiences. *American Journal of Health Education, 4*

Esere, M. E. Effect of sex education programme on at-risk sexual behaviour of school-going adolescents in Ilorin, *Nigeria African Health Sci.* 2008 Jun; 8(2): 120–125. PMCID: PMC25843311, 337-344.

European Convention on the Exercise of Children's Rights'

Faber, P., Minister of Education defends HFLE curriculum *Belize News* 5 Dec 16, 2011

Feijoo AN, Grayton C. Trends in Sexual Risk Behaviours among High School Students—United States, 1991 to 1997 and 1999 to 2003. [The Facts] Washington, DC*: Advocates for Youth*, 2004.

Frappier, J., Kaufman, M., Baltzer, F., Elliott, A., Lane, M., Pinzon, J., 7 McDuff, P. (2008). Sex and sexual health: A survey of Canadian youth and mothers. *Paediatrics and Child Health*, 13(1), 25-30.

Friedman, J. (2005, September 16). Teen sex. *CQ Researcher*, 15, 761-784

Frimpong, S.O. (2010). Adolescents Attitude towards Sex Education, A Study of Senior High School in Kumasi metropolis. Ife Psychologia. Retrieved on 28th July, 2011 from http://www.faqs.org/periodicals/201003/1973238701.html.

Fullan, M. (2001). *The new meaning of educational change*. (3rd ed.).

New York: Teachers College Press.

Fuller, F. F. (1969). Concerns of teachers: A developmental conceptualization.

American Educational Research Journal, 6(2), 207-226. Retrieved on

18/3/2011, from http://www.jstor.org/stable/1161894.

Gentleman, A. (1998) Britain top for single teenage mothers. *Guardian Weekly*, 24 May, 11.

George, A. A., Hall, G. E., & Stiegelbauer, S. M. (2006). *Measuring implementation in schools: The stages of concern questionnaire*. Austin: Southwest Educational Development Laboratory.

Guilamo-Ramos V, Bouris A. Parent Adolescent Communication about Sex in Latino Families: A Guide for Practitioners. The National Campaign to Prevent Teen and Unplanned Pregnancy. Jan 2008.

Hall, G. E. & Hord, S. M. (2001). *Implementing change: patterns, principles, and potholes*. Boston: Allyn and Bacon.

Hall, G. E. & Hord, S. M. (2006). Implementing change: patterns, principles, and potholes. Boston: Allyn and Bacon.

Hall, G. E., George, A. A., & Rutherford, W. L. (1977). Measuring stages of concern about an innovation: A manual for use of the SoC questionnaire. Austin: *Research and Development Centre for Teacher Education.*

Hall, G., & Loucks, F. (1978). Teacher concerns as a basis for facilitating and personalizing staff development. Teacher College Record, 80(1), 36-53.

Harley, K., Barasa, F., Bertram, C., Mattson, E., & Pillary, S.(2000). The real and the ideal: Teacher roles and competences in South African policy and practice. *International*

Journal of Educational Development, 20 (4), 287–304.

Health And Family Life Education Mandatory In Schools The Gleaner

Published:Thursday | July 4, 2013

Helleve, A., Flisher, A., Onya, H., Mukoma, W., & Klepp, K.(2009). South African teachers' reflections on the impact of culture on their teaching of sexuality and HIV/AIDS. *Culture Health & Sexuality*, 11(2), 189–204.

Hubert, M., Bajos, N. & Sandfort, T. (Eds) (1998) *Sexual behaviour and HIV/AIDS in Europe*. London: UCL Press

International Planned Parenthood Foundation (2008), ' Sexual rights: an IPPF declaration'.

IOSR Journal of Research & Method in Education (IOSR-JRME)e-ISSN: 2320–7388,p-ISSN: 2320–737X Volume 1, Issue 3 (Mar. –Apr. 2013), PP 31-36www.iosrjournals.org www.iosrjournals.org 31

Jamaica Youth Advocacy Network Ministry of Health and Environment

Kingston

Jones, T., & Mitchell, A. (2014) Young People and HIV Prevention in Australian Schools. AIDS Education and Prevention 26:3, 224-233. Published online: 28 May Online publication date: 1-Jun-2014.

Jonesa, T (2011): A Sexuality Education Discourses Framework: Conservative, Liberal, Critical, and Postmodern DOI:10.1080/15546128.2011.571935 pages 133-175

Joycelyn Rampersad : An Education for Sexual Health. Retrieved from: http://uwispace.sta.uwi.edu/dspace/bitstream/handle/2139/6346/Joycelyn%20Rampersad 3.pdf?sequence=1uthor

Kirby, D., Short, L., Collins, J., Rugg, D., Kolbe, L., Howard M et al. (1994), ' School-based programmes to decrease sexual risk behaviours: a review of effectiveness' *Public Health Report* 109 pp.336-360

Landy DJ, Kaeser L and Richards CL 1999. Abstinence promotion and the provision of information about contraception in public school district sexuality education policies, *Family Planning Perspectives*, 1999, 31(6):280-286.

Mackay, J. Global sex: sexuality and sexual practices around the world. *Sexual and Relationship Therapy*, Vol. 16, No. 1, 2001

Maddock, J.W. ed. (1997). Sexuality education in postsecondary and professional training settings. New York: Haworth Press.

Martino SC, Elliott MN, Corona R et al. Beyond the "Big Talk": The Roles of Breadth and Repition in Parent-Adolescent Communication About Sexual Topics. *Pediatrics*. 2008;121:e612-e618

Masinga,L.(2007). *How can I effectively integrate sexuality education in my teaching practice in a grade 6 class? A teacher's self-study*. University of KwaZulu-Natal, Durban.

Masinga, L. (2009). An African teacher's journey to self-knowledge through teaching sexuality education. In K. Pithouse, *Values in Sex Education* 323C.

McCuaig, L. 2008. Teaching the art of healthy living: a genealogical study of H-PE and the

moral governance of apprentice citizens. PhD thesis. Brisbane: The University of Queensland. Viewed 10 December 2011 Retrieved from: http://espace.library.uq.edu.au/view/UQ:151316.

McCuaig, L. & Nelson, A. (2012). Engaging Indigenous students through school-based health education. Resource Sheet no 11. Produced for the Closing the Gap Clearinghouse. Canberra: Australian Institute of Health and Welfare and Melbourne: *Australian Institute of Family Studies*.

Macleod, M. (1997). Everybody else does it! *Observer*, 20 April,15.

Measor et al, Young People's Views on Sex Education, 2000

Merriam, S. B. (1998). Qualitative research and case study applications in education. San Francisco: Jossey-Bass Inc.

Milton J. (2001). School-based sex education. Primary Educator, 7, 9-14.

Ministry of Education (2006). *Teachers" guide for health and family life education: Government of the Republic of Trinidad and Tobago*.

Mitchell, C., Walsh, S., & Larkin, J. (2004). Visualizing the politics of innocence in the age of AIDS. *Sex Education*, 4 (1), 35–47.

Moore, M. J., Rienzo, B. A. (2000). Utilizing the SIECUS guidelines to assess sexuality education in one state: Content scope and importance. *Journal of School Health*, 70, 56-60.

Director of Advocacy, Policy and International Affairs

Mueller, T.E., Gavin, L.E., and Kulkarni, A. (2008), ' The Association Between Sex Education and Youth's Engagement in Sexual Intercourse, Age at First Intercourse, and Birth Control Use at First Sex' *Journal of Adolescent Health* 42: 89-96

Nelson, J. Move Beyond The Abstinence Message The Gleaner Published: Saturday December 4, 2010

Office of the United Nations High Commissioner for Human Rights (2003), ' Convention on the rights of the child'

Ojo, O.D. & Fasuba, O.B. (2005). Adolescents' sexuality and family life education Sough Western Nigeria: Responses from focus group discussion. *Journal of Social Science*. 10(2). 111-118. Retrieved on 2nd September, 2011 from www.Krepublhers.com/oe-journals/j.

Owolabi, A.T., Onayade, A.A; Ogunlola, I.O; Ogunniyi, S.O. & Kuti, O. (2005). Sexual behaviour of secondary school adolescents in Ilesa, Nigeria: Implications for the spread of STIs including HIV/AIDS. *Journal of Obstetric Gynecology* 25(2) 174-178. Retrieved on 2nd September, 2011 from http://www.ncbi.nim.nih.gov./m/pubmed//5814400/

Orgocka, A. Perceptions of communication and education about sexuality among Muslim immigrant girls in the US, *Sex Education*, Vol. 4, No. 3, October 2004.

Perception of Parents and Teachers on Sex Education in the 1st Cycle of Basic Education: A Comparative Analysis. Retrieved from:

http://www.eera-ecer.de/ecer-programmes/conference/6/contribution/16737/

Ridge, D., Northfield, J., St Leger, L., Marshall, B., Sheehan, M., & Maher, S. 2002. Finding a

place for health in the schooling process: a challenge for education. *Australian Journal of Education*, 461: 19– 33.

Rigaud, P. (2011). Implementing HFLE at a primary school in the North Eastern Educational District in Trinidad and Tobago: Teachers' concerns. Retrieved from:

(http://uwispace.sta.uwi.edu/dspace/bitstream/handle/2139/12710/Phyllis%20Rigaud.pd?seuence=1

Rosen, J. E., Nancy J. Murray, N. J., Moreland, S. (2004) Sexuality Education In

Schools: The International Experience And Implications For Nigeria *Electronic Journal of Human Sexuality*, Volume 17, February 16, 2014 www.ejhs.org

Santelli, JS et al. Explaining recent declines in adolescent pregnancy in the

United States: the contribution of abstinence and improved contraceptive use. *American Journal of Public Health.* 2007; 97(1).

Saxon, T. F., Hull, D. M., Fearon, D. D., Williams, L. O., & Tindigarukayo, J. K. (2012).

How do Jamaica's unattached youth view their career prospects and life skills?

Comparative Education Review, 56(3), 421-447

Schalet, A. Medscape General Medicine, Must We Fear Adolescent Sexuality, MedGenMed. 2004; 6(4): 44. Published online 2004 Dec 30. PMCID: PMC1480590

St. George's Grenada, Friday 22nd February, 2013, MOEPRU – An appeal is being made for at least one teacher at every school across the island to apply for entry into the Health and

Family Life Education Diploma Course, being offered by the University of the West Indies.

St Leger, L. 2006. Health promotion and health education in schools—trends, effectiveness and possibilities. Research report 06/02. Melbourne: Royal Automobile Club of Victoria RACV Ltd. Viewed 7 December 2011, Retrieved from: http://www.racv.com.au

Schaalma, R., Kok, G. and Peters, L. (1993), ' Determinants of consistent condom use by adolescents: the impact of experience of sexual intercourse'. *Health Education Research, Theory and Practice* 8 pp.255-269

Sex Education: Sexuality, Society and Learning Volume 14, Issue 4, 2014 Sexuality education as a collective responsibility: a new health education curriculum in Cyprus new health education curriculum in Cyprus

DOI:10.1080/14681811.2014.918031

SIECUS (2009) ' Comprehensive sexuality education: what the research says, Siecus Public Policy Office Factsheet'.

Steinburg, L. (2001). We know things: parent-adolescent relationships in retrospect and prospect. Research Adolescent. 2001; 11:1-19.

Stonewall (2009), ' The teachers' report'. Retrieved from:

http://www.equitycampaign.org/i/a/document/12557_EquityMattersVol6_Web03082010.pdf

The Trinidad Express: Pupils to learn about sex in class...from September Published on Jun 5, 2014.

Trenholm, C., Devaney, B., Fortson, K. et al. (2007), ' Impacts of Four Title V, Section 510 Abstinence Education Programs Final Report' Princeton, NJ: Mathematical Policy Research Inc

Tyson, E. The Gleaner The Impact Of Parenting On Vision Published: Sunday | October 5, 2014

. United Nations General Assembly (2001, 2nd August), ' Declaration of commitment on HIV/AIDS' http://www.avert.org/sex-education-works.htm#footnote19_dyiq0dx

United Nations Universal Declaration of Human Rights' (accessed 06.10.09)

Vilaça, M.T., Jensen, B.B., Ioannoua, S., Koutab, C., Constantinidouc, M., & Ellinab, P. Action-oriented Sexuality Education in Health Promoting Schools: Evidences of its Contribution for Attaining the Millennium Development Goals. pages 375-386

Wood, K., F. Maforah and R. Jewkes 1998 "'He Forced Me to Love Him': Putting Violence on Adolescent Sexual Health Agendas". *Social Science & Medicine*, 47 (2), 233-242

Youth Risk Behavior Survey (1997). Reported in *Guardian Weekly*, 27 September 1998, 13.

Appendices

The Appendices are labelled as follows:

- Appendix A: Letters of Permission

- Appendix B: Pre-Interview Questionnaire, Interview Guide

- Appendix C: Transcripts of Interviews

- Appendix D: Codes generated from Transcripts.

- Appendix E: Themes and Categories created from codes.

Appendix A

Letters of Permission were obtained from:

- The Ministry of Education

THE UNIVERSITY OF THE WEST INDIES

ST. AUGUSTINE, TRINIDAD AND TOBAGO, WEST INDIES

FACULTY OF HUMANITIES AND EDUCATION

SCHOOL OF EDUCATION

Telephone: (868) 662-2002 Ext. 2118/2319 Fax: (868) 662-6615 e-mail: headsoe@fhe.uwi.tt

20th January, 2015

The Planning Officer,
Ministry of Education,
Chepstow House,
Frederick Street,
PORT OF SPAIN.

Email address: balchanh@gov.tt

Dear Madam,

The following student is currently registered at the School of Education, The University of the West Indies at St. Augustine pursuing the following programme-

NAME OF STUDENT	I.D. NO.	PROGRAMME
Sharmila Labban	93710924	M.Ed. [Concentration in Youth Guidance]

Ms. Labban is submitting her application form with all the necessary information to the Ministry of Education to carry out research in schools.

We wish to advise that while carrying out her research Ms. Labban will follow all the protocols necessary to ensure the confidentiality of the findings and to treat the subjects with respect. We look forward to the usual cooperation accorded to our graduate students by your Ministry.
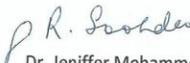
Dr. Jeniffer Mohammed
Head,
School of Education, UWI, St. Augustine

+ The Principal of the school

Sharmila Labban #9 Chaconia Avenue, St. Clair Gardens, Trincity

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6th February, 2015

LETTER REQUESTING PERMISSION TO CONDUCT STUDY AT THE

SCHOOL

Mrs. Linda Francis
Principal,
St. Augustine Secondary School
Warren St.
St. Augustine.

Dear Madam,

I am presently reading for the Masters in Education (MEd) with a concentration in curriculum at The University of the West Indies. As part fulfilment for this degree, I am required to conduct original research into a matter of concern and write the report. In this regard, I will like to report on teachers' concerns relating to the teaching of Sexuality and Sexual Health (one of the Themes in the Health and Family Life Curriculum) at the school.

I hereby ask your permission to conduct this investigation. Your support will be greatly appreciated.

Yours respectfully,

Sharmila Labban

Permission granted.
Francis.
06.02.15
PRINCIPAL
St. Augustine
Secondary School

+ The Teacher Participants

Sharmila Labban #9 Chaconia Avenue, St. Clair Gardens, Trincity

LETTER TO PARTICIPANTS

6th February, 2015

Dear Colleagues,

As you know, I am completing a Masters in Education programme at the University of the West Indies. As partial fulfilment, I am required to conduct original research of educational concern. I am seeking officially, your willingness to participant in the study.

The topic is: Teachers and Parents concerns about the teaching of Sexuality and Sexual Health Education to students/children at a co-ed secondary school in the St. George East District. As a participant, you will be required to share your concerns relating to the teaching of Sexuality and Sexual Health Education at the school.

This is to be done in a series of interview session, which will be conducted at the school, at a time suitable to you. I assure you that the findings from the study will be solely used for the research paper and will be shared with the school. I also assure you that confidentiality and anonymity will be maintained throughout the research. Additionally, you can ask any questions during the course of the research and can withdraw from the study at any time.

Yours respectfully,

....
Sharmila Labban

Sharmila Labban #9 Chaconia Avenue, St. Clair Gardens, Trincity

LETTER TO PARTICIPANTS

6th February, 2015

Dear Parent/ Guardian,

I am completing a Masters in Education programme at the University of the West Indies. As partial fulfilment, I am required to conduct original research of educational concern. I am seeking officially, your willingness to participant in the study.

The topic is: Teachers and Parents concerns about the teaching of Sexuality and Sexual Health Education to students/children at a co-ed secondary school in the St. George East District. As a participant, you will be required to share your concerns relating to the teaching of Sexuality and Sexual Health Education at the school.

This is to be done in a series of interview session, which will be conducted at the school, at a time suitable to you. I assure you that the findings from the study will be solely used for the research paper and will be shared with the school. I also assure you that confidentiality and anonymity will be maintained throughout the research. Additionally, you can ask any questions during the course of the research and can withdraw from the study at any time.

Yours respectfully,

………………………………..
Sharmila Labban

Appendix B

This Appendix contains:

- The Pre-Interview questionnaire

- Interview Question Guide

PRE-INTERVIEW QUESTIONNAIRE

Title of the study

An investigation into teachers' and parents' concerns of the teaching of sexuality and sexual health to students at a co-ed government secondary school in the St. George East District.

KINDLY COMPLETE THE FOLLOWING

Name: ……………………………………………………………………..

Gender: ……………....................

Age range (please circle): 21-30 31-40 41-50 51-60

No. of years teaching at present school: …………………………….

Total no. of years teaching experience: ………………………………

Subject area: …………………………………………………………………

Qualification/Teacher post: …………………………………………….

Please read the following carefully.

The following is a request for you participation in a research project and includes a breakdown of the process, as well as your rights as a participant (should you agree to participate).

PURPOSE OF THE STUDY

- The purpose of this qualitative case study is to investigate the concerns of teachers and parents towards sexuality education in a co-ed secondary school in the St. George East District.

TREATMENT OF THE DATA COLLECTED

- The data collected will be transcribed so that the researcher can analyse and present the findings of the study. Confidentiality of your responses will be maintained.

THE EXPECTED DURATION OF THE INTERVIEW

- The interview is expected to last approximately 30 minutes. Please remember that you have the right to withdraw from this study at any time.

SPECIAL REQUEST

- In order to facilitate transcription of the interview, a recording device will be used. You will be given the opportunity to review the transcript and make any changes before the data is analysed.

Please indicate your consent for participating in the interview and use of the recording device by signing below.

Thank you in advance.

....

INTERVIEW QUESTIONS

FORMALITIES

The researcher will

- thank the participant for participating in the interview

- assure the participant that all responses will remain confidential

- inform the participants of member-checking, to ensure accurate recording, analysis and interpretation of concerns.

Attitude of teachers towards Sexuality and Sexual Health Education

1. What do you understand by the term "Sexuality and sexual health"?
2. Do you think that Sex education is appropriate for your students?
3. What do you feel is the biggest barrier to the introduction of sex education in Secondary Schools?
4. How do you rate the importance of sexuality education?
5. What would or should make up, in your opinion, a programme for sexuality education?
6. Who should teach sex education at your school?
7. Do you believe that education about sexuality and sexual health would promote promiscuity among students?

Knowledge of teachers about sex education in schools

8. Do you feel that sexuality and sexual health education helps prevent teenage pregnancy and STIs?
9. What do you think is the appropriate age for students to receive sex education?
10. What, in your opinion, is effective protection against sexually transmitted diseases?
11. How can a teenager prepare for sexual maturity?

Appropriateness of the school curriculum to sex education

12. Do you know of any school curriculum that addresses aspects of sexuality and sexual health education?

13. Are you aware of the Health and Family Life Education Programme for primary school? If Yes, What do you know about the programme?

14. Do you think that you are capable of teaching sexuality and sexual health education to students? Why or why not?

15. If you were asked to teach sexuality education to students, what would be your response? Why?

16. What do you think you would need if you agreed to teach sexuality education?

17. What are some of your concerns about sexuality education at this school?

18. What, if any, are the challenges to the teaching of sexuality education at this school?

19. If teachers were given the appropriate training and all the necessary tools to implement the HFLE Sexuality and Sexual Health curriculum, would you be interested in teaching the subject at this school? Why or why not?

Appendix C

This Appendix includes the Transcribed Interviews of the Teachers and Parents.

<u>Transcription of Teachers' Interviews.</u>

Teachers' attitude towards Sexuality and Sexual Health Education

1. What do you understand by the term "Sexuality and sexual health"?

Teacher	Responses
Teacher 1	Sexuality and sexual health is, I think, how you carry about yourself... you know….what you wear, the choices you make, the type of relationship you **choose** to be in and the way you generally conduct yourself.
Teacher 2	Sexual health has to do with your understanding of healthy choices with regards to sex and your response to STIs, AIDS, and reproductive health.
Teacher 3	Sexuality has to do with what your sexual orientation and what you as an individual perceives 'sexy' to be while sexual health has to do with an individual's ability to make informed choices about the sexual behaviour.
Teacher 4	It is the way somebody goes about. The type of clothes they wear to the type of movements they make. Sexual health involves the way you behave towards sexual safety in terms of how you protect your reproductive health… and man parts or lady parts.
Teacher 5	I'm not too sure. I have an idea of what it is but I can't define it.
Teacher 6	Sexuality is …..(long pause)…..a person's character, like their attraction towards other and their desires as well as safe sex and use of contraception.

2. Do you think that Sex education is appropriate for your students?

Teacher	Responses
Teacher 1	Yes, it is because of what is happening today in society.
Teacher 2	Yea, of course.
Teacher 3	Definitely! Look at the behaviour of our students.
Teacher 4	I think sex education should be addressed in a different forum.
Teacher 5	Sex education is a parent's responsibility not a teacher's.
Teacher 6	Yes it should be done but by specialized people.

3. What do you feel is the biggest barrier to the introduction of sex education in Secondary Schools?

Teacher	Responses
Teacher 1	The biggest barrier is people's opinions, religious beliefs and society's taboo on sex.
Teacher 2	The biggest barrier I feel is the embarrassment people feel when talking about sex or anything sex related.
Teacher 3	I suspect the biggest issue will be the teacher's ability to keep the classes professional and control the children's reactions to topics.

Teacher 4	The biggest barrier are people and society
Teacher 5	Parents might be the biggest barrier because they might want to teach their children themselves or on the hand they may not want their children to be exposed to sex education at all.
Teacher 6	The biggest barrier might be finding a way to teach the material without making both the teacher and children uncomfortable.

4. *How do you rate the importance of sexuality education?*

Teacher	Responses
Teacher 1	It is very important because of what is happening around us and what the students are exposed to.
Teacher 2	It is very important because children need to learn how to respect themselves and others.
Teacher 3	It is important to make the children aware of the consequences and repercussions of poor choices such as STIs and unplanned pregnancy.
Teacher 4	Sexuality education is important especially with the way we see our students conducting themselves. Maybe formal education on how to behave, what not to do might help with this problem.
Teacher 5	It is important yes but more so for parents rather than teachers because

	parents have the responsibility over their children's sexual education.
Teacher 6	I don't know how important teaching sexuality education will be in curbing the current situation in society since children are exposed to so many things elsewhere there is only so much to do as a teacher.

5. *What would or should make up, in your opinion, a programme for sexuality education?*

Teacher	Responses
Teacher 1	A program for sexuality education should include education about gender issues, LGBT rights, use of protection and prevention against diseases and unplanned pregnancies, about your body and the choices you make concerning it. I think it should also include issues of body image and generally stuff about how to deal with sexual encounter…..and things like that.
Teacher 2	Sexuality education should encompass biology, guiding the youth towards making informed decisions and balancing sexual urges with practical thinking.
Teacher 3	The curriculum should include things like how to deal with puberty and the changes that happen with puberty so that means... you know…. The reproductive system and things like that. There should also be issues of ….. (long pause)….. that deal with reproductive health and respecting yourself and others in matters regarding sex and the choices that we make.

Teacher 4	Off the top of my head I would say reproduction, puberty, complications of STIs….definitely HIV/AIDS because that's a real issue….um….and how to develop healthy relationships.
Teacher 5	The curriculum should involve clear cut content that is not clouded by religious beliefs because that will just complicate an already complicated subject matter.
Teacher 6	Well it should include…. well what I said before, facts about contraception and its use, going for regular testing if you are sexually active for STIs, vaccinations against HPV both male and female to prevent cancer.. because that deals with sexual health. It should deal with the facts not people's opinion.

6. *Who should teach sex education at your school?*

Teacher	Responses
Teacher 1	The entire staff should have regular training sessions to deal with questions that may arise from the children. Some teachers already have a good rapport with the students and might be better equipped to relay the information.
Teacher 2	The biology and science teachers already have it as part of their curriculum so it might be easier for them to incorporate it into their lesson plans.
Teacher 3	I think the guidance officer already teaches aspects of sex education so maybe we should have her timetabled to teach specific year groups since she already deals with some of these things. Other than her maybe the deans.

Teacher 4	Nurses and doctors can come during morning assemblies or for classes to relay information about pertinent aspects of sex education.
Teacher 5	Parents should be trained or it should be part of their parental duties and for those who do not have all the answers there should be special programs for them to access the information and tips on how to relay the information. If you mean someone in schools it should be the guidance officers.
Teacher 6	A specially trained individual or a specially trained teacher to deal with that curriculum alone.

7. *Do you believe that education about sexuality and sexual health would promote promiscuity among students*?

Teacher	Responses
Teacher 1	The lack of sexuality and sexual health does not appear to limit promiscuity so I don't see how education will promote it.
Teacher 2	Some of our students are already sexually active. Teaching them how to make better choices through an education program is not a bad idea.
Teacher 3	Teaching them about the consequences about unprotected sex may curb their enthusiasm so showing them videos and things that can happen to them may be a nice reality check. (laughs)
Teacher 4	It doesn't matter really if it does because we're teaching them things about math and English and those who want to listen, listen and those who don't, don't. At least by teaching them we would be doing our jobs.
Teacher 5	Yes and no. On one hand teaching them about STIs and unplanned

	pregnancy may sway them from wanting to have sex and be promiscuous. On another hand teaching them about contraception may open a gateway for them to have sex, safe sex, but none the less, sex.
Teacher 6	The same way we teach our children to wear their helmets when riding their bicycles, to look both ways before crossing the street and to not talk to strangers is the same way we should equip the young adults of society to protect themselves and make proper decisions. We should always hope for the best and prepare for the worst.

Teachers' knowledge about sex education in schools

8. *Do you feel that sexuality and sexual health education can help prevent teenage pregnancy and STIs?*

Teacher	Responses
Teacher 1	Yes, if it's part of the program it might. Teenage pregnancy is a real problem that seems to have no cure. I will try anything once…
Teacher 2	Definitely
Teacher 3	Good choices, making proper decisions maybe… I fear sometimes no matter what we teach, the students do their own thing. Sometimes we are shocked by the girls who are rumoured to be pregnant!
Teacher 4	It couldn't hurt… (laughs). The number of students who have become pregnant over the past years, in this school and down south and central is quite alarming. Something has to be done. The Ministry wants to arrest teachers but I didn't hear if parents were arrested….
Teacher 5	Prevent...Maybe initially it could help to reduce but prevent? I feel once there are human, teenage, hormonal careless young people, prevention is a dream… It could reduce…Human make mistakes, and teenagers make

	more…(laughs)
Teacher 6	At the risk of being a broken record… (laughs) I don't know what can help that! Pregnancy has been a plague upon us since … well a long time. Sex education may help but the students have to want to change too… to change their bad habits and begin to exercise restraint… for lack of a better word…

9. *What do you think is the appropriate age for students to receive sex education?*

Teacher	Responses
Teacher 1	The appropriate age is when they begin to go through puberty
Teacher 2	When they being to show interest in sex and sexual material
Teacher 3	It should be part of the orientation and introductory classes for form 1 because form one bridges the gap between childhood and puberty…it is a transitional period.
Teacher 4	Primary school students are people too. Actually the argument can go for pre-schoolers as well. They are aware of their bodies and it is a good idea for parents and teachers to give healthy concepts of love and family relationships. However, form 1 is a good time to begin formal teaching because they can better grasp concepts at the developmental age.
Teacher 5	It's really up to the parents when they want to begin to teach their child but as a parent when they enter secondary school it may a good time for "the talk."
Teacher 6	We can teach children when they show an interest. We just have to be mindful of the volume of information we give them at particular ages. The same way we need to teach children to count before we can teach them long

	division the same concept must be applied to sexual education.

10. What, in your opinion, is effective protection against sexually transmitted diseases?

Teacher	Responses
Teacher 1	Abstinence and the barrier methods, I guess…
Teacher 2	Education about the use of condoms as well as insight into STIs and HIV/AIDS.
Teacher 3	With HIV/AIDS being so prevalent in any conversation about protection and safe sex, it is only natural to teach children how to use condoms.
Teacher 4	Religion and culture teach that the only safe sex before marriage is no sex, but we have come a long way from that idea, but I suppose it is still the most effective ways to prevent STIs.
Teacher 5	Condoms seem to be the only option to children who want to experiment and who do not heed warnings about delaying sexual activity until they are older that might be the only other safe choice.
Teacher 6	Condoms are the most effective and well publicised way to protect against STIs. As teachers and parents we can no longer live with the idea that children won't have sex until they are properly married….things just don't work that way. So turning a blind eye won't make sex any safer.

11. How can a teenager prepare for sexual maturity?

Teacher	Responses

Teacher 1	The ideal thing would be after they are married. Of course boys don't work that way and more now girls seem to be experimenting. So sexual maturity is when a person's body and desires are in sync with their practical thinking.
Teacher 2	There is no preparing for sexual maturity, it's more of a state of mind and with maturity, one would hope that other forms of responsible behaviours come about.
Teacher 3	A teenage can prepare for sexual maturity by being fully informed about the processes that occur during puberty and the transition of mind and body from childhood to adulthood.
Teacher 4-	- Is there anything such as sexual maturity? Even as adults are we even sexually mature? Can we expect teenagers to be sexually mature…….it sounds like more of an oxymoron to me.
Teacher 5	A lot of what a teenager is prepared for has to do with how well they are brought up and the values and morals that are instilled in them from a young age. A child will only do what they see and what they are exposed to by the adults around them since children learn by mirroring the behaviours around them. How well someone is prepared for something is a product of how well they are taught.
Teacher 6	Sexual maturity is a process and therefore it is hard to identify when the process begins much less what would be needed for the beginning of that process.

Appropriateness of the school curriculum to sex education

12. *Do you know of any school curriculum that addresses aspects of sexuality and sexual health education*?

Teacher	Responses
Teacher 1	Maybe the biology, human and social biology and social studies teach aspects of things that….. you know…… can make up parts of a sexual education program.
Teacher 2	No not that I can think of any.
Teacher 3	Except for biology I can't think of anything else.
Teacher 4	Biology is the only thing that comes to mind….perhaps social studies.
Teacher 5	I think integrated science, form two partially and I think NCSE integrated science syllabus as well. I also thing HSB and biology as well.
Teacher 6	I think Science and Social Studies are subjects where this can overlap. At least some areas. I don't know if Phys. Ed. could also since it deals with health.

13. *Are you aware of the Health and Family Life Education Programme? (What do you know about the programme?)*

Teacher	Responses
Teacher 1	No. I am not aware of this program for secondary school but there is one for primary school students. The course content seems quite limited though.
Teacher 2	Yes. It prepares students for holistic development and not just academics. But that is what I read somewhere.(laughs)
Teacher 3	I learnt about HFLE during my Dip. Ed. but I did not know there was a syllabus for it.

Teacher 4	Really? No idea there was such a thing.
Teacher 5	I vaguely remember the concept of HFLE while doing my teacher's training
Teacher 6	I know that there is an HFLE programme, but I don't know much about it because I never looked into it. It is not in the secondary schools so I have not seen it.

14. ***Do you think that you are capable of teaching sexuality and sexual health education to students? Why or why not?***

Teacher	Responses
Teacher 1	Yes I am because I also teach social studies which includes topics about sexuality and HIV/STDs.
Teacher 2	No I am not certified the most I can do is make them aware of the diseases.
Teacher 3	I am not trained in the appropriate materials for the various age groups.
Teacher 4	Yes I believe I am since my background is biology and both in CSEC and CAPE syllabi the act is covered as well as the diseases, STIs, contraceptive measures and effectiveness of each. Usually while teaching these topics all the taboos and misconceptions based on the topic comes to light.
Teacher 5	No I am not capable because I lack the training.
Teacher 6	Yes students have asked questions and have seemed to gain the knowledge they required to make responsible choices.

15. *If you were asked to teach sexuality education to students, what would be your response? Why?*

Teacher	Responses
Teacher 1	I will take up the offer because I believe students should be made aware of how their reckless behaviour regarding sexual activities can be harmful and how to do things differently.
Teacher 2	I am not equipped therefore my response will be negative.
Teacher 3	I rather not.
Teacher 4	Sure! Why not? It will have to be taught in small groups to help the shy ones as well as make the sessions more effective. It will put to rest the misconceptions associated.
Teacher 5	No I am not properly trained.
Teacher 6	I will have to think about it but I see the benefits in teaching students.

16. *What do you think you would need if you agreed to teach sexuality education?*

Teacher	Responses
Teacher 1	Support from administration, teaching aids as well as the help of professional counsellors.
Teacher 2	Training because it is a very sensitive issue.
Teacher 3	At least a workshop because some of the concerns of the kids I may not be able to answer.
Teacher 4	A few videos of contraceptive measures, the development of the baby during the gestation period and other teaching aids and materials.

| Teacher 5 | Training and knowledge will be the key to functioning in this area. This prepares you to perform the task effectively. |
| Teacher 6 | I think material on the topic and technology to appeal to the young people. |

17. *What are some of your concerns about sexuality education at this school?*

Teacher	Responses
Teacher 1	A major concern of mine would be parents' acceptance and consent because parents should be a part of the process and also to avoid undermining parents' teaching
Teacher 2	My first concern would be about the content being taught and the whether students' confidentiality should be respected if we become privileged to sensitive information. Another concern would be students' reaction for example naïve students becoming overly curious about the information received. In terms of the content, a proper pilot program should be administered and some type of professional oath should be taken to safe guard confidentiality.
Teacher 3	- Um…. Some of the concerns would be teaching about teenage pregnancy, oral sex and intercourse itself.
Teacher 4	A major concern would be parents' approval and cooperation as well as student awareness and cooperation about the seriousness of the situation and students' overall acceptance and behaviour not seeing it as a free pass. Time and how it fits the curriculum and training of the teachers to properly teach the topics.
Teacher 5	My concerns would be whether sexuality education would include topics like rights of homosexuals, masturbation and whether contraceptives would be distributed and whether students would observe what they learn or lean

	towards becoming more promiscuous.
Teacher 6	Some students may feel squeamish and embarrassed making it difficult to absorb the material. Plus how or what should be censored….. or who should decide what to be taught or not.

18. What, if any, are the challenges to the teaching of sexuality education at this school?

Teacher	Responses
Teacher 1	A challenge that might occur may be inadequate training. One workshop will not be sufficient and the Ministry should select the teachers who are willing and have them properly trained or employ professionals.
Teacher 2	One of the major challenges would be culture since some students are so exposed that this information may be seen as vice and not preventative stuff.
Teacher 3	Parents may object as well as members of staff. There may also not be enough teaching material on the subject.
Teacher 4	Proper training of teachers currently would be a main issue to ensure that the wrong information is not passed onto students as well as misconceptions which the teacher may also have.
Teacher 5	The main challenge comes with the type of model that would be used to inform sexuality education. A decision would have to be taken whether the abstinence model will be used or a more comprehensive model which can open a can of worms such as gay rights, distribution of condoms and contraceptives as well as other volatile topics.
Teacher 6	A challenge that may present itself would be old school ideas about what should and should not be said to children. Ignorant and outdated ideas and beliefs where sex is concerned and close-mindedness may also cause

	problems.

19. If teachers were given the appropriate training and all the necessary tools to implement the HFLE Sexuality and Sexual Health curriculum, would you be interested in teaching the subject at this school? Why or why not?

Teacher	Responses
Teacher 1	Yes because it is instrumental in developing the social and emotional well-being of the children.
Teacher 2	No. It is not linked to my discipline. It should be taught by a professional trained to execute the sensitive content.
Teacher 3	No. I don't want to. Plus our department is already too stretched to permit me to do it even if I wanted to.
Teacher 4	I could give it a try.
Teacher 5	No. My interest lies in my present area of speciality and no other.
Teacher 6	I guess…..it would most likely contribute to students' lives than the ignorance that some of them are left with since this causes many to make poor decisions.

Transcript of Parents' Interviews

1. What would you say is the most difficult thing to talk to your child about?

Parent 1   At this age, everything! But more when it deals with boys, friends and doing chores. We fight about chores more though. And homework. But honestly it is difficult to talk most times….

Parent 2   I try to talk about everything. A little bit here and there, but some things are not discussed openly in the house. But, yeah… we talk…

2. Do you talk to your child about sexuality or matters concerning sex?

Parent 1 They don't want to listen to us, they feel embarrassed and I didn't know what to say, how much…

Parent 2 They prefer to talk to friends because they think we are making fun of them... I feel embarrassed to talk to her, but I have to gain courage and talk about sex. My husband isn't much like this, of talking ..., he is more restricted to other things, he feels uneasy to talk to her.

3. Did anyone talk to you when you were a child?

Parent 1   *We never received any sex talk from our parents. When I got my first period, I was scared; my mother didn't talk about anything. My father and my mother would never sit and talk about sexuality; it runs in the family I guess, because I didn't talk with my kids.*

Parent 2   *I remember that, when I was little, my dad would keep an eye on us, especially after we got our first period, he was afraid because we lived in a small village. My mom was very strict, and thinks a woman should have only one man ... she would say I should look after myself, that sex is only after marriage. We talk about things by the way, but not sit down and talk…*

4. Do you think that teenagers are ready to learn about matters regarding sexuality at this time?

Parent 1   Well it doesn't matter what I think, they have to. They hear it, read about it, and they are talking about it with their friends. *We try to always show what is right, the truth, the consequences. They should think more about studying... they should have their limits... Things have a right time, ... just because your friends are going out you have to go out ... have sex. You have to be careful about boys... I tell her that girls should value themselves, they can't go out chasing boys, because people will talk about them. They can't go out with one...then another, they should be more careful. People always call the girl names, not boys. I didn't know I should talk about sex…like how?*

Parent 2   *Yes they are ready! They have to be aware of the consequences, the responsibility involved in the choice they make. We know that, today, the tendency is to have sex earlier, this is shown on television, on soap operas...the different one is the one who doesn't have sex, but that's not really what it's like, it has to involve responsibility ... without making yourself vulgar, respecting yourself... . We do this because we are afraid they will suffer ...get bad reputations.*

5. Do you think that children should be allowed to discover about sexuality on their own?

Parent 1   *Not really, because when they find out for themselves it might be the wrong thing. When friends tell friends about sex and thing, they don't know themselves and only know about*

what they hearing or seeing . They may not know the dangers of sex and feel it is only about nice feelings…

Parent2   *Some things they have to find out by themselves. I can't teach them everything. I could tell her about period, boys and what to look out for with them. I tell her about AIDS and diseases that you can get from sex, about pregnancy and things like that.*

6.   What are your concerns about your child growing up today?

Parent 1   *Children are exposed to too much too soon now. Long time you learn about things slower, now everything on t.v. on the internet, and everywhere. The music and videos have sex in it, and children see too much. Growing up now is hard for children, but growing up long time was hard too. Children have to learn to listen when big people talk.*

Parent 2   *Now is hard to grow up. Children have too much to deal with. Sex is everywhere, in the music videos, on the t.v., everywhere. Plus the maxi drivers and taxi men and them always trying to corrupt your child. It have too much for children to fight. Boys have gangs and drugs, girls have pregnancy and they get bad names if they too easy…{Pause}*

7.   How do you think, as a parent, you can help your child cope with these things?

Parent 1   *Well we try to talk about everything, but sometimes it is hard. Sometimes I can't find the right way or the right words to say. But we talk about friends and making good choices. Talking about having sex and condoms is more difficult, so I just say.. don't let people tie up your head and sex is for when you get older.*

Parent 2   *The most I could do is talk, but I don't know how much they listen. Children now different…they smarter. Sometimes I feel she listening but then I am afraid. We talk about things like sex is for when you are married and it is about how you show love to your husband, but …who knows? My child is smart… I hope and pray that she can look at people in the family and see what examples they are… some make mistakes, some are good parents. She will have to learn for herself. All I can do is pray and keep talking.*

8.   As a parent you have the responsibility to teach your child about safe sex and protection. Do you see that as a part of your role as a parent?

Parent 1   *Honestly, I am afraid to talk about protection, because I feel that might send the wrong message. I don't want to tell her that she should protect herself because she might think it is okay. I prefer that she does not see sex as a choice she have, but that sex is not for now. If I talk about protection she could think different…*

Parent2   *My role as a parent is to teach my child the right thing and while I know this it is not as easy as it seems. Sometimes I feel that I should tell her about safe sex, but I don't want her to feel that sex is okay. I want sex to be when she get married. Telling her that she should protect herself might be license to misbehave.. {laughs}*

9. Do you think the school should play a part in your child's sexuality education?

Parent 1   *A little at school, a little at home, she will also discover herself with time. School can be good for that but sometimes the teachers might say things I don't want her to know yet. I don't want her to learn about things too fast. But the school is a better place to hear than from her friends…*

Parent2   *School is the best place for them to learn, but not from their friends. Some classes have sex in them … well not in them but some subjects teach about reproduction like Science. If they have a class to teach the students but not everything, I want to have control over some of the information. I don't know if telling children too much will make them want to hear more…it is like giving them an inch and some will take a yard…*

10. What would be your concerns if schools were allowed to teach sexuality education as a subject to your child?

Parent 1   *I would not want my child to be taught anything without my permission. I would be worried that the school might be teaching things against my beliefs or what I was taught. But I would want her to be taught that the younger the age an individual begins sexual activity, the greater harm could be caused to her. Maybe about the dangers of sex too young… I don't know.. I would want to know…*

Parent 2   *Like I said before, school could teach, because that is the place to learn. But I would want to see the topics they would be teaching to make sure and I know my husband would surely want to know!...*

11. What would be topics you would want taught to your child?

Parent 1   *Nothing that would make them want to try something out. Sometimes when we give children too much information they want to see … no sex! But that is not always easy. Teaching them about how to protect themselves might make them want to try. Maybe things about their body changes and period… I don't really know…*

Parent 2   *Let me see… (laughs). I don't want them telling her that she could have sex once it is safe sex! Teach them about the consequences… diseases, Aids that is rampant now. Teach them to save themselves for marriage, if they can…Boys like girls who are good to make wife.*

Appendix D

This Appendix includes:

- The Codes generated for each interview

Codes Generated for Interviews

The codes were taken from the handwritten transcripts and recorded in a table for easier

referencing.

Codes Generated for Teachers' Interviews

Note: Words in *italics* represent *in vivo* codes.

Question	Code
1. **What do you understand by the term "Sexuality and sexual health"?**	• Deportment • Decisions • Conducts • *Informed choices* • *Healthy choices* • *Safe sex*
2. **Do you think that Sex education is appropriate for your students.**	• *Specialized people* • *Parents' responsibility*
3. **What do you feel is the biggest barrier to the introduction of sex education in Secondary Schools ?**	• Social/ societal values • *Embarrassment* • Class management • *Teacher's ability* • *Uncomfortable*
4. **How do you rate the importance of sexuality education?**	• *Curb effects of poor choices* • Parental model • Futile
5. **What would or should make up, in your opinion, a programme for sexuality education?**	• Current issues • Facts • *Balancing* • Mutual respect • Healthy relationship • *Not clouded* • *Not people's opinion* • Practical
6. **Who should teach sex education at your school**	• Good communicators • Current teachers • *Good rapport* • Professionals • Parental involvement

	• Special training
7. *Do you believe that education about sexuality and sexual health would promote promiscuity among students*?	• Assistive • Better choices • Affirmative action • Deterrent • Responsible teaching • *Doing our jobs*
8. *Do you feel that sexuality and sexual health education can help prevent teenage pregnancy and STIs?*	• Change from students • Reactive • Collaborative effort between students and education
9. *What do you think is the appropriate age for students to receive sex education?*	• *Bridged gap between childhood and adulthood* • Positive reinforcement • Parental decision • Proactive • Decisive
10. *What , in your opinion, are effective protection against sexually transmitted diseases?*	• Education • *Natural* • *Heed warning* • Incorporated into program • Enlightened thinking required
11. *How can a teenager prepare for sexual maturity?*	• Realistic • *In sync* • *State of mind* • Individual development • *Transition of mind and body* • Follows examples provided • *Mirroring* • Product if how well they are taught • Unpredictable • Depends on the individual
12. *Do you know of any school curriculum that addresses aspects of sexuality and sexual health education?*	• Social studies • Science • Integrated science • HFLE • Biology
13. *Are you aware of the Health and Family Life Education Programme? (What do you know about the programme?)*	• *Limited* • *Holistic*

14. Do you think that you are capable of teaching sexuality and sexual health education to students? Why or why not?	• Certification and training • Previous knowledge • Experience • Opportunity
15. If you were asked to teach sexuality education to students, what would be your response? Why?	• No training • *Not equipped* • Willing to try • *Take up the offer* • Reduced classes • Reluctant willingness
16. What do you think you would need if you agreed to teach sexuality education?	• Resources • *Training* • *Technology appealing to young people*
17. What are some of your concerns about sexuality education at this school?	• Parental acceptance/ consent • Parental collaboration • Sensitivity of subject • Class management • *Confidentiality* • *Naïve students becoming overly curious* • Testing first • *Students' overall acceptance and agreement to take class seriously* • Timetabling • Controversial matter/topics • Catered program
18. What, if any, are the challenges to the teaching of sexuality education at this school?	• Teacher integrity • *Misconceptions* • *Type of model* • *Close mindedness* • *Ignorant and outdated ideas*
19. **If teachers were given the appropriate training and all the necessary tools to implement the HFLE Sexuality and Sexual Health curriculum, would you be interested in teaching the subject at this school? Why or why not?**	• Department stretch • Guarded optimism • Refusal • Taught by professional • Prefer not to • No interest • Prefer what was assessed to teach

Codes Generated for Parents' Interviews

Note: Words in *italics* represent *in vivo* codes.

Question	Codes
1. **What would you say is the most difficult thing to talk to your child about?**	• Difficult • *Try*
2. **Do you talk to your child about sexuality or matters concerning sex?**	• Peer preferred • *Embarrassed* • *Uneasy* • *Restricted*
3. **Did anyone talk to you when you were a child?**	• No communication • Traditional culture • Vigilant • Close minded • Cautious
4. **Do you think that teenagers are ready to learn about matters regarding sexuality at this time?**	• *They have to* • Limited • *Consequences* • Peer pressure • Limits • Traditional belief about girls • Media • *Bad reputations*
5. **Do you think that children should be allowed to discover about sexuality on their own?**	• Guidance • Find out for themselves
6. **What are your concerns about your child growing up today?**	• Exposed to too much too soon • *Everything everywhere* • Culture
7. **How do you think, as a parent, you can help your child cope with these things?**	• *Making good choices* • Traditional views • Role models
8. **As a parent you have the responsibility to teach your child about safe sex and protection. Do you see that as a part of your role as a parent?**	• *Send the wrong message* • Fear • Remove option • Close minded • Negative validation • *License to misbehave*

9. Do you think the school should play a part in your child's sexuality education?	• *Discover herself with time* • Dual responsibility • Pace of learning • Teacher learning
10. What would be your concerns if schools were allowed to teach sexuality education as a subject to your child?	• *Permission* • Control • *Against my beliefs* • Traditional views • Deterrent • Sexual risk • Control over content
11. What would be topics you would want taught to your child?	• Limited information • Facts • Traditional views

Appendix E

This Appendix contains the Generated Themes /Categories for Codes from both Teachers' and

Parents' Interviews.

Generation of Themes/Categories from Codes (Teachers')

Curb effects of poor choices Futile Bridged gap between childhood and adulthood Positive reinforcement Parental decision Proactive Decisive Limited Holistic Guarded optimism Refusal **Relevance**	Deportment Decisions Conducts *Informed choices* *Healthy choices* *Safe sex* *Specialized people* *Parents' responsibility* Social/ societal values Embarrassment Class management Teacher's ability Uncomfortable Curb effects of poor choices Parental model Futile Current issues Facts Balancing Mutual respect Healthy relationship Not clouded Not people's opinion Practical Good communicators Current teachers Good rapport Professionals Parental involvement Special training Assistive Better choices Affirmative action Deterrent Responsible teaching Doing our jobs Change from students Reactive Collaborative effort between students and education Bridged gap between childhood and adulthood Positive reinforcement	In sync State of mind Individual development Transition of mind and body Follows examples provided Mirroring Product if how well they are taught Unpredictable Depends on the individual Social studies Science Integrated science HFLE Biology Limited Holistic Certification and training Previous knowledge Experience Opportunity No training Not equipped Willing to try Take up the offer Reduced classes Reluctant willingness Resources Training Technology appealing to young people Parental acceptance/ consent Parental collaboration Sensitivity of subject Class management Confidentiality Naïve students becoming overly curious Testing first Students' overall acceptance and agreement to take class seriously Timetabling	Assistive Better choices Affirmative action Deterrent Responsible teaching Doing our jobs Change from students Reactive Collaborative effort between students and education **Solution to Social Problem** Change from students Reactive Collaborative effort between students and education Heed warning Incorporated into program Enlightened thinking required Realistic In sync State of mind Individual development Transition of mind and body Follows examples provided Mirroring Product if how well they are taught **Information as Protection** Resources Training Technology appealing to young people Testing first Department stretch Certification and training Previous knowledge Students' overall acceptance and agreement to take class seriously Timetabling Controversial matter/topics Catered program **Resources**
Specialized people *Parents' responsibility* Good communicators Current teachers Good rapport Professionals Special training **Responsibility**			
Current issues Facts Balancing Mutual respect Healthy relationship Not clouded Not people's opinion Practical Social studies Science Integrated science HFLE Biology Limited Holistic **Structure/Content**			
Certification and training Previous knowledge Experience No training Not equipped			

Willing to try Take up the offer Reduced classes Reluctant willingness Teacher integrity Class management Teacher's ability Willing to try Take up the offer Reduced classes Reluctant willingness **Self**	Parental decision Proactive Decisive Education Natural Heed warning Incorporated into program Enlightened thinking required Realistic Type of model Close mindedness	Controversial matter/topics Catered program Teacher integrity Misconceptions Ignorant and outdated ideas Department stretch Guarded optimism Refusal Taught by professional Prefer not to	Parents' responsibility Social/ societal values Embarrassment Parental acceptance/ consent Parental collaboration Sensitivity of subject Class management Confidentiality Misconceptions Ignorant and outdated ideas Parental Involvement **Social/Cultural**

Generation of Themes/Categories from Codes (Parents)

Difficult Try Embarrassed Uneasy Restricted No communication Vigilant Close minded Cautious **Self**	Difficult Try Peer preferred Embarrassed Uneasy Restricted No communication Traditional culture Vigilant Close minded Cautious They have to Limited Consequences Peer pressure	Peer preferred Traditional culture Peer pressure Limits Traditional belief about girls Media Bad reputations **Tradition**
		Restricted No communication

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Locus of Control		Family Matters
Guidance	Limits	Role models
Find out for themselves	Traditional belief about girls	Deterrent
Exposed to too much too soon	Media	Sexual risk
Everything everywhere Remove option	Bad reputations	Control over content
Close minded	Guidance	Limited information
Negative validation	Find out for themselves	Facts
License to misbehave	Exposed to too much too soon	Traditional views
Discover herself with time	Everything everywhere	
Permission	Culture	
Control	Making good choices	
Against my beliefs	Traditional views	
Control over content	Role models	
Limited information	Send the wrong message	
Facts	Fear	
Discover herself with time	Remove option	
Dual responsibility	Close minded	
Making good choices	Negative validation	
Consequences	License to misbehave	
	Discover herself with time	
	Dual responsibility	
	Pace of learning	
	Teacher learning	
	Permission	
	Control	
	Against my beliefs	
	Traditional views	
	Deterrent	
	Sexual risk	
	Control over content	
	Limited information	
	Facts	
	Traditional views	