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Reconstructing Comprehensive Sex Education Curriculum
from Fifth to Tenth Grade in California:
A Focus on Body Image

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Abstract

This capstone examines the rationale why comprehensive sex education curriculum from fifth to tenth grade in California needs to be reconstructed. This study discusses and compares the teen pregnancy rate and the sexually transmitted infection rate in teenagers. In addition, this capstone further examines how positive image can be encouraged at a young age through sex education through the perspectives of six health education teachers in California. This capstone is most valuable to educators, curricula writers, parents with children from fifth to tenth grade, and school districts.

Introduction and Background

Comprehensive sex education is a necessity in current society because students are surrounded with confusing and misleading talk about sexual health. Students deserve to learn facts and have nonjudgmental discussions from an educated professional. It is critical that students learn how to take care of their bodies and be sexually healthy. Lack of parent-child conversations, media influence, and skyrocketing sexually transmitted infection rates are some of the main reasons why sex education is needed in schools. Learning about sex in an honest and informative manner will help students be more at ease when asking questions about sex. Comprehensive sex education informs students about contraception, abstinence, sexuality, sexually transmitted infections, and knowing true information about sexual health.

Sex education is a major problem that needs reconstruction in the current California curriculum, specifically from grades fifth through tenth. In fifth grade, students are becoming aware of their bodies and are developing body image. Students in sixth and ninth grade are learning about sex, most often from their peers, and it heavily relates to the development of their body image. In tenth grade, students are becoming sexually active and exploring their sexuality. These rapid changes demand education from their teachers, as it is an educator's responsibility to teach students how to be healthy and educated in all aspects of life.

Since schools are not instructed on how to approach sex education, each individual school district is allowed to teach by their choice. In California, some students are enrolled in abstinence only programs, while other students are learning where and how to obtain birth control. Among high school students, 46% have had sexual

intercourse. However, 12% of these students did not use any method of contraception (CDC, 2011). Lack of education in the schools' duty of care may significantly compromise the well-being, future choices, life skills and opportunities for students as they mature. This lack of education could potentially lead to hazardous situations for the students.

Regardless of the formal education students are receiving, students are learning about sex earlier than any generation due to media. Media blasts unrealistic and judgmental standards about sex and body image, commonly resulting in students developing poor body image and becoming misinformed (Jaworski, 2009). Positive body image can be encouraged at a young age through comprehensive sex education. All of these students need to be educated in contraception, sexually transmitted diseases, sexuality, and their options to staying safe. Comprehensive sex education teaches students about contraception, abortion, sexuality, sexually transmitted diseases, and abstinence. The rise in comprehensive sex programs has led to the 37% decline in teen pregnancies (CDC, 2011). Schools need to offer comprehensive sex education because students need to be fully educated and make safe decisions.

The research concerning the benefits of reconstructing sex education curriculum in California from fifth to tenth grade is valuable to a large audience. This capstone is a collection of valuable research concerning the sexual health of students and is of value to anyone who is active in a student's life. This audience includes educators, school districts, curricula writers, and parents with students in fifth to tenth grade. This capstone will also be available on the California State University Bay of Monterey Bay's

library so it is entirely accessible to educators, school districts, curricula writers, and parents.

The research questions were developed through careful consideration of how to properly affect student health through education. The primary question in the research is: Why does sex education curriculum from fifth to tenth grade in California need to be reconstructed? The related questions are: What is sex education? What do the state standards say about teaching sex education from fifth to tenth grade in California? What does research say about the effectiveness of comprehensive sex education? The follow up questions concerning research are: Which is more effective: abstinence only or comprehensive sex education? Has the teen pregnancy rate in California increased or decreased? Has the Sexually Transmitted Infection (STI) rate in teenagers increased or decreased in California? How is sex education curriculum being implemented in school districts in California? How can positive image be encouraged at a young age through comprehensive sex education in school? How should sex education curriculum in California be reconstructed to meet the challenges of today's youth? What needs to be reconstructed in sex education curriculum from fifth to tenth grade? What is the role of media on the effects of body image in children from fifth to tenth grade? These questions guided the research study for this capstone.

Literature Review

There are a plethora of supporters for comprehensive sex education and the desire to reform sex education in schools. These supporters include parents, educators, and health professionals. This audience is conscious of how quickly today's youth is growing up and realizes that instead of trying to turn them the other way, the

youth must be educated so they can make healthy and smart decisions. Reconstructing comprehensive sex education is a lengthy but critically important process that will only benefit students.

Parents are their child's advocate in life and are the most responsible for communicating with their child about sexual health. Their opinion should be heavily valued in the sex education debate. If parents talk to their children at an early age about sex, children will be more educated to make safe decisions. Comprehensive sex education helps educate children if the parents fail to talk to their child or fill in any blanks. Through formal sex education, 87.2% of females discussed how to say no to sex; 69.5% learned about methods of birth control; 64.6% conversed about both topics; and a mere 7.9% did not discuss either topic. In comparison, 81.1% of males talked about how to say no to sex; 61.9% learned about birth control including how to put on a condom; 53.4% were taught about both topics; and a minor 10.5% did not converse about either topic (CDC, 2011). According to the CDC study, female teenagers are more likely to discuss sex with their parents than teenage males. At the hand of parental involvement, 62.7% of female teenagers consulted parents about how to say no to sex; 57.3% asked about methods of birth control; 43.9% discussed both topics; and a relatively high 23.9% did not speak about either topic. Male teens are suggested to talk to their parents about these topics significantly less than females. The survey concludes that 41.9% of males talk about how to say no to sex; 47.7% converse about various birth control methods; 27.4% speak about both topics; and a worrisome 37.8% discuss neither topic (CDC, 2011). These statistics support that parents and children are not talking enough about sex and that teachers must educate the students.

Sexually transmitted infection rates are rapidly increasing in America. In 2007, the Center for Disease Control and Prevention issued a study about Sexually Transmitted Infections in the United States. This study covered data for chlamydia, gonorrhea, and syphilis, the three most common treatable STI's. These infections specifically chlamydia, often go untreated and unreported because of the lack of obvious symptoms which can lead to infertility in women. Approximately 19 million new infections occur each year and almost half of them are among teenagers from ages 15 to 24 years old (CDC, 2007). Chlamydia is the most commonly reported infection in America. In 2007, 1,108,374 chlamydia diagnoses were reported. This is an increase from 2006 where 1,030,911 cases were reported. There are approximately 2.8 million new cases of chlamydia reported each year, which indicate that over half of the new cases are undiagnosed and unreported (CDC, 2007). Comprehensive sex education covers sexual infections, where to be tested for them, and how to prevent getting a STI. It is crucial to teenagers that they be informed about risks to their health through sexual activity. Comprehensive sex education will educate young girls about how to prevent infecting themselves and free or inexpensive testing clinics, such as Planned Parenthood.

Teen pregnancy rates have dropped in the past ten years. The Centers for Disease Control and Prevention recently published a research report about teen pregnancy, the use of contraception, and knowledge of sexual facts by teenagers. The CDC confirmed that teen pregnancy rates have dropped when stating "in 2009, approximately 410,000 births occurred among teens aged 15--19 years; the teen birth rate fell to 39.1 births per 1,000 females, a 37% decrease from 61.8 births per 1,000

females in 1991 and the lowest rate ever recorded. During that period, the birth rate decreased 50% among black teens, 41% among white teens, and 33% among Hispanic teens” (CDC, 2011, p. 1). Teen pregnancy costs the United States about \$9 billion annually (CDC, 2011). Young women deserve to learn about their bodies and how to protect their health.

Californian parents were surveyed in 2006 about their sex education policy preferences for their children, the importance of teaching selected topics per each grade level, and their reasoning. The random survey of 1,284 parents resulted in a high preference for comprehensive sex education at 89%, while 11% of the parents supported abstinence-only education (Constantine, 2007). Desire for comprehensive sex education was high in all regions of the state, ranging from 87% to 93% (Constantine, 2007). Subgroup differences were also accounted for to ensure an accurate representation of the parents surveyed. The four types of reasons for these preferences included focusing on the consequences of actions due to lack of sex education, the importance of providing complete information to the students, the inevitability of students engaging in sex, and religious based morality concerns (Constantine, 2007). The high levels of support for comprehensive sex education throughout California’s diverse population should illuminate school board officials in California to implement a curriculum that the vast majority obviously desires.

The California Department of Education requires specific standards when teaching health in public schools. In fifth grade, students learn about nutrition and physical activity, growth and development, sexual health, and personal and community health (California Health Education Standards Advisory Panel, 2009). In sixth grade,

students learn about injury prevention and safety, alcohol, tobacco, and other drugs, and mental, emotional, and social health (California Health Education Standards Advisory Panel, 2009). In grades seven through tenth, students learn about nutrition and physical activity, growth and development, sexual health, personal and community health, injury prevention and safety, alcohol, tobacco, and other drugs, and mental, emotional, and social health (California Health Education Standards Advisory Panel, 2009). These standards are the minimum of what is to be taught in public schools.

In contrast, there are advocates for abstinence-only sex education as well. Abstinence-only sex education advocates argue that adolescents are not mature enough for sex, should only be encouraged to practice abstinence, and that comprehensive sex education encourages promiscuity (Roleff, 2001). These advocates also believe it is the parents' job to discuss sex with their child. It is also argued that abstinence offers elimination to sexually transmitted infections and teen pregnancy, while comprehensive sex education encourages awareness (Roleff, 2001). The majority of abstinence-only programs are religious based and encourage schools to set a moral standard for the students.

Although many anti sex education program advocates declare that learning about sex is the parents' responsibility, it is clear many parents do not fulfill this obligation. President of the Sexuality Information and Education Council, Tamara Kreinin, states "Young people are going to learn about sex and our question has to be where do we want them to learn? From the media? From their friends? Or do we want them to learn from an educated, responsible adult?" (SIECUS, 2011). Kreinin (2011) explains it perfectly because even if parents and schools fail to educate the students, media and

their friends will. It is in the adolescent's best interest to be educated by intelligent and aware adults.

Method

The methods of collecting research for this capstone included library database research and personal interviews. The library database research included gathering peer-reviewed articles, journals, and books from the California State University of Monterey Bay's library. Key terms such as "comprehensive sex education," "abstinence only sex education," and "California sex education" were pulled from the primary and secondary research questions and used to find peer-reviewed information. The personal interviews were with six teachers in California (Appendix 1). The interviews of six health teachers consisted of their opinions and experiences teaching sex education. Two teachers from Northern California, two from the Central Valley, and two from Southern California were selected. These teachers are a mixture of gender and age as well as teach from fifth to tenth grade at different schools. One of the educators teaches at a private Catholic school, while the others are public school teachers. Each teacher was emailed a ten question interview and consent form. All interviews are anonymous to ensure honesty in the answers. This wide range of teachers presents an accurate representation of the sex education curriculum currently being taught in California.

The six teachers were asked a variety of questions about their experiences teaching sex education from fifth to tenth grade. Questions two through four asked the teacher about their specific curriculum, parent involvement, and student interest (Appendix I). These questions were included to learn how sex education curriculum

differs between school districts in California. Questions five through eight asked the teacher their opinion on the curriculum and the effectiveness of the curriculum on the student (Appendix 1). These questions were asked to observe if the teachers agreed with the current curriculum or if the teacher had any suggestions on how to improve the curriculum. Asking about the effectiveness of the curriculum helps infer which type of sex education is most effective from first hand experience. Questions one, nine, and ten asked about the reconstruction of sex education curriculum and the teachers' suggestions of revamping the curriculum. These questions were important because teachers know the curriculum the best and see how the students benefit from the lessons.

Results

The results of the interviews and library research mostly agreed with one another. The teacher interviews offered personal experience on why comprehensive sex education is a necessity in schools while the peer-reviewed articles conducted comprehensive research. The combination of these two resources resulted in agreement that comprehensive sex education is the most logical choice for school health curriculum. In order to objectively view the results, the primary and related questions must be researched and discussed.

Teacher A from Northern California teaches a seventh grade health class. Teacher B from Northern California teaches a ninth grade health class. When asked why sex education curriculum in California need to be reconstructed from fifth to tenth grade, both teachers responded that the curriculum was not effective enough in addressing body image issues, self confidence issues, and media influences (Teacher

A and Teacher B, Personal Communication, March 15, 2012). The sex education curriculum at both schools has a focus on abstinence but also includes safe sex, reproductive health, healthy relationships, sexually transmitted diseases, peer pressure, and refusal skills. Both teachers note that their students, regardless of gender, were very receptive and attentive to the subject (Teacher A and Teacher B, Personal Communication, March 15, 2012). Teacher A included that an anonymous questions box helps facilitate discussions and allows students to ask any question (Teacher A, Personal Communication, March 15, 2012). When asked about parent involvement, Teacher B mentioned that one parent was adamantly against the curriculum (Teacher B, Personal Communication, March 15, 2012). Teacher A had no parent concerns (Teacher A, Personal Communication, March 15, 2012). Teacher A and Teacher B both feel very strongly that there is an absolute need for sex education in schools due to misinformation by peers and media or the risk of students learning from experience which often has irreversible consequences when dealing with infections, pregnancy, and other sensitive emotional issues (Teacher A and Teacher B, Personal Communication, March 15, 2012). Both teachers developed their own curriculum as their school districts did not provide them with much material. Teacher B notes that it is essential for teachers to utilize all the resources available in their community, including experienced public speakers, clinicians, and medical resource to make the curriculum more relevant and specific to the students lives (Teacher B, Personal Communication, March 15, 2012). Teacher A adds that positive image can be encouraged at a young age by discussing sexuality in media, how it portrays young men and women, having group discussions, building self esteem, and being aware how sex is sometimes used as

power, and how media degrades women (Teacher A, Personal Communication, March 15, 2012). Both teachers strongly believe the comprehensive sex education needs to include positive self image, sexual health, abstinence, and awareness about STI, contraception, and emotional ties to sex (Teacher A and Teacher B, Personal Communication, March 15, 2012).

Teacher C is a sixth grade teacher in Central California. Teacher D is a tenth grade in Central California. Both teachers adamantly note that sex education curriculum must be reconstructed because abstinence-only is unrealistic and children are becoming sexually active at a younger age (Teacher C and Teacher D, Personal Communication, March 15, 2012). Neither teacher received parent complaints and their students were open and responsive to the curriculum. Teacher C also has an anonymous questions box that starts off the class to answer any personal questions (Teacher C, Personal Communication, March 15, 2012). Both teachers wrote that positive image can be taught at a young age by discussing sex in a healthy and positive manner and they should embrace their human sexuality (Teacher C and Teacher D, Personal Communication, March 15, 2012). Teacher D also includes guest speakers from various agencies to present different information to the class (Teacher D, Personal Communication, March 15, 2012). Teacher C answers that sex education should be reconstructed so that the curriculum begins in sixth grade and continues through high school, elaborating on more mature issues each year so that when the students begin having sex, they have a broad educational base to make smart decisions (Teacher C, Personal Communication, March 15, 2012). Both teachers firmly encourage

comprehensive sex education and believe it is the healthiest, safest, and best education for the students (Teacher C and Teacher D, Personal Communication, March 15, 2012).

Teacher E is a fifth grade teacher in Southern California. Teacher F is a ninth grade teacher at a Catholic school in Southern California. Teacher E recently had the sex education program cut at their school and is reflecting on past teaching experience. Teacher E feels that the past curriculum was not comprehensive enough and should have reflected current issues (Teacher E, Personal Communication, March 15, 2012). Teacher E encourages the reconstruction of sex education by teaching it as part of the science curriculum with a textbook to reduce uncomfortable feelings for students and parents, and updating current issues involving social networking sites, cell phones, and media images (Teacher E, Personal Communication, March 15, 2012). Teacher F gave drastically different answers than the other five teachers due to being employed by a Catholic school (Teacher F, Personal Communication, March 15, 2012). Teacher F notes that the text in the curriculum is centered on Catholic faith where abstinence is the primary focus and the purpose of sex is to create life (Teacher F, Personal Communication, March 15, 2012). Teacher F includes that natural family planning after marriage is included and that contraceptives are not encouraged (Teacher F, Personal Communication, March 15, 2012). Neither teacher had parent concerns. Teacher F notes that positive body image is highly encouraged in the curriculum by teaching that bodies are special and that a young woman is a life-bearer and a young man is a creator of life in regards to sex (Teacher F, Personal Communication, March 15, 2012). Teacher F believes that presenting the consequences of sexually transmitted diseases are an enormous benefit to the curriculum and that society has devalued sex to be

disposable and unimportant (Teacher F, Personal Communication, March 15, 2012).

Although the teachers clearly differ in their opinions, they both care greatly about their students health.

The information collected centered on why sex education curriculum in California needs to be reconstructed from fifth to tenth grade. The resources used for this capstone agreed that one reason the sexually transmitted infections rate was quickly increasing in young adults was due to lack of education. The lack of parent and child discussions about sex also prompts a dire need for formal sex education. Media and social networking sites are extremely prevalent in current society and frequently feed or support incorrect information about sex. Five out of six of the teachers interviewed agreed that students have the right to know about their reproductive health, how to care for their bodies, and being aware of sexual health resources through comprehensive sex education (Teacher A, Teacher B, Teacher C, Teacher D, Teacher E, Personal Communication, March 15, 2012).

The first related question asked what is sex education and the role of the state standards about teaching sex education in California from fifth to tenth grade. Sex education is instruction on issues relating to human sexuality, typically focusing on reproductive health. During grades fifth through tenth, students learn about nutrition and physical activity, growth and development, sexual health, personal and community health, injury prevention and safety, alcohol, tobacco, and other drugs, and mental, emotional, and social health (California Health Education Standards Advisory Panel, 2009). These standards require educators to teach basic health, but many sex education teachers go far beyond these standards. The specific curriculum is

implemented different in each school district in California, which is the result of related question number four.

The second related question was researching the effectiveness of comprehensive sex education. This includes determining if abstinence only or comprehensive sex education is more effective, the teen pregnancy rate, and the sexually transmitted infections rate in teenagers in California. No study can completely conclude which sex education program is more effective as there are too many variables such as culture, region, specific teaching styles, and student retention. However, the higher rate of comprehensive sex education in more schools has been associated with the dropping rate of teen pregnancy (Roleff, 2001). The ever increasing rate of sexually transmitted infections, specifically chlamydia, in teenagers proves that the current sex education is not effective enough and must be reconstructed to protect student health.

Body image and media were the focus of questions three and five, which asked how positive body image can be encouraged at a young age through comprehensive sex education in school and the role of media on the effects of body image in children from fifth to tenth grade, respectively. Media, including social networking sites, provides an outlet for misinformation and inappropriate standards to be constantly displayed (Jaworski, 2009). Media is at a student's fingertips and surrounds them constantly. Unhealthy body images are consistently forced onto the students (Jaworski, 2009). Comprehensive sex education includes mental and emotional health, including supporting positive body image. In relation to secondary question number five, positive body image can be encouraged at a young age by discussing sex in a non judgmental

and supportive way facilitated by educated adults such as teachers. Portraying sex as a normal and healthy act supports positive identity for children.

The final related questions asks how sex education curriculum in California should be reconstructed to meet the challenges today's youth. Effective comprehensive sex education includes is based upon age-appropriate, developmentally appropriate, and medically accurate information about contraception. It also includes abstinence, information on relationships, supporting positive body image, decision making, skills against peer and social pressure, being aware of the resources that provide sexual health assistance. Comprehensive sex education aims to support students realistically and avoid making life long mistakes through education and awareness.

Discussion

Requiring comprehensive sexual education in all public schools is the most effective way to inform all students of how to care for their body. There is nothing more important than one's health and students deserve to learn how to treasure their health. Educating students will lead to reduce teen pregnancy, STIs, and other life long risks because students will know the precautions they must take. Teaching sex in a relaxed and nonjudgemental manner will help students be comfortable with their bodies and able to talk to their parents, thus encouraging body image at a young age. It is critical that educators take the responsibility of confused and ignorant students in all aspects of learning, including health. Educating young adults about their bodies is the more important lesson they can be taught because the repercussions will follow them for the rest of their lives.

Before this capstone, I fully supported comprehensive sex education in all public schools. After thoroughly researching the benefits and effects of comprehensive sex education and interviewing six teachers scattered throughout California, I am even more secure in my belief that comprehensive sex education is the best sexuality education for students. Comprehensive sex education needs to be reconstructed by making it mandatory in all California public schools, changing the curriculum so students are more aware of resources such as Planned Parenthood, and ensuring the class is taught comfortably, objectively, and non judgmentally. Sex education should not be taught with any religious bias, including religious reasons for abstinence, because religion is not allowed in the curriculum of any public school. I believe that students deserve to have the best education possible and that includes learning about their health.

Recommendations

After researching the effects and benefits on comprehensive sex education, what parents want, and how educators feel, the researcher has collected some recommendations to reconstruct health education in California schools. These recommendations include implementing comprehensive sex education curriculum into every public school, creating a district wide workshop for health teachers, and heavily encourage parents and teachers to communicate about health curriculum. Each workshop would include information on how to appropriately approach the many sensitive topics covered in sex education. These workshops would be beneficial for the teachers because they would learn how to answer difficult questions and teach the subject in a non-judgmental and healthy way. Creating a healthy line of communication between teachers and parents would help bridge the knowledge gap for the children. If

both parties are aware of what the child is being taught at either home and school, then the parents and teacher can properly address any part of the curriculum to fully educate the child.

Problems and Limitations

The only limitations in my study were talking to a small amount of teachers. In order to gather a more accurate opinion of sex education from Californian teachers, I would need to conduct a much bigger study. However, I think my brief sample represents the views of many teachers. Five out of the six teachers agreed that comprehensive sex education is the most beneficial to students (Teacher A, Teacher B, Teacher C, Teacher D, Teacher E, Personal Communication, March 15, 2012). The other teacher taught at a private Catholic school where it is entirely appropriate for the sex education program to follow religious beliefs (Teacher F, Personal Communication, March 15, 2012).

Conclusion

This capstone has provided valuable information about why and how comprehensive sex education curriculum from fifth to tenth grade in California needs to be reconstructed. The goal of education is to teach students lifelong skills, whether social or academic, that translate into their adult lives to help them make positive decisions. Sexual health should be taught like any other subject as it is equally important as math or English. Students deserve to learn about their sexual health from an educated adult in a trusted classroom. Comprehensive sex education curriculum needs to be reconstructed because students are faced with riskier and heavy consequences each day concerning sexual activity.

Comprehensive sex education will teach students to be aware of how to protect their sexual health. The ideal sex education program is effective and realistic for student lifestyles. This includes being aware of resources such as Planned Parenthood, contraception, abstinence, skills of refusing sexual pressure, personal rights concerning sexual health, and developing positive body image. Comprehensive sex education should start at fifth grade to encourage body image at a young age and bring up sex naturally and appropriately. Sixth through eighth grade is an appropriate time to discuss puberty, reproductive organs, and sex in a healthy light. Ninth through tenth grade is the optimal time to discuss contraception, abstinence, refusal skills, and the emotional attachment of sex. All of the public teachers interviewed and the study reflecting the opinions of California parents agree that comprehensive sex education is the most beneficial and effective education for students. Teachers are responsible for creating a safe environment for their students and providing them with the best education possible. Sex education is not exempt from this responsibility and can be ensured with comprehensive sex education in all California schools.

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Appendix I

Comprehensive Sex Education Curriculum Teacher Interview

Comprehensive sex education is a health program that teaches students about abstinence, safe sex, contraception, STI testing, birth control, body awareness, sexuality, and reproductive health. The curriculum aims to educate students with the proper information about sex in a positive and healthy light. The title of my capstone is: Reconstructing Sex Education Curriculum from Fifth through Tenth Grade in California: A Focus on Body Image. My capstone primary research question is: Why does sex education curriculum in California need to be reconstructed from fifth to tenth grade? As an educator in California, I am interested in your opinion on teaching comprehensive sex education and how your students react to the curriculum. Please answer the following questions honestly and thoroughly. Your name and school will not be published. Thank you so much for your time, honesty, and cooperation.

1. Why does sex education curriculum in California need to be reconstructed from fifth to tenth grade?
2. How is sex education curriculum being implemented in school districts in California? What type of sex education (abstinence only, comprehensive, a mixture) is being taught in your school?
3. How do your students react to the curriculum? Does it differ between gender?
4. How do the parents of your students react to the curriculum?
5. Do you feel there is a need for sex education in schools?
6. What do you think is the most effective type of sex education curriculum for our students? How do you feel teaching the material the district gives you?

7. Do you think comprehensive sex education reduces the teen pregnancy rate and the Sexually Transmitted Diseases (STI) rate in teenagers?
8. How can positive body image be encouraged at a young age through comprehensive sex education in school?
9. How should sex education curriculum in California be reconstructed to meet the challenges of today's youth?
10. What needs to be reconstructed in sex education curriculum from fifth to tenth grade?