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Future Sex Educator Perceptions of Rural Versus Urban Instruction: A Case for Community-Centered Sexual Health Education

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Instructors of sexual health courses in rural areas face unique challenges as they are often forced to use school-based prevention curricula field-tested in urban areas. Research has yet to consider what future sex educators’ regional expectations are for their profession and how those expectations might have an impact on the classroom. Drawing from interviews with 26 sex-educators-in-training, we find that future educators tended to expect that rural communities would be less diverse, more conservative, and less informed about sexual health matters, even though research demonstrates that today’s rural communities inconsistently align with those perceptions.

KEYWORDS Sexual health, health communication, teachers, rural disparities, community-centered, sex education

Despite decades of research, scholars and practitioners still do not fully understand how to prevent high-risk sexual behaviors on the part of adolescents in many parts of the world, including those living in rural areas of the United States (Carter & Spear, 2002; Skatrud, Bennett, & Loda, 1998). Just over 10% of U.S. persons between the ages of 12 and 20 live in rural areas (National Survey on Drug Use & Health, 2004). However, scholars have...
not studied the high-risk sexual behaviors of rural adolescents to the extent that they have those of urban adolescents. Rural adolescent pregnancy generally receives less scholarly attention and less attention in the mass media than teenage pregnancy in metropolitan areas, yet rural teenagers have been found to be slightly more likely than their metropolitan counterparts to become pregnant and to give birth (Bennett, Olatosi, & Probst, 2007). In 2010, the teen birth rate in rural counties was nearly one-third higher than the rest of the country (Centers for Disease Control and Prevention [CDC], 2013). The teen birth rate in rural counties surpassed that in both suburban counties and major urban centers, and the teen birth rate was higher in rural counties than in other areas of the country regardless of age or race/ethnicity (CDC, 2013). Moreover, rates of HIV/AIDS and sexually transmitted infections (STIs) among rural adolescents have been found to be on the rise in recent years (CDC, 2013).

However, there is a lack of information on the sexual attitudes and behaviors of rural adolescents in particular, and, correspondingly, there is a lack of available adolescent pregnancy-prevention and disease-prevention curricula that have been shown to be effective, valid, and reliable with rural adolescents (Blinn-Pike, 2008). Rural sex educators may be taking on the brunt of these hardships as they are often forced to use school-based prevention curricula that are generally developed and field-tested in urban, diversified areas (Stanton, Kim, Galbraith, & Parrott, 1996). Additionally, despite the more rapid increase in rural compared with urban rates of HIV infection and the creation of organizations dedicated to HIV in rural areas, to date the majority of interventions, particularly those in the United States, have been developed for urban or urban-suburban settings (Stanton et al.). Some educators have reported having no choice but to develop sex education materials and curricula on their own, a task embedded with formal and informal constraints, particularly in schools where teachers feel that parental and community attitudes are not supportive of public sex education and in a field that offers little by way of professional socialization (Carrión & Jensen, 2014; Forest & Silverman, 1989; Herbert, Henry, Sherwood-Laughlin, & Angermeier, 2014).

These sorts of experiences may be something that those in-training to teach sex education have a sense of before they take on their professional roles, but research has yet to consider what future sex educators’ expectations are and how those expectations might have an impact on the type and quality of education that their future students may receive. In an attempt to address this gap in the literature, this study draws from interviews with 26 students in the final year of becoming certified to teach sex education in a midwestern state to investigate future sex educators’ perceptions of sexual health in rural versus urban communities. These interviews indicate that future sex educators have different expectations for instruction in rural communities than they do for instruction in more urban areas, some
of which align with empirical studies of rural areas and some of which do not. Building off of the work of Blinn-Pike (2008), which investigated the impact of rural educators’ community identities on decisions related to school-based sex education, this study interrogates the expectations of future sex educators regarding rural communities by questioning the ways in which these perceptions may have an impact on their methods of communicating in the classroom. Our results indicate the potential usefulness of “community-centered” sex education, or instruction that seeks to understand the central characteristics of each community within which students live, and to adapt instruction, including curricula and materials, to those characteristics (Umphrey, 2007). Correspondingly, this article seeks to ignite a collaborative dialogue about the role of place in sexual health disparities.

RURAL RESIDENCY AND SEXUAL HEALTH

As one of the most comprehensive evaluations of sex education in the United States, the Kaiser Foundation (2000) conducted a nationally representative study to assess how adolescents, parents, and teachers view sex education in the United States. The results showed that a paradox exists in relation to school-based sex education. The good news was that more than 90% of adolescents received some form of sex education in their schools, and more than 90% of parents wanted their children to learn about such topics as HIV, abstinence, and the basics of reproduction. The bad news was that most school-based sex education lasted only one class session and topics such as the emotional aspects of sexuality, sexual negotiation skills, and parent-adolescent communication about sex were rarely covered. The data in the Kaiser Foundation study were weighted to approximate the distribution of public schools by geographic region. However, the study did not take into account community and cultural differences in norms related to sex education. In its attempt to be representative, it did not address important differences in views about sex education that are regionally and culturally determined, such as those that are related to urban versus rural residency (Alexander et al., 1989; Carter & Spear, 2002).

Despite the increasing disparity between rural and urban populations in rates of teenage pregnancy and STIs, comparatively little research has explored the sexual health behaviors of rural adolescents. As such, it becomes increasingly difficult for sex education instructors to be prepared for the rural classroom. An early study conducted in 1982 found no differences between rural and urban adolescent levels of interest in learning about such topics as abortion, homosexuality, prostitution, and pornography (Davis & Harris, 1982). In 1992, it was reported that adolescents living in rural areas were engaging in risk behaviors at rates comparable with minority youth living in urban areas (DuRant et al., 1992). Later research found that rural adolescents
had twice the rate of HIV-related sexual risk behaviors and discounted their personal risk for HIV and other STIs. For example, one of the largest analyses of adolescent sexual attitudes and behaviors was conducted over the course of 42 months from 1996 to 2002, including responses from over 650 adolescents (Blinn-Pike, Berger, & Hewett, 2004). Compared with the urban adolescents in the study, the rural adolescents: (a) had safer attitudes toward sex at baseline, but the pattern was reversed and the urban adolescents had safer attitudes toward sex at 30 months follow-up; (b) had more positive (safer) peer norms about sex at baseline than urban adolescents, but the difference did not last across time; (c) were more likely to report combining sex and alcohol/drugs at 6, 18, and 30 months follow-up; (d) reported less frequent talk with their parents about pregnancy and HIV prevention at baseline and 42 months; and (e) were less comfortable talking to their parents about sex at baseline and 30 months (Blinn-Pike, 2001; Blinn-Pike, Berger, & Hewett, 2004). As the above findings illustrate, understanding the nature of the differences between rural and urban populations in the context of sexual health has proven to be a complex endeavor. However, a consistency lies in the notion that important differences between adolescents in these groups do exist and subsequently warrant increased attention, from both researchers and educators. Put simply, rural dwellers encounter different challenges, have access to different resources, and endure different experiences than do urban and suburban dwellers.

In a comprehensive analysis of rural educators, Bell (1992) found that rural educators’ decisions about sex education in their schools may be shaped, at least in part, by well-circulated messages, often founded by the mass media, that life in rural areas is better than in urban areas. In this case, rural educators may believe that adolescents are less at-risk for pregnancy and infection because of the positive characteristics often attributed through popular stereotypes to rural families and communities, such as greater religiosity, reduced exposure to violence and illegal substances, and closer family ties (Blinn-Pike, 2008). Rural areas are often said to lack the social problems facing urban areas, such as gang violence, drive-by shootings, and crime because of the influence of religion in the rural community and the apparent lack of access to illegal substances (Champion, 2002). It follows that if newly placed rural educators share these beliefs and therefore see less need for sex education in their schools, they will also see less need to include sex education content in their curricula. In addition, Blinn-Pike (2008) found that rural educators believed that rural and urban educators were different because rural educators faced greater scrutiny from local churches, school boards, and the community at large, factors which could complicate and contribute to the occupational stresses of today’s rural educator.

Research has been specifically conducted on urban school districts and the political and institutional resources they have for sex education implementation, but similar research examining rural districts is lacking (Kirst
Researchers have explored the Chicago public schools (O’Day, 2002), New Jersey public schools (Anyon, 1997), and New York City public schools (Rasmussen, 2012). As has been demonstrated more generally, a majority of this research focuses on urban areas where ease of research access dominates. In this respect, mechanisms established for effective and efficient intervention delivery in urban settings may not be operative in rural settings. Rural programs have problems that are uniquely rural. A comprehensive report in the early 1990s found high rates of poverty and low levels of educational attainment among those enrolled in rural sex education programs (Stern, 1994). The same report also found that rural schools were staffed by a younger, less well-educated faculty and administration earning lower salaries and benefits than their metropolitan counterparts. Persistent problems related to rural school finance, teacher compensation and quality, facilities, curriculum, and student achievement have been documented (Brown & Swanson, 2003; Foley, 2013). Rural schools also face image problems that stem from long-standing negative attitudes toward “country people.” As Haas (1991) argued, most modern Americans hold little value in rural living, with prejudices against rural principles and rural citizens. Consequently, Herzog and Pittman (1995) contended that university education programs have done little to provide educators with specialized rural training. These scholars conclude that rural education for rural educators must go beyond superficial sensitivity training to an examination of the ways in which prejudices and misperceptions are developed concerning the needs and experiences of rural people.

Research Questions

This study investigates the perceptions of educators about to enter the workforce as secondary sex-education instructors regarding the instruction of sexual health in rural and urban schools. Per the results of our analysis, we hypothesize the ways in which these expectations could impact the communication of sex education messages. In light of the above interests, the following exploratory research question was posed:

RQ1: What are future sex educators’ expectations regarding sex education in rural communities?

METHODS

Recruitment

We began recruitment for this study after receiving approval from the researchers’ university Institutional Review Board (IRB). Participants were recruited as part of a larger study on sex-education training programs in a
midwestern state, which was initiated by a review of the state’s listings of undergraduate degree programs that offered the certifications necessary to teach sexual health in the state’s secondary schools. Following the completion of this process, we then contacted the administrators or department heads of these programs and asked them to distribute our participant recruitment message to appropriate student populations. To be eligible for the study, students needed to be in their final year of coursework before graduation and scheduled to receive the state-required certification to teach physical health. Students interested in participating were asked to contact the researchers by e-mail, at which point an in-person or phone interview was arranged, depending on participant preferences.

Participants
Twenty-six undergraduate students in their final year of studies leading into certification to teach health education participated in the study. Many of our participants were also receiving simultaneous certification to teach physical education in public schools, which includes coaching. These students were enrolled in one of six different accredited institutions of higher education including large state universities, a regional campus for a large state university, smaller private colleges, and a small Catholic college, all of which were granted permission by the state department of education to provide training commensurate with the health and physical education specialization as part of the state teaching license. The minimum requirement for prospective health teachers in elementary, middle grades, or high school prior to licensure is a bachelor’s degree with a content area in health from an approved program. For prospective teachers in high school, the state requires a major in health, as well as a minor in education. In reviewing the curricula that each institution offered in preparation for teaching sex education, we found no courses emphasizing a community-centered focus on teaching. In fact, only two of the six programs required students to take courses in the social foundations of secondary education, broadly, which may (depending on instructor) include a piece on geographic disparities and education. All six universities required students to take a course in human sexuality, and the content of this course varied widely across institutions and instructors. At the time of the interview, this particular midwestern state mandated an abstinence-only curriculum as set forth by legal statute, which required that teachers provide information about contraceptives only in the context of failure rates.

Participants were between 21 and 53 years of age, and averaged 23 years of age. They included 17 women and 9 men. When asked to identify their racial or ethnic background, 96% of our sample identified themselves as White or Caucasian and 4% as Black or African American.
Nineteen participants (73%) planned to pursue employment in education immediately after graduation. Of those respondents indicating a preference for location of future employment, 35% indicated a preference for teaching in a rural community, 35% participants were indifferent, 18% indicated a preference for teaching in an urban community, and 12% indicated a preference for teaching in a suburban area. The remainder of our sample had plans to pursue other public health or health-related work, were unsure about their career plans, or planned to continue their education in graduate school.

Data Collection

We interviewed students according to a semi-structured interview protocol approved by the IRB of the researchers’ university, which encouraged the exploration of experiences and ideas brought forward by participants while also guaranteeing a certain level of consistency in the topics discussed in each interview (Fontana & Frey, 2005). Due to participant preferences and the distributed nature of recruitment sites, most interviews were conducted over the telephone (n = 23), with the remainder conducted in person at an on-campus location (n = 3). Some of the participants were in the process of completing student-teaching experiences and so conducting telephone interviews allowed for their inclusion and therefore a more diverse sample of participants within our purposive sample. All interviews were conducted by the authors.

To begin the interview, each interviewer discussed the purpose and scope of the interview with the respondent and then detailed the confidential, voluntary nature of their participation. All individuals who scheduled an interview agreed to go ahead with the interview after this explanation. The interviewing researcher collected some basic demographic information and also inquired about the participant’s post-graduation expectations and plans. Then the researcher asked about the participant’s educational and training experiences concerning topics of sexual health and also asked for any suggestions interviewees might have about improving these training experiences. In addition, participants were asked about their expectations for teaching sexual health education and their preferences about the kind of school in which they might do so. At the end of the interview, we asked participants to reflect upon their own sex education experiences during secondary school and their decision to follow this particular line of occupational training. Although most relevant to the current study were responses regarding preferences and expectations for instruction in rural communities, all responses were considered so as to provide relevant contextual information. During the interview, the researcher audio recorded the interaction and took field notes.
At the conclusion of the interview, participants were given a $20 gift card to a major retail store. On average, the interviews were 24 minutes long, ranging between 14 and 42 minutes. After the interview, the researcher completed an interview memo that recorded initial thoughts about the interview, which was then shared with the other researchers involved in the project. Audio recordings of the interviews were transcribed verbatim by the authors. Participants were referred to by pseudonyms throughout the coding and analysis of data, as well as for the writing and presentation of the study as a whole.

Data Analysis

Readings of the data were grounded in an emergent, constant-comparative analysis (Corbin & Strauss, 2008). In these comparisons, the individual case was constituted by each interview, which was layered into an inter-textual composite as the interviewing process proceeded. Data trustworthiness was established through triangulation across a wide range of data sources. In this, individual viewpoints and experiences were verified against others and, ultimately, a rich picture of educator perceptions was constructed based on the contributions of a number of informants across university settings. Researchers’ orientation toward these data began when they shared interview memos and discussed emergent themes and concepts during data collection. During and directly after each interview, the interviewing author wrote open field notes and memos about interview content, emerging theoretical constructs, and potential relationships and themes among interviews (Lincoln & Guba, 1985). All of the transcripts were read in their entirety, as were associated memos and field notes, before the author engaged in multiple rounds of open-coding. Open-coding involved: (a) generating a list of emerging conceptual categories and accompanying examples from each interview, primarily relating to preferences for rural versus urban instruction, perceptions of rural and urban instruction, and hypothetical challenges to be faced in each community; (b) comparing each interview’s content to the list and altering the list to group reoccurring themes together; and (c) delineating, via continued comparison, clear definitions for each of the salient themes and identifying examples of those themes in each interview.

At this point, the researchers were able to determine three primary categories that described future educators’ expectations regarding rural sex education. These primary categories included the expectation that rural communities would be: (a) less diverse than urban communities; (b) less informed about sexual health than their urban counterparts; and (c) overall more conservative than urban communities. Within each of these categories, examples are provided that clearly outline the perceptions of future educators regarding the differences between rural versus urban sexual health instruction.
RESULTS

Three themes emerged from the semi-structured interviews with study participants related to diversity, access to information, and conservative ideology. Across these themes, one dimension of individual differences among future educators seemed to impact perceptions of rural versus urban teaching. Particularly, the congruence or incongruence between a teacher's individual birthplace and background (i.e., rural, urban) and their expected workplace seemed to buffer the effect of the thematic misperceptions about rural sex education. For instance, an educator with a rural background seemed less likely—on the whole—to perpetuate falsities about rural living based on their own prior experiences. Thus, their expectations for future instruction were more closely tied to recollections about their own realities as rural citizens rather than widely circulated myths. For instance, George, a 19-year-old student from a rural area who was student teaching in a rural community and wished to continue teaching in the same community following graduation, noted:

Maybe years ago things would have been different, but coming from a rural area myself I can say that kids in rural settings face the same kinds of problems with sex and sex education as do urban settings. I mean wherever you go you’re going to find kids who are problematic or don’t understand or have parents who are really defensive about what their kids are learning. I mean sex is so, so big of a topic today that it is hard to go anywhere without facing it.

George’s experiences growing up in a rural community gave him the impression that rural communities need sex education just as much as urban communities.

Conversely, those with urban backgrounds were more likely to base their understanding of rural life on stereotypes and popular discourse. For example, Sarah, a 23-year-old student attending the largest, public university in the sample, described how her background in a more urban environment led her to perceive rural students’ reaction to and need for sex education. She noted:

I was raised in Kansas City, in a very inner city school, that was locked down all day and you had to be buzzed in. In the city I feel like you can be a little bit more blunt with [students] because they are open to that and they probably know more under-the-table stuff than you do. I feel like in a more rural community they are less exposed to experiences and sex education. That’s just my opinion and I know it’s very stereotypical.

Sarah herself believed that her own experience with what she describes as an “inner-city” environment impacted her perceptions of rural students’ sexual
awareness and behavior. The issue of student awareness—or perceptions of student awareness—will be explored further in the following thematic analysis.

Diversity

One persistent theme emerging from the data relates to the diversity present within urban populations. Particularly, participants described urban populations as functioning like a “melting pot” composed of individuals representing a range of different ethnicities, religions, education levels, and socio-economic classes. As Carol, a 31-year-old student, originally from Italy, noted:

When I was in an urban community, you had the melting pot. You had the liberal and you had the conservatives and everyone was there. You had teachers who were forced to deal with that and because there were so many different people, I don’t know, I don’t want to say more people were having sex, but more people knew it was more open.

Rural communities, however, were described primarily in terms of homogeneity. The perspective that “everyone knows everyone, and is in everyone’s business” was often noted as a sign of the demographic similarity present in such communities. Both diversity and homogeneity were noted as playing a role in the nature of the type of sex instruction needed in each type of community. In describing urban communities, Janice, a 20-year-old student who was born and raised in a rural community, said, “It’s like there is more ethnicity and different backgrounds if you go into an inner city school where the kids probably know more about...the sex education topics per se, than maybe like a smaller farm-town school I guess you could call it.” Marie, a 21-year-old student with a rural background, communicated this idea as well by noting:

Because at least from what I’ve heard, obviously I’ve never held a teaching position, but when I think about going into a school system, and talking with the school board or the administration or council, I would assume that going into an urban setting, they are going to be more flexible with what I can teach, and teach a more broad range of things because it’s going to be more multicultural and a diverse setting and probably a wider range of economic income in the area whereas in a rural setting, which is probably what I’m used to here, is a more all-of-the-same race and same socio-economic status and that sort of thing. So you are going to be more restricted in what you teach.

Here, Marie suggested that community diversity is a significant factor impacting what form and amount of sex education the school administration
would permit one to use. Future educators seem to expect that with greater diversity of student population comes greater flexibility in one’s curriculum, an assumption based on the idea that demographic diversity is positively related to an increased diversity of sexual experience. Rural schools, which were framed as encompassing less socio-economic and ethnic diversity than urban schools, would then be expected to have more homogenous views on sex and sex education.

These claims about homogeneity were framed in large part by warrants about ideological similarities in rural communities and shared exposure to the same sorts of mass media messages, news about sex education, and political discourse. As Heather, a 22-year-old, urban-raised student who was student-teaching in a rural area, suggested, “More rural towns would be like everybody knows everybody so everybody knows everybody’s business. Or, if somebody is being sexually active, I feel like a lot of people would know and so that could make things more awkward in the classroom if something like that could get out.” In considering her experience student-teaching in a rural community, Heather drew from a popular assumption related to the idea that rural community members are often in close contact with one another, which can facilitate storytelling and gossip.

The communication of this belief is interesting for a number of reasons. Amid the growing digital environment, in which people have the ability to gossip anonymously using social media sites and connect instantaneously with those far away, our participants still indicated that this kind of behavior is more commonly found in rural communities. The growing number of cyber-bullying cases, for instance, demonstrates the notion that harmful communication often occurs through digital means (Campbell, 2005). However, for our participants, the kind of face-to-face interactions between citizens of small communities was believed to facilitate a heightened degree of interest in the lives of others. Unfortunately, this belief could potentially lead some instructors to refrain from having candid discussions with students regarding sexual activity or sexual knowledge. They may fear that one student’s sharing of information could imply to others that that student is sexually active, a perception students might communicate outside of the classroom. Regardless of topic, student discussion has been shown to be essential to maintaining a dynamic learning environment (Trigwell & Prosser, 1991). Thus, this popular misconception regarding rural communities could have a harmful impact on the ways that teachers communicate in the classroom and thus the quality of instruction students receive.

Worldview

Recent scholarship has demonstrated that the development of health attitudes and beliefs are greatly influenced by family, community, and culture (Andrulis & Brach, 2007). More specifically, sex communication researchers
have come to understand that sexual behavior is shaped by personal knowledge, skills, attitudes, interpersonal relationships, and environmental influences, in particular family, social relationships, and the broader community (Blinn-Pike, Berger, & Rea-Holloway, 2000). One of the most commonly reported perceptions among this study’s participants related to the notion that urban community members prescribed more closely to liberal worldviews and openness regarding sexual activity and sexual health in general, whereas rural community members were far more conservative in their beliefs regarding sexual activity and sexual health.

The word “open” was used to describe urban communities and “conservative” to describe rural communities in over half of the interviews conducted. For example, in describing rural living, Jakob, a 22-year-old who had himself attended an inner-city school growing up, used the phrase “old-fashioned country-style conservative” in noting, “I think that I’d prefer to teach in the urban community because it is a little bit more mainstream and people I feel wouldn’t be as set in their ways.” Similarly, Lacy, a 22-year-old who was raised in a suburban area, noted, “I think a rural community would be a lot more selective on the types of materials they teach whereas in the urban community they will be a lot more lenient and open.” Urban communities were described as being more open regarding views about teenage sexual activity and thus, correspondingly, about the type of appropriate school-based instruction. As Laura noted in light of her student-teaching in an urban school:

> Because there were so many different people, I don’t know, I don’t want to say more people were having sex but more people knew it was more open. You would hear about it. So the topic could be presented and people wouldn’t be like gasp! Oh my god, and freak out on you, so it was more talked about.

Similarly, Mark, a 20-year-old student who had attended a suburban school, furthered this same idea by explaining that:

> The kids would probably be more open in an urban community just because honestly they are probably around it more. Parents of students in a rural community probably aren’t as open about it and are probably more strict with their kids about sex and all that stuff, so they would probably want more information; and I feel like kids in the urban area would want to ask more questions and stuff like that just maybe because of their experience or what they’ve heard.

Mark’s feeling was that urban students were simply more exposed to diverse ideas and content than were rural students and thus would require a more extensive sex education from their schools.
Beyond this focus on a diversity of sexual ideas and exposures in urban areas, participants’ perceptions of rural communities often centered on a perceived conservative lifestyle, one that placed significant value on morals and family connections. Participants who grew up in urban areas were particularly likely to substantiate the perception that rural communities are inherently conservative. Riley, a 22-year-old student from a suburban area, noted of rural communities, “Parents control what children learn whether they are teaching them in the house or they are finding out what these kids are learning about at school.” As Joshua, a 24-year-old student from an urban community student teaching in a rural area, discussed, “With teaching in a rural area you have to be cautious of the conservative values that parents have.” Heather, a 22-year-old student from an urban community, agreed with the potential restrictions of rural instruction:

Yeah I definitely think conservative rural versus outspoken urban, I feel like [rural communities] would be more, “everybody is watching you.” The parents are going to care more about what you are saying to their kids, making sure it is appropriate, while maybe other places would be like my kids know everything anyways so.

Rural parents and community members were framed, in this way, as more protective of their children and less likely to be supportive of information related to mature topics such as sex.

This conservative worldview in rural environments was often discussed by interviewees in partnership with assumptions about extensive parental involvement in the educational experience, whereas, for urban communities, interviewees were more likely to argue that parents are less involved in supplementing formal education with parental engagement at home. Patty, a 21-year-old student from a rural community, noted, “In the city, parents don’t always step up to the bat.” Georgia, a 22-year-old student from a rural area who was student teaching in an urban community at the time of the interview, added, “You have students that come from poor, broken homes and they don’t get a lot of guidance at home.” This perception supports the work of Blinn-Pike (2008), who found that rural educators believed that rural adolescents were less at-risk for pregnancy and STIs than their urban counterparts because of the positive characteristics often attributed to rural families and communities, such as closer family ties.

In rural communities, however, interviewees perceived that an increased amount of parental involvement might also create tension for instructors. As Jeanine, a 23-year-old student raised in an urban environment who was student teaching in a rural community, noted, “I do joke around, though, that I’m going to lose my job cause you know I have certain values and beliefs about a person’s sexual education that they need to know about, and all I need is for one parent to get mad and I could lose my job.” Here,
Jeanine’s humor brings to light a tension she experienced in the context of having different views about sex education than the parents of her rural students. It could be argued that, given the tensions she gave voice to, Jeanine might very well choose to hide her personal viewpoints on sex education in the classroom, or to engage in instruction more in-line with what she perceives as existing community viewpoints, rather than follow curricula that are empirically verified.

Access to Information

A third theme that emerged from participants’ interviews relates to individuals’ ability to access information about sexual activity and sexual health. Oftentimes, this idea was discussed in terms of arguments about young people’s level of sexual activity in urban environments and thus the information that they naturally garner from dealing with issues such as teen pregnancy and parenthood. For instance, Georgia argued, in reference to urban communities, that “you have students come into the classroom, a health classroom, and they already have kids... and you know it’s kind of like you’re teaching sex ed to people, students who already have kids or it’s just really, it’s a different type of atmosphere.” Correspondingly, Mark reasoned that open recognition of urban teenage sexual activity could make classroom instruction concerning issues of sex more accessible and applied, if only because urban students would likely be more persistent in their questioning. He noted, “the kids would probably be more open in an urban community just because honestly they are probably around it more... I feel like kids in the urban area would want to ask more questions and stuff like that just maybe because of their experience or what they’ve heard.” Indeed, sex education scenarios in which students ask teachers more questions create more opportunities for those teachers to provide information about sex that they might not otherwise feel justified addressing (Carrion & Jensen, 2014).

It could be argued, then, that just having the expectation that students will ask more questions in urban rather than rural environments may facilitate their increased access to information about sex, even if those students do not actually ask more questions than do their rural counterparts.

Beyond the knowledge of sexual health that students were said to garner through engagement with experienced others in diverse classrooms, interviewees also argued that, across the board, rural communities had less formal access to information about sexual health than did urban communities. Particularly, they suggested that rural communities had less access to information about sexual health from nonprofit organizations, such as Planned Parenthood, as well as from the variety of doctors’ offices and clinics present in more urban areas. As Lacy, a 22-year-old from a rural-suburban community, discussed of rural communities, “The resources are so little in
those schools than in others. And students have nowhere to go outside of school. There was no Planned Parenthood or anything where I grew up.” George, a 19-year-old student from a rural area who was student teaching in a rural community, echoed Lacy’s sentiment and expressed his fear that the lack of access to community health resources in rural areas might lead students to turn to the Internet for sexual health information, which he deemed a risky possibility. He explained:

From what I’ve seen with my students, they don’t get all of the information that they need in class. Then they try to find out more at home, but are uncomfortable with their parents. There’s no community resources for more information, so then they just go to the web. And half of the stuff they get from the web is bogus, or just scares them more. So then I have to deal with all of this misinformation in the classroom.

In this way, George suggested that more class-time in rural communities would need to be devoted to alleviating ungrounded fear appeals and disproving myths, myths more likely garnered from untrustworthy sources, than would be the case in urban communities.

Joshua, a 23-year-old student from an urban area who was teaching in a rural community at the time of the interview, also made this argument, noting:

If you have conservative parents who are, who don’t talk to you about sexual education, they’ll come into my classroom knowing nothing and less from the media, seen or heard less from the media and internet, which can be completely false information, or rely on friends to tell them what they heard from someone else who heard it from someone else. So just wrong information.

The degree to which interviewees believed that rural students are behind students from other regional backgrounds in generating accurate information about sex demonstrates that interviewees’ beliefs about students’ lack of access to sexual health information will likely alter their teaching content and strategies. They may spend more time in the classroom disproving myths that students may or may not actually adhere to and/or they may provide them with information that many students do, in fact, already know.

DISCUSSION

It is evident in investigating the expectations and perceptions of future sex educators regarding the differences between rural and urban sex education that future educators do have clear expectations regarding instruction in rural communities. Particularly, future sex educators perceived differences in
urban and rural communities related to community diversity, ideology, and access to information. Unfortunately, a number of these perceptions were assumptions, based on myths or false information, which could potentially lead to less than adequate sex education in rural communities, in particular. For instance, fearing the overinvolvement of conservative parents in rural communities may create a lack of interest among future sexual health educators regarding rural instruction. Correspondingly, the political debate surrounding abstinence-only education—a debate that tends to be especially heated in rural communities—is likely to increase teachers’ sense that they must be very careful about what, exactly, they teach in rural communities (Blinn-Pike et al., 2000; Jensen, 2010). With conservative support firmly targeted at abstinence-only education, future educators with solidified views regarding the utility of comprehensive sex education may choose to avoid rural communities altogether. Perceiving rural adolescents as less experienced and less knowledgeable could potentially lead rural instructors, often tasked with crafting their own curricula, to focus their lessons on the basics of biology and sexual behavior where more advanced lessons on particular topics would be more appropriate.

Considering these misperceptions, there is a need to address how future educators are prepared for the instruction of sex education in different kinds of communities. For one, future educators should be educated regarding the actualities of geographic disparities in adolescent sexual health. Moreover, future educators should be informed in the college classroom of the necessity to learn about the community in which they are instructing. They must be provided with an unbiased picture of the lived experience of rural communities that speaks to the unique characteristics of each, which may or may not match with their existing stereotypical perceptions. Such training may encourage qualified instructors not otherwise considering employment in a rural community to reconsider. This is particularly important in light of the difficulties that rural communities often have in employing and retaining public school teachers (Blinn-Pike, 2008). Ultimately, improving geographic disparities in sexual health will result from improvements in the delivery of sex education, particularly when it is crafted after considering the nature of the community in which it occurs.

In the context of expectations regarding rural and urban sex education, many respondents also provided their perceptions regarding how to best address the geographic disparities in sexual health. While some participants made clear arguments relating to necessary changes in parental and community knowledge and involvement, as well as alterations in the views of administrators, a significant number of our participants suggested that tailoring one’s instruction to the characteristics of each individual community is necessary in providing education that has the most impact. Silva’s (2001) meta-analyses of published school-based sex education interventions reveals that these smaller scale interventions are generally more effective.
than large scale programs. We are conceptualizing these suggestions under the term “community-centered” sex education (Umphrey, 2007). Even though materials and curricula have been crafted and disseminated that are based upon a variety of school and community samples across the nation, no two communities are identical. As such, it is seemingly illogical to assume that materials crafted for one community would be just as successful in another. As Carl, a 21-year-old student from a suburban area, suggested:

It has to be tailored for the community that you are working in . . . Now if you were working in an area that was rural but still relatively close to a city, they might still get access to the same kind of media that would give children the same information about sex. But when the media can’t reach an entire community, then they are so isolated that all of the information about sex and sex ed that they can get comes from what other people know, what their parents and grandparents know. So you couldn’t just walk in there and show them the same things that you would show to a group in an urban area. It just couldn’t be done and then be expected to be successful.

While Carl’s assumptions about media availability in rural communities may or may not actually hold up, his argument that sex education curricula in particular must be tailored to region and culture is poignant.

Moreover, many sex education instructors—whether rural or urban—have little access to basic teaching materials and thus go forward with sex education without extensive guidance. As Laura, a 22-year-old student who failed to note her community of origin, noted of her undergraduate preparation regarding sexual education:

It was just kind of a general, here is what you should teach, that kind of thing. They haven’t really spoken much about it, but the needs of the students, we’ve talked about that a little. I mean just knowing like where they are living, what basic salary, how many kids are getting free lunches, just basic demographics like that and then also knowing you know that sports are huge or they don’t care, just finding something to connect and relate to the students so you can build that relationship. And relate all your material back to what they are going through. You don’t want to tell them about mountain climbing if they are here in the Midwest.

Like Carl, Laura seemed to be describing an attempt at—and support for—community-centered sex education, particularly with her consideration of the demographics present within one’s community, as well as relevant student interests. We would push this even further, though, to suggest that future educators must be guided toward awareness of district or school history relating to sex education, as well as individualized student perceptions
of the norms and experiences circulated in the informal academic environment and outside of the classroom.

There are limitations present in this analysis that future research should attempt to rectify. Our sample was small and demographically skewed, raising questions regarding the broad applicability of our findings. As such, one might consider this analysis to serve as an initial, exploratory inquiry, meant to encourage future research drawing from larger samplings of educators. For instance, our sample was predominately white and female. It would therefore be beneficial for future study to include a more diverse sample of future educators. Additionally, due to large differences in location, the majority of the interviews conducted as part of this analysis were performed by telephone. Interviewing by telephone can present a number of difficulties in terms of keeping participants focused on the protocol, as well as ensuring understanding of questions per nonverbal cues. Future analyses should be conducted in-person and with more in-depth probing of both verbal and nonverbal responses.

On the whole, the findings presented here suggest several points of possible intervention. First, providing a values-clarification professional development seminar for sexuality education teachers could facilitate consistency across a school district. Developing trainings with local higher education institutions and state education agencies could also be vital to professional development. Providing professional development for educators before teaching specific curricula has been shown to be beneficial for both teachers and students (Herbert & Lohrmann, 2011). Also, data from the School Health Policies and Programs Study revealed that only 37% of teachers responsible for teaching health possessed a degree in health education (Kahn, Telljohann, & Wooley, 2007). It can be surmised that around two-thirds of sexuality education teachers had no formal training in the content area, let alone in a community-centered approach to sex education. At many universities, undergraduates wishing to be certified to teach are required to have experience in urban schools. These students should also be required to experience rural school situations if only to highlight the importance of understanding sex education within the context of community.

Of course, integrating community-centered education into sex education practice would not be an effortless venture. Many teachers are given sexuality education curricula or guidelines to use that are determined by school boards, regardless of if those materials are community-centered. Additionally, community-centered instruction seems to stand in opposition to the argument for national sex education standards, which would enable large-scale monitoring of the effectiveness of sex education practices and principles across populations. Nonetheless, this analysis indicates that many soon-to-be sex educators do not feel adequately prepared to address issues of community diversity. The sad result is likely that their students, and particularly their rural students, lose out on valuable educational opportunities,
access to information, and the support they need to create and maintain their sexual health.

REFERENCES


