Family, Social, and Sexual Health Education in Elementary Aged Children

Sabrina Bedell
Madeline Eells
Tara Higgins
Suleiman Ismael
John Nesbitt

See next page for additional authors

Follow this and additional works at: https://scholarworks.uvm.edu/comphp_gallery
Part of the Community Health and Preventive Medicine Commons, and the Health Services Research Commons

Recommended Citation
Bedell, Sabrina; Eells, Madeline; Higgins, Tara; Ismael, Suleiman; Nesbitt, John; Oesterle, Colette; Sinclair, Nicholas; Shayne, Liz; and CichoskiKelly, Eileen, "Family, Social, and Sexual Health Education in Elementary Aged Children" (2014). Public Health Projects, 2008-present. 203.
https://scholarworks.uvm.edu/comphp_gallery/203

This Article is brought to you for free and open access by the Public Health Projects, University of Vermont College of Medicine at ScholarWorks @ UVM. It has been accepted for inclusion in Public Health Projects, 2008-present by an authorized administrator of ScholarWorks @ UVM. For more information, please contact donna.omalley@uvm.edu.
Family, Social, and Sexual Health Education in Elementary Aged Children


Introduction

In 2006, 7.5% of elementary schools provided health education that met the US National Health Education Standards. Healthy People 2020, a 10 year agenda set by the US Department of Health and Human Services to improve health outcomes, has a goal of increasing this to 11.5% by 2020. The World Health Organization, the US Centers for Disease Control and Prevention, and Vermont Health Education Guidelines stress the importance of school health education and identify topics that should be addressed in comprehensive health education, including family, social and sexual health.1,3,4 The Schoolhouse Learning Center, a private elementary school in South Burlington, VT with grades K-5, wishes to implement a sexual health curriculum guided by the SIECUS curriculum.5 A study exploring parents’ feelings about a family, social and sexual health education conducted by Byers, et al. influenced the survey content. The survey indicated that all topics considered important by parents were being covered in the pediatrician’s office. Hence, the importance of teaching some of the topics themselves. This suggests the need for faculty development as they work to modify the curriculum. An expert could be brought in for these sensitive areas.

Methods

Study Population: 40 families with children enrolled in The Schoolhouse elementary program were surveyed on their feelings about a family, social and sexual health curriculum.5 34 surveys were returned and analyzed.

Survey: The survey content was largely based on the SIECUS curriculum. A study exploring parents’ perceptions of their children’s school sexual health education conducted by Byers, et al. influenced the survey format.3 Major topics and subtopics explored in the survey are displayed (Table 1). The survey indicated that all topics would be implemented at an age appropriate level. The parents’ views of importance of specific topics were compiled, giving an average score (0 - not at all important; 4 - extremely important), termed Importance Factor.

Focus Group Results

• Generally, Human Development, Relationships, and Personal Health education should be provided in school
• Social health education should be provided in school
• The school’s social health curriculum should begin in grades K-2

Parents agreed about the following points:

• Social health education should be provided in school
• The school’s social health curriculum should begin in grades K-2

Diversity is emphasized mostly in the context of the subtopic of Human Development.

Discussion

Though all of the topics in the SIECUS guidelines would ideally be included in a comprehensive curriculum, the guidelines recommend prioritizing topics based on “the needs of the young people involved.”5 The convergence between parents and educators on many topics demonstrates that The Schoolhouse is covering the majority of topics that parents consider important.

However, these results show that there are some gaps in Sexual Health and Sexual Behavior education (Figures 2-4):

• Many parents are not covering these topics, The Schoolhouse is not formally covering them, and interestingly, parents did not think they were being covered in the pediatrician’s office.
• Faculty questioned the appropriateness of teaching some of the topics themselves. This suggests the need for faculty development as they work to modify the curriculum. An expert could be brought in for these sensitive areas.
• The survey found that many parents expressed interest in attending a workshop to learn how to address these topics at home. The school could facilitate this.
• Further exploration is needed to understand the parents’ perception of the pediatrician’s role in family, social and sexual education and to learn how the pediatrician can be a better collaborator in the process.

Table 1: SIECUS Guideline Topics

|-------------------|---------------------------------|--------------|---------|-----------|-----------------------------|--------------|--------|----------------|--------------|-------------|---------|-----------------------------|----------|----------|---------|----------------|----------|----------------|---------|----------------|---------|------------------|---------|---------------------|
| Fami(

References