

In Press: *Sex Education*

Motivational Aspects of Community Support for
School-Based Comprehensive Sexuality Education

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Total number of words (abstract, text, tables, and references) = 8,257

Acknowledgements: Thanks to Martin Ford and Wendy Constantine for consultation and review, Mieko Davis for library support, Nick Woolf for ATLAS.ti software support, Andrea Agarwal for assistance with data management, and to all the participants who shared their views. A poster based on this work was presented at the 131st Annual Meeting of the American Public Health Association, November 18, 2003, San Francisco, CA. This study was supported in part by a grant from The California Wellness Foundation (TCWF).

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Abstract

Various surveys have documented widespread support among American parents, students, teachers, and health professionals for school-based comprehensive sexuality education (CSE). In many school districts, however, the sexuality education provided is minimal, incomplete, or fragmented, and essential topics are often omitted or inaccurately presented. To help explain the discrepancy between support and accomplishment, this study develops a set of theory-based research hypotheses regarding the potential motivational roles of stakeholders' goals, emotions, and personal agency belief patterns in explaining this lack of achievement. A series of exploratory interviews and focus groups with 36 California parents, adolescents, and professionals was conducted. A modified grounded-theory approach was used to guide the collection and analysis of qualitative data, and the development of a theoretical framework anchored in Martin Ford's motivational systems theory. This framework suggests the complexity of the interacting factors involved, and provides a basis for specific hypotheses for further research. Potentially important goals, emotions, and personal agency belief patterns are identified and discussed.

Introduction

Comprehensive sexuality education (CSE) is widely supported in America, yet rarely experienced by American youth. The essence of CSE is threefold: it provides complete, accurate, positive, and developmentally appropriate information on human sexuality, including the risk reduction strategies of both abstinence and contraception; it promotes the development of relevant personal and interpersonal skills; and it includes parents or caretakers as partners to teachers (see National Guidelines Task Force, 1996, for a more extensive description). Most American students do receive some type of sexuality education by the time they leave high school (Hoff, Greene, McIntosh, Rawlings, & D'Amico, 2000). Yet many school districts provide a bare minimum, presented in a fragmented and incomplete manner, often with critical topics related to methods of protection for sexually active youth omitted or presented inaccurately (Burlingame, 2003; Collins, 1997; Donovan, 1998). In fact, it has been estimated that only about five to ten percent of American students receive CSE (Haffner & de Mauro, 1991; National Guidelines Task Force, 1996; Scales & Roper 1994). This is an important missed opportunity, as schools provide an efficient means of access to large numbers of adolescents, and school-based CSE programs have been found in some studies to delay sexual initiation and to reduce unprotected sexual intercourse (Kirby, 2001).

A national survey of sexuality education in the classroom (Hoff et al., 2000) found that although 89% of the nation's secondary school students receive sexuality education at least once in school, only 68% receive information about how to use condoms correctly, and about half of the students surveyed reported that they wanted to know more about HIV (47%), STDs (50%), what to do in cases of rape or sexual assault (55%), how to deal with emotional consequences of being sexually active (55%), how to talk to a partner about birth control and STDs (46%), and how to use and where to get birth control (40%). In this same survey, only 53% of responding students were aware that STDs can increase the risk of getting HIV if sexually active (about what would be expected by chance if every student simply guessed the answer). In California, where legislation provides mandated basic guidelines for any

sexuality education provided in the schools, the situation appears to be little better. A recent survey found that 85% of surveyed schools are in violation of these guidelines (Burlingame, 2003).

One might think that Americans are simply not ready to support school-based CSE. Yet opinion surveys and other studies have consistently shown widespread public support. For example, Hoff and colleagues (2000) found in a national probability sample that 92% of Americans support teaching about condoms in high school. Another national survey (Sexuality Information and Education Council of the United States, 1999) found that 93% of Americans support the teaching of sexuality education in high school, 84% in middle school, and 66% in elementary school, while 90% thought that condom use was an appropriate subject for 11th and 12th graders, and 58 percent thought so for 7-8 graders. These survey findings are reinforced by a study of the incidence of “opting out” by California parents for their students’ participation in sexuality education classes in grades 6-12 (Burlingame, 2003). In this study, 70% percent of schools reported no more than one percent of students were opted out of class by their parents, and 93% reported no more than five percent were opted out. This public support has a strong professional grounding – virtually all mainstream American professional health and education associations and societies have formally endorsed school-based CSE, including the American Association of School Administrators, the American Medical Association, the American Nurses Association, the American Psychiatric Association, the American Psychological Association, the American Public Health Association, the American School Health Association, the National School Boards Association, and the Society for Adolescent Medicine (National Guidelines Task Force, 1996).

In a study involving a survey of mostly white rural parents, Welshimer and Harris (1994, p. 351). concluded that “American schools rarely provide sexuality education of the caliber they are capable of delivering,” and that “fear of controversy, poor communication between schools and community, and lack of community backing and input might be the key factors in producing inadequate sexuality education programs.” Prevention educational program directors share many of these concerns. In a national middle school needs assessment involving 56 state and local HIV prevention education directors, numerous perceived barriers to effective programming were consistently reported, including lack of time, lack of

funding, political opposition, fear of controversy, and lack of school-level buy in (Wolff and Scholerlein, 1999).

School board members experience similar issues. In an interview study of a sample of its members, the National Association of State Boards of Education (1998) found strong agreement that schools alone cannot address sexuality education and that support from families and community was critical. Commonly perceived barriers reported by school board members included resistance from the community and from fellow school board members, denial that adolescents' sexual health problems exist, and an exclusive emphasis on academic topics. Yet in a national sample of secondary school principals surveyed by the Kaiser Family Foundation (1999), 94% reported that parents were supportive of their school's sexuality education programs, 92% reported student support and 97% reported teacher support. These principals' views of high levels of parent, student, and teacher support are consistent with the direct surveys of parents and students cited above, but inconsistent with the strong concerns related to lack of community support and fear of controversy reported by school board members, HIV prevention directors, and others. One explanation often suggested is that opponents of school-based CSE are a vocal but small minority, while supporters tend to be less motivated and less vocal (Scales & Roper 1994).

This well-documented discrepancy between support and achievement might result from motivational and other factors and interactions of factors more complex than those measured by simple survey item responses. Most surveys in this area have been purely descriptive, with little or no theoretical foundation. While at least one survey has been supplemented with focus groups (Hoff et al., 2000), in-depth, theory-driven analyses of the focus group data have not been reported. Several critical questions remain unanswered :

- (1) What individual and environmental factors are related to community support and motivation for school-based CSE in America?
- (2) How do these factors interact to influence the achievement or lack of achievement of effective implementation of school-based CSE programs?

To the extent that these questions remain unanswered, it is unlikely that school-based CSE will reach its full potential in promoting adolescent sexual health. These are the primary research questions addressed in this study.

Motivational Systems Theory

Human motivation theories offer potential to help explain why the education system has not adequately addressed adolescents' sexuality education needs in spite of widely supportive community attitudes. Numerous theories of motivation exist, some focused on specific aspects of motivation (e.g., goal orientation theories, self-esteem theories, differential emotion theories), and others covering wider ground (e.g., social cognitive theory, cognitive evaluation theory, optimal performance theory). Martin Ford's (1992) motivational systems theory (MST) was developed to address the lack of cohesion, organization, and integration in the field of motivation, and to provide an organizing framework for studies focused on motivation and its behavioral consequences.

Derived from Donald Ford's Living Systems Framework (D. Ford, 1987), MST postulates that motivation can be defined by an interacting combination of an individual's goals, emotions, and personal agency beliefs (Ford, 1992). The primary applied rationale for MST is "the premise that motivation is at the heart of many of society's most pervasive and enduring problems." (p. 244).

→ Figure 1 about here

According to MST, *goals* are thoughts about desired states or outcomes that one would like to achieve. Behavior is typically guided by multiple goals, which often are organized into *goal hierarchies* – ordered sequences of goals and subgoals. *Goal conflict* and *goal alignment* describe motivational patterns where multiple goals are organized in conflicting or mutually facilitative ways. *Goal evaluations* involve judgments of goal relevance and priority, and are important in determining which goals are acted upon,

and the strength of motivation. MST provides eight pairs of qualitatively distinct styles of goal pursuits labeled *goal orientations*, for example, *coping* versus *thriving* goal orientations.

Emotions are defined in MST as organized functional patterns of regulating or energizing processes consisting of combinations of affective components, physiological components, and transactional components (i.e., expressive gestures that influence the emotional context). Emotions provide useful feedback about a person's interactions with their environment, and can energize action in support of goals. Emotions can greatly influence selective attention, recall, interpretation, learning, decision making, and problem solving. *Instrumental emotions*, such as discouragement, help regulate initiation, continuation, repetition, and termination of behavior. *Social emotions*, such as embarrassment, help regulate conformity to social expectations and patterns of social organization.

Personal agency beliefs are evaluative thoughts involving a comparison between a goal and an anticipated outcome if one pursues the goal. MST distinguishes between two categories of personal agency beliefs: *personal capability beliefs* and *environmental context beliefs*. Personal capability beliefs are "evaluations of whether one has the personal skill needed to function effectively," and environmental context beliefs are "evaluations of whether one has the responsive environment needed to support effective functioning" (Ford, 1992, p. 251). These two categories of beliefs are combined in MST to provide a taxonomy of nine conceptually distinguishable *personal agency belief patterns*, as displayed in Table I.

→ Table I about here

Three personal agency belief patterns are considered motivationally effective. These include the robust, modest, and tenacious patterns, all consisting of some combination of strong or moderate capability beliefs and context beliefs, and with at least one of the two beliefs considered strong. The remaining six patterns – vulnerable, accepting/antagonistic, fragile, discouraged, self-doubting, and

hopeless – are considered motivationally ineffectual, or demotivating. All consist of some combination of moderate, weak, or negative capability beliefs and context beliefs.

Methods

The purpose of this study was to develop theory-driven hypotheses to be tested and revised in further qualitative and quantitative research. The qualitative research methods employed were appropriate to this exploratory developmental purpose.

Sampling

Our research question involved motivational factors across a wide range of community stakeholders in CSE. To select individuals for participation in the focus groups and interviews, several of Patton's (2002, pp. 230-246) purposeful sampling strategies were employed. All involve the seeking of information-rich cases to provide a basis for in-depth study.

The overarching approach was *theory-based sampling*, involving the selection of cases on the basis of their potential manifestation or representation of important theoretical constructs. A *multiple operationalism* approach to theory-based sampling was employed, seeking multiple representations of key constructs of interest, within and across key subgroups. This was facilitated through *stratified purposeful sampling*, involving sampling within specified subgroups of interest. Three primary strata were initially specified – pregnant and parenting adolescents, parents of adolescents, and school- and community-based adolescent health and educational professionals. For each stratum, an initial focus group with six to seven participants was conducted.

To pursue key theoretical constructs identified in the focus groups, eight additional school and community-based professionals were individually interviewed. Following these interviews, six substrata of professionals were designated through Patton's (2002) *elaboration sampling*, i.e., to elaborate and deepen the initial analyses by seeking confirming and disconfirming cases, and to begin to place boundary conditions around findings. The expanded substrata comprise teachers, school health education

coordinators, community health professionals, principals, superintendents, and school board members. Nine additional participants were interviewed to fill out these more detailed substrata.

Focus group and individual interview participants were selected by networking and snowball sampling. This included placing an announcement on a statewide health coordinators email listserv, asking for referrals within existing professional networks, and asking participants for other referrals within their own stratum. Nineteen individuals participated in focus groups, and 17 participants were individually interviewed, yielding a total of 36 participants. Participants were primarily white or non-white Hispanic, with some African American and other representation. Exact numbers interviewed in each category are presented in Table II.

→ Table II about here

Data collection and analysis

Both the group and individual interviews involved semi-structured open-ended questions. Interviews were conducted by all three authors, with two authors co-facilitating each focus group. All interviews and focus groups were audiotape recorded.

The focus groups with parents of adolescents, and pregnant and parenting adolescents, were conducted in person, while the focus group of professionals was conducted by telephone conference (employing telephone focus group methods described by White & Thompson, 1995). Of the 17 individual interviews, four were conducted in person and 13 by telephone. All in-person participants signed informed consent forms, while phone interview participants were read the informed consent statement and provided consent verbally over the phone.

Semi-structured open-ended questions were used in the interviews and focus groups. Questions were designed to tap broad areas of theoretical interest, and to facilitate probing into deeper aspects of the participants' responses. For example, all participants were asked "In your view, what do teens in your

school community need to support their healthy sexual development?” and “How well are these needs being met in your school community?” Commonly used probes to this second question were “How well are schools doing in helping to meet these needs?” and “How well are parents doing in helping to meet these needs?” Another key question was “Overall, how much do you think that you yourself could have a good influence in the future helping to promote adolescent sexual health in your school community?” with probes “Do you think you will?” and “Why or why not?”

This study used a modified form of grounded theory methodology that employs existing formal theory – in this case MST – to provide a guiding framework for coding and analysis of data. In this approach, new theory does not emerge directly from the data as in traditional grounded theory (Glaser & Strauss, 1967). Instead, existing formal theory provides a pool of potential concepts and relations among these concepts from which to select and adapt as appropriate to the data (Dey, 1999). Using this approach, the essential elements of modern grounded theory are maintained: “... the grounding of theory upon data through data-theory interplay, the making of constant comparisons, the asking of theoretically-oriented questions, theoretical coding, and the development of theory” (Strauss & Corbin 1994, p.283). The selection of MST as a guiding framework is in essence an overarching theoretical hypothesis (that MST is a useful explanatory mechanism for the phenomena under study) and is subject to testing over time and across subsequent studies.

Data management and analysis were performed using the ATLAS.ti software system (Muhr, 1997). ATLAS.ti is a software product designed to facilitate coding and analysis for grounded-theory studies. Coding and analysis were done primarily by the first and second authors, with regular reviews to compare and resolve coding differences.

Results

The theoretical framework of Motivational Systems Theory (Ford, 1992), described above and illustrated in Figure 1, was used to guide the extraction of concepts from the data and to organize and relate the concepts that emerged. The primary organizing concepts employed were *goals*, *emotions*, and *personal agency belief patterns*.

Goals

Interview and focus group participants of all types appeared to share widely the two primary goals of *promoting the sexual health of adolescents in their community*, and *providing adolescents with the benefit of effective CSE*. Several specific subgoals also were identified, some of which were not shared as consistently across participants. Finally, some goal conflicts with non-CSE goals emerged, as did a variety of goal orientations.

1. Subgoals

Participants largely shared the subgoal that parents and teachers should be partners in providing sexuality education, and this was given a high goal priority. There was some disagreement, however, about the parent's and the teacher's appropriate roles. A science teacher noted confidently:

Parents are my best resource. They are the best teachers of sex education for their children. I am just a support for them. I focus on the scientific facts and then parents fill in the rest. (science teacher)

However a public health nurse perceived just that type of situation as less than ideal:

If the science teachers are teaching it, kids might learn an awful lot about the virus, but they're probably not going to learn a whole lot about negotiation skills, and decision-making, and some of the other issues that we know are very important. (public health nurse)

Similarly, a parent expressed frustration about this type of limitation on a teacher's role:

The kids are just getting information and filling out worksheets about body parts, like how to spell the names of STDs and what are the six symptoms of this STD. But they're not processing what this means for them, at all. I worry about that a lot. I think the kids mistake the facts for figuring out what they would do in a situation or having the self confidence to know 'I have thought about this and this is ok' or 'this is not ok.'" (parent)

Other participants expressed high expectations for parents, and frustrations that these were not being met.

For example, a health coordinator stated:

What I've told parents is "the idea is that you're supposed to be working me out of job. I am not supposed to be teaching sexual health information to your child. That's your job. My job exists because you don't do your job." Parents really do shirk their responsibility in a lot of ways around really honestly and openly discussing sexual and reproductive health with their children.
(School health coordinator)

Another subgoal in support of the fundamental goal of CSE involves the use of appropriate teaching methods. A superintendent articulated this as "the goal of open inquiry" versus "the reality of authoritarian teaching":

The teaching staff and the culture and climate of the school must allow for the students to have open inquiry. There are a lot of teachers who don't think that is what it should be. They think 'I am the adult and I am going to tell you what it is that you should know and do.' That's a different place from saying 'I'm going to create the environment so that you can arrive at your own choice about it.' (superintendent)

A parenting adolescent reinforced this:

Don't tell us don't do it. Say if you are going to do it, this is how to be safe. If you tell a teen don't do something, that just makes it more interesting. (parenting adolescent)

This also was a strong theme from the parent focus group, for example:

The kids need someone they can talk to. I think they get talked at all the time. And the sense that I have from the programs they are doing now is that the kids are put in a room where someone lectures to them. (parent)

An additional subgoal related to the CSE goal was that sexuality education should start young, and be age appropriate. Consistent agreement was found across all participant types on this goal. A parenting adolescent stated:

I want my kids to learn early on, about 4th or 5th grade. People need to talk to the parents. They're saying their kids are too young but really they're not. (parenting adolescent)

A school nurse would start even earlier:

I think that we need a comprehensive program that starts in kindergarten that teaches the basics, as well as talks about relationships and making choices. (school nurse)

Several other participants, including a parent, principal, superintendent, and community health professional, would start at the preschool level. For example:

We should start in preschool and go all the way through 12th grade. It needs to be mandated, and it has to be taught by teachers who are not only passionate about health and kids, but also have all the background and studies and know what they're talking about. (community health professional)

2. Goal conflicts

Most participants held their goals relating to adolescent sexual health promotion as very relevant, and of high priority. Yet some participants saw *goal conflicts* in their schools or communities related to the perception of academic subjects as more important than health-related topics:

In my district, sex education issues are less important than the academic achievement of the kids. (superintendent)

Most of our students are free and reduced lunch, we are a very multicultural community and most speak English as a second language. The income level is very low. Families face many challenges. The kids need sex education here but they need academics very much too. That's what parents are concerned about. Can their children read? Can they speak English? (principal)

In my community there is a tremendous desire, at almost any cost, to be successful academically and to surpass your parents. There has been almost no recognition of risk behaviors because the high standards for academic standards have taken precedence. (community-based health professional)

3. Goal orientations

Several suboptimal *goal orientations* also were evident, including *coping* rather than *thriving*, *reactive* rather than *active*, and *helpless* rather than *mastery*. For example, a teacher talked about coping with limited resources:

The parents and the district help me to do my job better, but not the books and materials. The video we used was really old and we couldn't get a new one. The kids hated it and made fun of it, it was so old. (teacher)

A mother described coping with peer-provided misinformation:

The information kids exchange with each other is not accurate. My son believes everything he hears and we have to re-inform him when he comes home with information that is accurate. That's scary to me. (mother)

A father described a reactive rather than active orientation to communicating about sex with his daughter:

My daughter doesn't talk to me about this at all. She talks to my wife. My son has asked me some questions. A question will pop up and then nothing for six months or so. (father)

And a mother's description of communicating with her son appears to involve both reactive and helpless orientations:

My son is just not engaged with me on this topic. I don't know where he is on this. I don't think he's ready. He hasn't even mentioned a girl he has liked or even found attractive but I know he's looking at them. So I don't know how much to push him or to keep my mouth shut. (mother)

The exceptions to the more reactive and coping type goal orientations came from the three state health coordinators, all of whom appeared to show *active* and *thriving* goal orientations. These were not expressed as directly as the less optimal orientations cited above, but instead inferred from assertive comments regarding things that needed to be done, and a focus on how that could happen. For example, one state health coordinator argued:

We need comprehensive health ed in grades 1 – 12 and we need to hit sexual and reproductive health pretty well at grades 6,8,10, 11 and even 12th grade, in a different form. You can't just offer it once.

My impression is that the majority of parents, if comprehensive sex education were explained to them and they really understood what it meant, would support it. Parents should be part of the solution, part of the equation, all the way around. When I say we need a comprehensive community approach, that would certainly include parents.

Another state health coordinator explained:

We need compulsory comprehensive health education to begin in elementary school and continue through high school so that throughout that time we have kids engaged in health education. So we need responsible trained health educators and compulsory health education classes. Communities and parents in general are supportive of comprehensive sexuality education and they have a huge role in influencing the school board.

Emotions

Two types of emotions were evident across a wide range of participants. First were the social emotions of embarrassment and discomfort, found primarily among parents, but also reported about teachers and adolescents. The second was the instrumental emotion of discouragement, found widely across the range of participant types.

1. Embarrassment

The social emotion of *embarrassment* was revealed and discussed in some depth in the parent focus group. Parents repeatedly referred to their children's embarrassment in talking with them about sexuality topics. Yet conversely, a pregnant adolescent talked about a former teacher's embarrassment when the teacher attempted to talk with her own children about sexuality topics:

I had a teacher who would talk about everything in front of us. She was not embarrassed about nothing. But she was embarrassed to talk to her own kids. I didn't get that. She was embarrassed to talk to her own kids but not to nobody else. (pregnant adolescent)

Contrast this to parents' comments:

My son thinks the fact that I raise the subject on a fairly regular basis is gross. He told me, 'you just can't talk about these things with your mother. It's like incest, mom, I can't talk to you about this.' (parent)

Other parents agreed:

I get very similar reactions from my son. Even to the point that I can't watch parts of a movie with him because he tells me it's embarrassing to watch if I'm there. (parent)

I sometimes get the reaction that 'you are so disgusting when you talk about things like that. You are so gross, how can you say that?' I say that my parents never talked to me about that and I think kids deserve better information than what they get from each other. (parent)

One mother revealed a related emotion of *sorrow*, in this case potentially tied to the broader issue of adolescent separation:

It's the first time in his life that he's had something that he clearly doesn't want to discuss with me. (parent)

While embarrassment did not directly surface as salient emotion among the other participant types, a related emotion that did surface was teacher *discomfort*:

The largest challenge to the district sex-education program is getting teachers on board with being responsive to the kinds of questions about sex education kids would raise and being comfortable answering those questions. (superintendent)

2. Discouragement

Discouragement was another emotion widely expressed across participants -- by parents, adolescents, and professionals. Unlike embarrassment and discomfort, discouragement is typically the result of cognitive evaluations rather than direct perceptions. It is categorized in MST as an instrumental emotion that helps regulate initiation, continuation, repetition, and termination of behavior. A parent's comment illustrates discouragement:

This conversation scares me. Here we are, a group of highly educated, involved parents and we are perplexed by so many aspects of this topic. Are our children ready for the level of sex education they are receiving? We feel that our input to the schools falls on deaf ears and the curriculum is set, some of our spouses are not as involved in this area as we would like, moms can't talk to sons and dads can't talk to daughters. We aren't satisfied with our kids learning only about biology but we also aren't sure how to go to the next step. If we can't figure this out – how about parents who do not have the personal and community resources that we are so blessed by?
(parent)

A parenting adolescent related another dimension of discouragement:

I've had conversations with my dad. You know, I wish he would be more open. Like the sex topic... He wouldn't let me take sex ed, because he thought it was wrong that they talk about condoms and stuff. He's like, 'You shouldn't have sex before you're married and that's that.' And then he said, 'If you ever get pregnant, I'm disowning you.' That was his whole hype sex talk with me. I'm like, 'Okay, well, how do you get pregnant? You know, I need to know these things, so in case ... you know.' So when I had sex, I would never think about the consequences ever. I didn't know about STDs. I knew about AIDS, but my dad made it sound like only gay people got AIDS, you know? (parenting adolescent)

A superintendent discusses his discouragement over parents fulfilling their critical role:

The feeling is that parents aren't doing all they could be doing. When we do offer parent ed, parents don't show up. We talk often about how we can get the parents to come to these trainings so they know how to talk to their kids. But we're not too successful on that. Maybe I'm giving up on parents because I know what their limits are. (superintendent)

A principal is also discouraged about parents doing their part:

Sadly, the school is doing a better job at meeting those needs (for sex education) than the parents are. ... The piece we don't have is the connection with the parents. (principal)

Personal Agency Belief Patterns

Table I illustrates the nine possible combinations of three levels of personal capability beliefs with three levels of environmental context beliefs. These nine combinations of personal and environmental beliefs are defined in the MST framework as *personal agency belief patterns*. A wide variety of personal agency belief patterns emerged from the interviews, covering the full range of capability and context belief levels, and with eight of the nine possible combinations represented (all except the *modest* pattern).

Most of the patterns identified in the interviews involved suboptimal environmental context beliefs. Environmental context issues of resource availability, conflicting priorities, institutional roadblocks, parent apathy, vocal minority resistance, and other challenges were frequently mentioned. Some of the interviews also suggested suboptimal personal capability beliefs. Several parents indicated strong dissatisfaction with their ability to communicate with their adolescents about sexual development. Some education professionals felt insufficiently trained or otherwise incapable of supporting adolescents' healthy sexual development, and several felt powerless in dealing with challenging educational contexts. Many professionals, however, maintained strong personal capability beliefs.

1. Motivationally effective personal agency belief patterns

A *tenacious* personal agency belief pattern was found among several education professionals. This pattern represents strong personal capability beliefs, combined with neutral or variable environmental context beliefs. It is considered high in motivational potency, often leading to "effortful persistence in challenging or stressful circumstances, enabling the person to prepare in advance for anticipated obstacles and difficulties" (Ford, 1992, p. 135). This is illustrated by a school board member's strong personal capability beliefs constrained by the environmental realities of limited funding:

I hate to sound like a broken record, but from my perspective, we're really limited by funding. That is not the only limitation but that is what makes it most difficult. ... As a school board member, I can make a huge difference on sex education. One thing I can do is make sure our policies on sex ed are appropriate and up-to-date, which they're currently not, but they will be. I

can work with the partnerships that we have to work with nurses and to make sure that the sex ed that is provided is good sex ed.

A tenacious principal also describes strong personal capability beliefs, together with a recognition of variable environmental context constraints, in this case related to insufficient parent involvement:

We're pretty good at this school. The piece we don't have is the connection with the parents. Our parents tend to be absent from involvement with their children at the school. They come if there's a problem, come to enroll their student, we talk to them on the phone if the kid is absent but that is the extent of it. ... I think my personal influence about promotion of adolescent sexual health is good.

One *robust* pattern emerged, from a school district superintendent. This pattern is considered to be the most motivationally powerful, involving strong personal capability beliefs, combined with positive environmental context beliefs:

I think that there is a mutual respect for the broad array of perspectives of parents and there is respect that parents should have a say so when it comes to these kinds of subjects. For the most part individuals in our area are supportive and open and want to have more dialogue than less when it comes from the schools. We are probably 65% to 70% of the way to where we need to be.

2. Motivationally ineffectual and demotivating personal agency belief patterns

A variety of suboptimal personal agency belief patterns also emerged. Consistent with the discouragement emotions reported above, several instances of the *discouraged* personal agency belief pattern were encountered among professionals. This pattern involves moderate personal capability beliefs combined with negative environmental context beliefs. It is a highly demotivating pattern, with “the primary source of any remaining hope for good outcomes found in the self rather than in the context.” (Ford, 1992, p. 136). For example, a school board member laments

In this district, they required abstinence-only curriculum and yet they had an alternative school for pregnant and parenting teens and there were not just a few kids in this school – it was a

chock-full school. Now that's talking out of both sides of your mouth. I just could not believe it. On one hand they were saying "Don't do it, don't do it. We're not going to say anything more about it." On the other hand, they were saying, "now that it's happened, here's a school for you." They have to have this alternative school – and it's a good school, they do the best that they can, it has a nursery and parenting education -- but it was bursting at the seams. Couldn't they see there was perhaps a correlation between their approach to sex education and their need for a school dedicated to pregnant and parenting teens? It was very frustrating for me and my students.

The *vulnerable* pattern is characterized by mixed expectations, combining moderate capability beliefs with neutral or variable environmental context beliefs. A community-based health professional demonstrates a vulnerable perspective:

Teachers need consistent training. Not just initial training but mentoring and follow up. We tend to a pretty good job of giving a blitz of training but seldom do we really do personal analysis of what people are doing, how well they are developing skills, what their capabilities are, and do any remediation. We give them the curriculum, train them, and expect them to go on.

The *accepting or antagonistic* pattern involves strong personal capability beliefs combined with substantial distrust or hostility toward the environment. This is illustrated by a school health coordinator who appears to be confident about what is needed, but quite negative (antagonistic) about the current environmental context:

We need a comprehensive community-wide network where everyone is on the same page when they are communicating with teens about pregnancy and STD prevention. Now they are using different systems, different techniques, different languages. A lot of that is the result of funding streams. ... My overall grade to our schools is a C, maybe a C-.

Patterns involving weak personal capability beliefs also were observed among parents. *Fragile* personal agency beliefs involve “a general belief in the context’s adequacy, combined with a significant

degree of self-deprecation and self-devaluation.” (Ford, 1992, p. 136). This pattern is often characterized by demotivating thoughts and emotions:

I fault myself mostly for that because when I get that note home from school saying do you want your kid to participate in this I say yes and then they'll have a preview and I don't go. I assume they're getting something good but I really don't know what they're getting. (parent)

A *self-doubting* pattern also involves a fundamental lack of confidence in personal capabilities, but in this case without the benefit of positive environmental context beliefs. This can be very demotivating, as illustrated by another parent's evident sense of confusion:

My husband sits down with my teenage son and is very direct with him about sexual values and expectations. Recently my husband asked me if I had done the same thing with my 12 year-old-daughter and I said, not really, am I supposed to? Is it time yet?"

The most ineffectual and demotivating of the nine belief patterns is the *hopeless* pattern, where “neither the self nor the context are seen as having potential to improve the current or anticipated negative events.” (Ford, 1992, p. 137). One example of this pattern was vividly illustrated by a deputy superintendent:

The feeling is that parents aren't doing all they could be doing. When we offer parent ed, parents don't show up. We often talk about how we can get these parents to come to these trainings so they know how to talk to their kids. But we're not too successful on that. ... I'm giving up on parent's because I know what their limits are.

Overall, these findings suggest a wide variety of motivational patterns to be found among community stakeholders regarding their personal agency beliefs in promoting effective comprehensive sexuality education. Many of these patterns appear to involve suboptimal personal capability beliefs, suboptimal environmental context beliefs, or both.

Discussion

This study was designed to provide an in-depth exploration of motivational aspects of support for school-based comprehensive sexuality education, across several key community stakeholder groups: (1) parents of adolescents, (2) pregnant and parenting adolescents, (3) school- and community-based adolescent health and education professionals. Although not designed to yield conclusions that would statistically generalize to larger populations, this research identified potentially important motivational factors related to support for school-based CSE. These findings suggest the complexity of the factors involved, as well as directions for further research.

Wide support for school-based CSE was found across all three groups, consistent with prior quantitative research on this area (Hoff, et al, 2000; Sexuality Information and Education Council of the United States, 1999; Burlingame, 2003). Given this breadth of support in our sample, the study was well-positioned to more deeply explore the motivational aspects of this support. In this regard, five primary hypotheses emerged, subject to further investigation in subsequent qualitative and quantitative research.

Hypotheses for further research

1. Goal conflicts reduce the potency of stakeholders' generally supportive goals for achieving school-based CSE. In spite of widely supportive goals for school-based CSE and high levels of perceived relevance and priority, conflicts with competing goals, such as maximizing academic education, can interfere with the salience and activation of the supportive goals. Goal conflicts across stakeholders, such as role disagreements between teachers and parents, can further interfere.

2. Stakeholders' suboptimal goal orientations interfere with effective support for CSE. The goal orientations identified in this study -- reactive (vs. active), coping (vs. thriving), and helpless (vs. mastery)-- are typically associated with lower levels of behavioral effectiveness and achievement.

3. Embarrassment and discomfort emotions impede adults' motivation and effectiveness in communicating with adolescents about aspects of adolescent sexuality other than physiology and disease.

We found that teachers and parents each wanted the other to deal with the "sensitive discussions" with the

adolescents. There was also indication that this embarrassment emotion is viewed by parents as primarily originating in the adolescent, while at least one adolescent saw it the other way.

4. Ineffectual personal agency belief patterns often interfere with motivation and achievement in promoting CSE. Although we found several indications of tenacious and robust personal agency belief patterns, the majority of patterns identified in this study are considered in MST to be motivationally ineffectual, or demotivating. These identified patterns included discouraged, vulnerable, antagonistic or accepting, hopeless, fragile, and self-doubting.

5. Discouragement and helplessness in several manifestations interfere with motivation and achievement in promoting CSE. We found discouragement operationalized both as an emotion and as a personal agency belief pattern, as well as a related goal orientation of helplessness. According to MST, any of these operationalizations of discouragement and helplessness can interfere with goal activation and achievement. This interference could be especially potent when these operationalizations are experienced in combination.

These MST-anchored hypotheses merit further study, as they offer a compelling explanation for the support-achievement gap in the school-based CSE area, and suggest specific strategies for facilitating effective action among school and community stakeholders. A next step should be additional qualitative data collection and analysis to further explore and test these concepts and relationships, using later stages of grounded theory analysis that involve iteratively developing new interview questions and collecting and analyzing new data to test and validate emerging concepts and relations. A later step would be larger scale survey studies and quantitative analysis to provide further testing and validation based on traditional quantitative models. Finally, an intervention study could assess the practical utility of these findings in attempting to provide motivational and efficacy interventions to school and community stakeholders. Although it would be premature to make definitive recommendations from these preliminary findings, several example implications can help illustrate the potential value of further testing of this framework.

MST provides 17 principles of effectiveness to facilitate the development of a person's competence in achieving goals (Ford, 1992). Many of these could be employed by school-based CSE policy advocates

and community educators in conjunction with the specific findings reported above. For example, the motivational triumvirate principle states that to successfully motivate a person, all three motivational components – goals, emotions, and personal agency beliefs -- must work effectively together. Typically in policy education and advocacy campaigns and other promotional activities, only goals are explicitly addressed. Here, however, we have identified potential areas for attention in each of the three components. Further, the principle of goal activation suggests that goals and subgoals must be activated to effectively drive behavioral achievement. Several potential goal conflicts and goal priority issues that appear to be interfering with goal activation have been identified, together with a sense of discouragement and helplessness that can further serve to deactivate otherwise high priority goals. These goal conflicts and related issues could be directly addressed in the course of a CSE advocacy effort. For example, the health versus academic goal conflict suggests the value of seeking or developing curriculum materials that can integrate CSE into other aspects of academic instruction. In addition, the reality principle incorporates Seligman's (1991) notion of flexible optimism – that optimism is best grounded in but not overly constrained by current reality. This principle suggests that capability beliefs and personal agency beliefs can be enhanced by developing relevant skills and experiencing episodes of success. These areas might be addressed, for example, by providing specific skill development training to supportive parents and other stakeholders, and by promoting small incremental school-based CSE and other school-related goals to facilitate stakeholders' experiences of success. Many of the other 17 principles of effectiveness from MST also would provide potential guidance for motivation effectiveness enhancement in light of the motivational issues identified.

This study has several limitations. Because it was designed as an exploratory study to develop theory-driven hypotheses for further research, it is important to view the results as tentative and subject to further confirmatory research, which we expect will lead to refinement and modification of some of our conclusions. Given our small sample size divided across focus groups and individual interviews, and consisting of participants from just one state, it is not yet clear how well these results will hold up across other populations and regions of the country. This limitation is well addressed if the study is used to help

position further research. In that regard, we have recently obtained foundation funding for additional larger-scale qualitative research in two diverse states, as well as for quantitative telephone surveys of representative statewide samples. Both of these studies have been informed by the exploratory results presented here.

Another potential limitation is that all of the adolescents interviewed were pregnant or parenting, and so were not representative of the general adolescent population. We believe that this information-rich *intensity sample* (Patton, 2002) of adolescents has offered thoughtful perspectives to compliment those of our adult participants. Nevertheless, in subsequent studies we plan to interview a wider range of adolescents to better explore the generalizability of these perspectives.

We recognize as a further limitation the attribution of personal agency belief patterns to individuals based solely on their interview responses. This can provide only a suggestion of the individuals actual patterns. Validation of these pattern attributions would require additional data collection, for example, additional in-depth interviews over time, interviews with a participants' colleagues, associates, and family members, and behavioral observation. This reinforces the need to view these results as exploratory hypothesis development, to inform future research.

In conclusion, the MST-based framework that has emerged in this research has potential to help to explain the discrepancy between consistent survey findings of widespread support for CSE, and the reality of nonexistent, minimal, or fragmented implementations in so many school districts and communities. This framework can be used to guide further research to refine, expand, and test the validity of this contextualized application of MST; to inform development and testing of plausible rival hypotheses as applied to specific environmental situations; and ultimately, if validated, to provide a theoretical foundation for the development and testing of interventions for school and community stakeholders to better promote family, school, and community collaboration in actively supporting school-based comprehensive approaches to meeting adolescents' sexuality education needs.

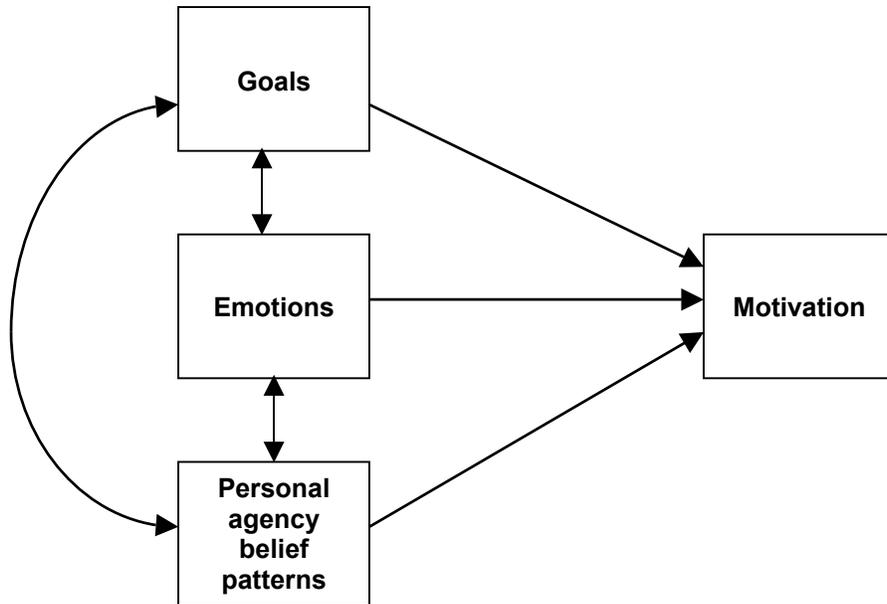


Figure 1. Motivational Systems Theory

		Personal Capability Beliefs		
		Strong	Moderate	Weak
Environmental Context Beliefs	Positive	1. Robust Pattern	2. Modest Pattern	3. Fragile Pattern
	Neutral or Variable	4. Tenacious Pattern	5. Vulnerable Pattern	6. Self-Doubting Pattern
	Negative	7. Accepting or Antagonistic Pattern	8. Discouraged Pattern	9. Hopeless Pattern

Table I. The Motivational Systems Theory taxonomy of nine personal agency belief patterns (from Ford, 1992, p. 134)

	Focus group participants	Individual interviews	Total
Pregnant and parenting adolescents	6 (a)	0	6
Parents of adolescents	6 (b)	0	6
Teachers	2 (c)	2	4
School health education coordinators	2 (c)	3	5
Community health professionals	3 (c)	3	6
Principals	0	3	3
Superintendents	0	3	3
School board members	0	3	3
White	10	9	19
Latino	5	6	11
African American	2	1	3
Other or Unknown	2	1	3
TOTAL	19	17	36

Table II. Focus groups and interview participants (a, b, and c represent separate focus groups)

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