MOTIVATIONS AND TRAINING OF THIRD-PARTY

PROVIDERS OF SEXUALITY EDUCATION

By

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I: INTRODUCTION

Introduction

The purpose of this study is to investigate the motivations and training of individuals employed by third-party providers who teach sexuality education. This study examined third-party organization employees' motivations for becoming sexuality educators and the training they have received in the field of sexual health and sexuality education. The Social Cognitive Theory was used to guide this study; this theory addresses concepts of self-efficacy, outcome expectations, facilitation of resources, incentive motivation and an added concept of intrinsic motivation (Glanz, Rimer, & Viswanath, 2008).

Significance of Problem

Many evidence-based and evidence-informed sexuality education programs have been associated with reductions in sexual risk-taking behaviors. Reductions in these behaviors may result in decreased sexually transmitted infections (STIs), unwanted pregnancies, and abortions (Chavez, Shearer, & Rosenthal, 2014; Grossman, Tracy, Charmaraman, Ceder, & Erkut, 2014). While all 50 United States are involved in the sexuality education of public school students in some capacity, there is a lack of consistency in the content provided and the educators delivering sexuality education. According to the National Conference of State Legislatures (NCSL), 24 states require public schools to teach sex education, 33 states require HIV/AIDS instruction, and only 20 states require technically, medically, or factually accurate information, if sexuality education is provided. Therefore, more than half of the United States are legally

permitted to provide inaccurate information in sexuality education curricula (Blackman, Scotti, & Heller, 2016).

Most American teenagers reported receiving some version of formal sex education before they were 18 years old, but there are limited data on the quality or content of the curricula they were provided (CDC, 2017a). High-quality, comprehensive sexuality education programs have been associated with reductions in sexual-risk taking among adolescents. However, research revealed many sex educators feel unprepared, undertrained, and uncomfortable discussing sexual health topics with students. Sexuality educators who report feeling unqualified often omit curriculum topics they are uncomfortable teaching, or topics for which they lack proper knowledge (Barr et al., 2014; Eisenberg, Madsen, Oliphant, & Sieving, 2013).

Third-party providers have assumed a greater role in the delivery of sex education in a variety of environments. These organizations operate to fill gaps within the current sexuality education field to promote healthier behaviors and reduce sexual-risk taking among audiences. Sex educators often utilize third-party curricula, training programs, and resources to supplement their existing courses (Barr et al., 2014; Eisenberg et al., 2012). Further investigation of third-party organizations providing sexuality education may allow for improvement in educator training and program efficacy. Enhancements of these organizations and sexuality educators may positively impact the behavioral outcomes of audiences receiving sexuality education (Goldman, 2011; Workman, Flynn, Kenison, & Prince, 2015).

The Texas Education Code (TEC) has no requirements for qualifications of educators that deliver sexuality education in school. The TEC contains strict policies

regarding the curricula that may be provided, the amount of time that may be spent on specific subjects, and School Health Advisory Council (SHAC) involvement (TEC 28.004). Without requirements for qualifications of the educators delivering sexuality education in school, the TEC fails to regulate an important aspect of education, using qualified instructors to provide valuable education to students.

Theoretical Approach

The Social Cognitive Theory (SCT) was utilized as the theoretical framework to guide this research. The specific concepts within the SCT that apply to this study include self-efficacy, outcome expectations, facilitation of resources, incentive motivation and an added concept of intrinsic motivation. Self-efficacy of the sexuality educators was used to describe the confidence level of the individuals' delivering sexuality education to audiences. Outcome expectations demonstrated the third-party sexuality educator's perspective on the efficacy of the education they are providing. Facilitation of resources identified the frequency of sexuality educators utilizing the resources provided to them through their current organization or employer. Incentive motivation was used to identify extrinsic motivations of third-party sexuality educators. The added concept of intrinsic motivation was used to investigate the varying internal motivations of third-party sexuality educators (Glanz et al., 2008).

Research Questions

To understand sexuality educator levels of satisfaction with the training and education provided by their third-party provider employers, the following questions were addressed:

- Why are third-party providers of sexuality education motivated to provide sexuality education?

- How are third-party providers of sexuality education professionally trained and prepared?

- How confident are third-party sexuality educators when delivering sexuality education?

Assumptions

For this study, it was assumed that all participants were employed by third-party providers of sexuality education during the study period. Additionally, it was assumed that all participants understood the interview and survey questions and answered honestly. It was also assumed that third-party organizations supported this research. Given organizational approval, it was assumed that employers supported their employees' participation in this research study.

Key Terms

Comprehensive sexuality education: sex education for grades kindergarten through twelve which includes medically accurate and age-appropriate information about many topics related to human development, contraception, STI prevention, interpersonal relationships, and decision-making (SIECUS, 2009)

Abstinence-only sexuality education: sex education which focuses primarily on abstaining from sexual intercourse, typically until marriage. Often excludes topics such as contraception, pregnancy, and STI prevention (Realini, Buzi, Smith, & Martinez, 2010).

Abstinence-plus sexuality education: sex education in which participants are taught a hierarchy of safer-sex skills and behaviors. The priority is to teach sexual abstinence as the most effective method to avoid sexually transmitted infections (STIs), but also includes education on contraception and other safer-sex behaviors and skills (Dworkin & Santelli, 2007)

Protective factors: increase the likelihood of positive outcomes or behaviors and decrease the likelihood of negative behaviors or consequences (World Health Organization, 2004).

Adolescent: an individual typically ages 10-19 (World Health Organization, 2013)

Third-party provider of sexuality education: a private or non-profit organization which may be contracted for their services to deliver sexuality education curriculum (Goldman, 2011).

Sexual risk-taking/Risky sexual behavior: sexual behaviors that may result in unintended health outcomes such as early sexual initiation, lack of or misuse of contraceptives, and unintended pregnancy (CDC, n.d.).

II: LITERATURE REVIEW

Introduction

Third-party organizations often provide sexuality education curriculum or resources for diverse audiences. The Centers for Disease Control and Prevention (CDC) reported a link between academic achievement and sexual risk behaviors in adolescents. This association highlights the importance of quality sexuality education as a protective factor for both sexual behavior and academic performance (Barr et al., 2014; CDCa, 2017) Sex education programs may cater to a variety of audiences and have been shown to positively impact adolescents, families, and individuals with disabilities. In addition to delivering educational content, third-party organizations frequently offer educator training sessions and resources that may be implemented by sex educators to supplement their curriculum (Drake, Firpo-Triplett, Glassman, Ong, & Unti, 2015; Goldman, 2011; Workman et al., 2015).

Delivery of Sexuality Education in Varying Environments

Public schools are typically considered the primary setting in which sexuality education is delivered. Despite this common perception, sexuality education extends beyond schools and into both community and digitally-based environments such as the Internet and social media. Each educational environment presents specific barriers; school-based sexuality education is often faced with strict regulations, community-based education programs often lack resources or funding, and digitally-based programs often require more extensive evaluations (Elia & Tokunaga, 2015; Holstrom, 2015; Ott, Rouse, Resseguie, Smith, & Woodcox, 2011;). Despite these obstacles, third-party providers of

sexuality education operate to provide high quality content for audiences in a variety of environments.

Community-Based Organizations. Community-based organizations (CBO) and faith-based organizations (FBO) are considered third-party providers. These organizations may offer sexuality education at the community, intrapersonal, and interpersonal levels. Within these organizations, many health educators or youth development professionals (YDP) work with adolescents to address sexual health and human sexuality inquiries (McCarthy et al., 2015). Additionally, youth involved with CBOs and FBOs can experience positive socialization and bonding with their educators and peers (Landry, Lindberg, Gemmill, Boonstra, & Finer, 2011).

Researchers have utilized qualitative methods to obtain detailed information regarding CBOs from the perspective of YDPs within various organizations. Results from recent studies indicated comprehensive sexuality education and resources were most commonly identified by CBO employees as the primary information administered by their CBOs. The classification of the sexual health program often aligned with the CBOs' mission statement. In one study, informal information was provided to the target audience by over half of YDPs, and one in three of the external providers offered sexual health related referrals to adolescents (McCarthy et al., 2015). Compared to most CBOs, research revealed youth involved in FBOs are most often provided sexuality education that is not classified as comprehensive. Instead, these adolescents are provided with minimal sex education typically excluding controversial topics such as contraception and abortion; an approach commonly referred to as abstinence-only sex education (Landry et al., 2011).

The investigation and comparison of FBOs allowed researchers to understand the FBO's role in the delivery of sexuality education. Examples of popular faith-based, third-party sexuality education curricula includes *Our Whole Lives, True Love Waits*, and *Created by God*. Researchers interviewed seven faith leaders to investigate their perspective on sexuality education programs for their churches and congregations. All faith leaders reported being open to sexuality education for their congregations and desired more involvement from third-party FBOs to assist in helping to deliver the curriculum for their church populations. These third-party organizations often provide FBOs with sex education resources and training to help in the delivery of appropriate curriculum (Hach & Roberts-Dobie, 2016). Adolescents enrolled in sexuality education programs through both CBOs and FBOs often reported obtaining positive role models, learning experiences, and feelings of security at the organization in which they were involved (Landry et al., 2011).

School-Based Organizations. Many third-party providers of sex education operate in schools. Teachers assigned to teach sexuality education often experience some level of discomfort with the topic and often seek external support (Eisenberg, Madsen, Oliphant & Resnick, 2011). School boards often contract with third-party private and non-profit organizations to administer appropriate sex education to students (Goldman, 2011). Sexuality education curricula and programs should be relevant to the students, instructed by a subject expert, and evaluated to ensure validity and reliability. Researchers revealed schools are more likely to adopt a third-party sexuality education program if the community demonstrates support. External organizations attainment of

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stakeholder support may be vital in the approval and adoption process for sex education

curriculum and resources (Workman, et al., 2015).

        Content of sex education programs offered to schools by third-party organizations

vary based on an organization's mission statement and purpose. When school district

administrators contract a third-party provider for sex education, they often request a

modification of the program to better fit the school board's values. In an effort to

demonstrate this process and the impact it has on outcome behaviors, Markham and

colleagues modified a current sexuality education program, *It's Your Game…Keep It*

Real. Markham and colleagues changed and divided the program into two curricula; the

first emphasized an abstinence-until marriage-based curriculum, and the second stressed

an abstinence-until older based curriculum. The researchers demonstrated the importance

of program modifications allowing schools to utilize third-party sexuality education

programming without compromising their community values (Markham et al., 2014).

        Digitally-Based Organizations. Third-party organizations can provide digitally-

based programs to deliver sex education individually, to students in schools,

communities, or other audiences. Online sexuality education programs are relatively

novel and require extensive investigations to determine their utility and effectiveness.

Creators of digitally-based sexuality education programs have a responsibility to replicate

the effectiveness of more common in-person programming. While many learning

activities are easily transformed into a digitally-based environment, researchers reported

additional activities such as discussion forums and interactive documents may be

required; these digital tools provided students with opportunities to collaborate and learn

from their peers (Green, Hamarman, & McKee, 2015). A recent study evaluated the

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efficacy of a program that used digital media technology (DMT) to promote and educate youth about healthy sexual behavior. The authors reported third-party programs were easily translated into DMTs; the digitally-based programs reached target audiences with ease and researchers reported benefits to easily tailoring content based on demographics (Chavez et al., 2014).

Project iMPPACS utilized safer sex messages delivered by television and radio to educate African American adolescents and promote healthy sexual behaviors, ultimately reducing sexually transmitted infection (STI) rates. Researchers evaluated the program over 36 months and focused on attitudes and behaviors regarding condom use. The third-party program successfully reduced sexual risk-taking and increased frequency of condom use among participants; positive impacts from this third-party program were sustained over a 36-month program evaluation (Hennessy et al., 2013). Similar to *Project iMPPACS*, researchers evaluated the efficacy of social media and text message based third-party programs designed to increase adolescent sexually transmitted disease (STD) knowledge. The authors reviewed available program literature and determined third-party social media and text message-based programs may positively impact adolescent STD knowledge and reduce sexually risky behaviors among youth (Jones, Eathington, Baldwin, & Sipsma, 2014).

The environment in which sexuality education is being provided by a third-party organization normally dictates the curriculum provided. Community-based providers of sex education typically address individual and community health issues among diverse audiences (McCarthy et al., 2015). Public schools often employ third-party providers to deliver sexuality education using guest speakers, curriculum, interactive resources, and

teacher training (Elia & Tokunaga, 2015). Digitally-based organizations and programs are utilized by a variety of environments and often deliver well-tailored sexuality education to a specific audience (Holstrom, 2015).

Delivery of Sexuality Education to Varying Audiences

Sexuality education is frequently associated with adolescents and, as a result, many sex education programs are not designed for families or individuals with disabilities. Involving parents and families in sex education programs may positively impact adolescents' behavior, knowledge and attitudes about sex (Grossman et al., 2014). Negative stigmas related to individuals with disabilities and their need for sexuality education exist; however, these individuals experience puberty and the same sexual desires as their peers. Sexuality education programs for individuals with disabilities provide them with the basic human right of sexual knowledge (Clatos & Asare, 2016). Third-party organizations are often employed to address these various audiences and provide them with appropriate sexuality education.

Adolescent-Focused Programs. Researchers investigated agencies funded through California's Teen Pregnancy Prevention Programs (TPPs) responsible for providing comprehensive sex education to adolescents. The third-party agencies funded by California's TPPs offered sexuality education to adolescents in public schools, alternative schools, recreational or youth centers, and in community environments. Curricula provided by these agencies consisted mostly of evidence-based curricula, yet 95% reported modifying their curriculum by either adding, revising, or eliminating materials (Arons, Decker, Yarger, Malvin, & Brindis, 2016). Third-party sex educators frequently deliver information to adolescents outside of school-based environments.

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These providers and their audiences were shown to benefit from fewer restrictions on curriculum content and they can guide adolescents through sexuality and sexual health questions on an individual level (McCarthy et al., 2015).

Adolescents in state care, such as foster care, experience an exacerbated disadvantage to receiving reliable sexuality education. Researchers revealed third-party sexuality education providers targeted for adolescents in state care required special attention due to the diverse backgrounds of their audience. These providers emphasized the importance of program content and the positive impact of materials being delivered by a skilled professional; without these third-party organizations, individuals with disabilities may not receive any sexuality education (Hyde et al., 2017). A New Zealand based-research project examined the roles of external providers in delivering sexuality education to first through seventh grade adolescents. The researchers reported a disparity between adolescents' need for sexuality education and teachers' frequency and ability to provide the information. Contracted external providers of sexuality education were better equipped and more confident teaching the content to students and teachers reported frequently utilizing third-party resources (Goldman, 2011).

Family-Focused Programs. Schools and families sometimes partner together to deliver sexuality education to adolescents. Researchers discussed parents' frequent overwhelmed and underprepared feelings when educating their children about sexuality topics. Third-party educators provided parents with detailed information and support to help improve communication with their children regarding sexual topics (Pop & Rusu, 2015). Researchers investigated the impact of *Get Real: Comprehensive Sex Education That Works*, a third-party education program which incorporated activities and homework

involving parent-child collaboration; this program intended to increase healthy sexual behavior among adolescents. The authors concluded the *Get Real* parent and child-focused homework activities contributed to a reduction in the probability that an adolescent had sex between sixth and seventh grade (Grossman, Frye, Charmaraman, & Erkut, 2013).

A meta-analysis of parent-based interventions for adolescent sexual health was recently performed. The authors reported a significant increase in comfort between parent and child when discussing sexual health topics following completion of various third-party provided sex education programs (Santa Maria, Markham, Bluethmann, & Mullen, 2015). Researchers concluded parent-focused interventions positively impacted confidence and frequency of parent-child communication regarding sex, while family-focused programs failed to impact parent-child communications about sex (Downing, Jones, Bates, Sumnall, & Bellis, 2011). Researchers consistently identify parents as a primary provider of sexuality information for adolescents. Utilizing third-parties to incorporate parents and families into standard sexuality education programs and curricula may positively impact youth sexual knowledge and behaviors (Grossman et al., 2013).

Programs for Individuals with Disabilities. Sexuality education is typically designed for general populations and individuals with disabilities often remain excluded from the focus of standard sex education programs and curriculum. Individuals with intellectual disabilities (IDs) or developmental disabilities (DDs) are often perceived by society to not be interested in or need formal sexuality education (Swango-Wilson, 2011). Researchers conducted a meta-analysis of sex education programs for individuals with IDs and reported, despite common misperceptions of individuals with disabilities not

benefitting from sexuality education, improvement in the participants' skills and knowledge. Utilization of modeling, practice, role-play, and other teaching methods offered by select third-party organizations increased comprehension and skills surrounding sexuality education for individuals with IDs (Schaafsma, Kok, Stoffelen, & Curfs, 2015).

In addition to the current need for sexuality education for people with IDs and DDs, individuals with physical disabilities often experience a similar absence of appropriate sexuality education. *Reuth Open-Door* (ROD), established in 2004, is a third-party organization that provides services to individuals with physical and sensory disabilities ages 12-35. Among the various services offered, ROD provides their clients with opportunities to take advantage of their staffed sex therapists, gynecologists and other health professionals. This relatively novel third-party program provided sexuality education to individuals with physical disabilities and presented opportunities to obtain helpful support and relevant information (Porat, Heruti, Navon-Porat, & Hardoff, 2011). Investigators of sexuality programming designed for individuals with significant disabilities reported overall positive impacts when delivering sex education to their audiences. However, researchers reported most studies failed to describe effect size which caused difficulty when determining the program's effectiveness. Future evaluation and development of programs for individuals with disabilities should focus on behavioral intentions and actual behaviors performed by participants (Travers, Tincani, Whitby, & Boutot, 2014).

Sexuality education programs and organizations offer curricula and resources for a variety of audiences. Individual providers can deliver sexuality education to

adolescents, families, and individuals with disabilities. Providing sex education designed specifically for an audience allows for relevant and comprehensible information to be delivered (Clatos & Asare, 2016; Grossman et al., 2014).

Resources for Sexuality Education

Teachers tasked with instructing sexuality education courses often reported using third-party resources or training as supplements. Utilization of guest speakers, instructor trainings, or interactive games is common practice for sexuality educators (Eisenberg, et al., 2011). Many teachers reported suitable resources assist them in the delivery of evidence-based, age appropriate content (Goldman, 2011). Resources used vary depending on the needs and mission of the organization employing the third-party providers.

Guest Speakers. Public school educators are frequently tasked with delivering sexuality education to their students regardless of the teachers' subject knowledge or confidence levels. Researchers reported guest speakers being utilized by over half of the 391 Minnesotan school teachers who participated in a qualitative study. Teachers included guest speakers in sexuality education units primarily to introduce community resources to students, provide them with current statistics and information, and to ensure the students received a balanced education. Controversial content was more likely to be administered to an audience when a guest speaker was utilized (McRee, Madsen, & Eisenberg, 2014). While third-party guest speakers may fill the sexuality education gap existing in public schools, there are some factors that might hinder the impact of their presentations. Teachers being present during a guest speaker's lecture may lead to a lack

of student participation. Additionally, students are typically unfamiliar with the guest speaker and may not trust them due to lack of rapport (Goldman, 2011).

While guest speakers can be useful resources for school sex education programs, school district policies and procedures can prevent the implementation of these services. Teachers are usually required to obtain district approval prior to contracting a guest speaker to deliver sex education to students enrolled in the course (Eisenberg et al., 2011). Additionally, educators reported not having enough time in the sex education unit to involve a guest speaker. Therefore, schools that allotted more time to health and sex education courses were more likely to employ guest speakers in their curriculum. Time constraints and school policies both impacted the resources teachers utilized in their classrooms (McRee et al., 2014).

Teacher Training. Teachers face many barriers to providing sexuality education to students and lack of training often leaves teachers feeling unprepared and uncomfortable when teaching sex-related topics. If school districts provided their sexuality educators with proper training and materials there may be a decrease in structural barriers for teachers (Eisenberg et al., 2011). Sexuality education teachers in Minnesota who reported feeling poorly prepared for teaching sex education often sought out training opportunities from third-party organizations. Researchers reported third-party agencies such as Planned Parenthood and the Red Cross were utilized by school teachers to supplement their sexuality education training. External providers offer both teacher and curriculum training for sexuality educators which better prepared them for student instruction (Eisenberg et al., 2013).

Researchers studied the impact of teacher training for an online HIV prevention program, *RTRworks!* comparing a trained group to a self-preparation control group. The highly interactive third-party program was designed to improve teacher implementation of an HIV prevention curriculum and activities when compared to the control. Authors noted increases in self-reported confidence levels for program implementation and activity implementation among educators who completed *RTRworks!* training. Teacher fidelity for implementation of sexuality education curriculum often promoted positive youth outcomes (Drake et al., 2015). Professionally trained sexual and health educators reported discussing controversial topics more frequently than untrained educators. However, a heightened need for skill-based training was discussed as necessary for the improvement of sexuality educator training programs (Rhodes, Kirchofer, Hammig, & Ogletree, 2013).

Interactive Resources. Interactive activities and resources supplement sexuality education courses by employing a hands-on approach to learning. *SeCZ TaLK*, a board game designed to stimulate discussions about sexuality among adolescents with chronic conditions was reported by researchers to be used by health and sex educators in schools, hospitals and rehabilitation centers. Most study participants who used *SeCZ TaLK* with their clients and students recalled healthy group discussions focused on sexuality. Additionally, most participants reported positive experiences when facilitating the game despite the lack of training available (Van der Stege, Hilberink, Bakker, & van Staa, 2016). Similarly, *LifeChanger,* a game-based sexuality program was evaluated by researchers for its efficacy among eighth-graders. Combined with relevant homework assignments, the designated activities helped compensate for shorter class times. The

third-party interactive resource included activities engaging entire classes which may have improved student receptiveness to sexuality education content and improved communication about sex related topics. Students reported a desire for some topics to be more thoroughly discussed (Gilliam et al., 2016).

Third-party providers of sexuality education may offer digitally-based games that can be utilized as supplemental learning tools for students and teachers. *The Source*, a digital alternative reality game, was analyzed by researchers to establish the efficacy of the sex education resource. Authors reported adolescents responded positively to learning sexual health information through the game and enjoyed the interactive qualities. Overall, youth responses to *The Source* varied greatly when describing health knowledge, attitudes, and behaviors. As a result, researchers described the importance of tailoring the game to address diverse audiences and health issues. Utilizing third-party provider tools for sexuality education offered teachers opportunities to greater impact students through interesting, relevant, and interactive classroom learning (Bouris, Mancino, Jagoda, Hill, & Gilliam, 2015).

Third-party providers of sexuality education offer numerous resources for teachers, and other sexuality educators, to implement for assistance and support. Researchers consistently suggested that teachers were underprepared and sought out supplemental training for sexuality education from external providers (Eisenberg et al., 2011). Additionally, guest speakers and interactive games or activities were often utilized to accompany existing sex education curriculum positively impacting the student or audience's experience and knowledge (Bouris et al., 2015; Gilliam et al., 2016; McRee et al., 2014)

Summary

Third-party providers currently maintain many responsibilities in the delivery of sexuality education. Contributions of these organizations range from complete sexuality education programs to resources designed to support sex educators as well as various combinations of content and delivery packages (McCarthy et al., 2015). Many organizations provide educational opportunities to families or individuals through community, school, or digitally-based channels that can be tailored to fit the audience's needs (Green et al., 2015; Ott et al., 2011; Tortolero et al., 2010). Also available are providers that cater to specific populations, such as individuals with disabilities, that otherwise may not receive sexuality education (Schaafsma et al., 2015).

Researchers have consistently reported a deficiency in training of sexuality educators, reinforcing the importance of organizations that can provide comprehensive training and evidence-based resources. Providing sex educators with training and tools they can utilize positively impacts their confidence in teaching the material and offers interactive methods they can use with their students (Drake et al., 2015; Eisenberg et al., 2013; McCree et al., 2014). The variability in third-party organizations operating within the sexuality education field provide a wide-range of choices for teachers, school boards, individuals and communities to choose from when searching for sexuality education curriculum, training, and resources (McCarthy et al., 2015).

III: METHODOLOGY

IRB Approval

This project was approved by the Texas State University IRB on October 24, 2017 with IRB reference number 2017913.

Subject Selection

To participate in this study, an individual had to be currently employed by a third-party provider of sexuality education in school or community settings during the study period. Potential employers of third-party providers of sexuality education included in this study included both national non-profit organizations and local community based-programs. These, and similar, organizations were contacted to determine interest in participating in this study. These organizations were identified and selected through personal contacts, online research, health education listserv, and references by participants. A total of ten organizations were contacted by the researcher.

The researcher recruited participants by contacting identified organizations using e-mail addresses or phone numbers obtained through personal contacts and organization websites. Additionally, a recruiting message was posted on a health education listserv providing information about the study and the researcher's contact information. Once a contact was established within an organization, the contact identified potential participants and provided them with a written explanation of the research project and an invitation to join the study. Interested participants contacted the researcher through e-mail or by phone to inquire about the research study and, if willing to participate, to coordinate the interview time and date. Participants were compensated for their time with $50.00 gift

cards. The gift cards were mailed to participants following their completion of the interview and the questionnaire.

Dependent Variables

The dependent variables included participant motivation, training, and confidence level as third-party sexuality educators. No intervention was conducted; therefore, there were no independent variables to be identified.

Materials

Participant interviews (Appendix A) contained 11 questions designed to measure motivations and training of sexuality educators. The electronic survey questionnaire (Appendix B) contained 24 questions designed to measure demographics, training experiences and confidence. Within the survey there were three Likert-type scales used. The first scale measured participant perceptions of the training at their current organization (1=poor and 5=excellent). The second scale measured participant confidence levels in delivering sexuality education (1=low confidence and 5=high confidence). The third scale measured the factors participants attributed their confidence level in their job to (1=strongly disagree and 5=strongly agree). The questions were created by the researcher specifically for this study.

Pilot Testing Procedures

Pilot interviews were performed to test the length, reliability and validity of survey questions and to ensure appropriate questions were included in the interview protocol. The interview and survey questions were pilot tested with graduate students from the Department of Health and Human Performance at Texas State University. Graduate students were recruited to participated in the pilot study through e-mail

announcements and personal requests. Pilot interviews and questionnaire were completed, and interview questions and survey content were finalized (Appendix A; Appendix B). The questionnaire was piloted in both written and electronic formats.

Five interviews and surveys were conducted by the Primary Investigator (PI) during pilot testing to determine clarity and flow of questions and assess quality of information elicited from the interview. A second round of pilot interviews and surveys were conducted, using the same protocol, to test the of edits made following the first round of pilot interviews. The second round of pilot testing consisted of five interviews conducted by the PI and resulted in a finalized semi-structured interview protocol.

Confidentiality

The identity of participants and organizations were secured in a password-protected document located on a secure server that is only accessible by the lead researcher. Identifying information about participants and organizations was removed – replaced by codes only known to the lead researcher – from transcripts before analysis. When presenting participant quotes the researchers edited content that may have identified participants, their organizations, or persons and organizations the participant mentioned during their interview. For example, because only two males participated in this study, the researcher employed gender neutral pronouns to not distinguish between male and female participants to protect the identity of all participants.

Data Collection Techniques

Data collection for the current study began in December 2017. Qualitative data were collected through semi-structured interviews via audio-recordings and field notes. A survey instrument was used to gather demographic information and work and training

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experience information. The PI coordinated with third-party sexuality education organizations and study participants to arrange times and places for interviews to be conducted. Interviews were conducted, at the participant's request, either in person or on the phone. During the interviews, field notes were hand written by the interviewer and a trained research assistant to supplement the audio-recording. Field notes included significant responses to main interview questions and observations of nonverbal communication during the interviews. It should be noted that the majority (12) of interviews took place over the phone; therefore, body language was not noted in the field notes for the majority of the interviews.

Prior to each interview, participants signed a consent form (Appendix C) agreeing to participate and be audio-recorded. Each interview began with an explanation of the purpose of the interview and the PI asking for permission to audio-record the interview. Following each interview, the researcher e-mailed an electronic survey to participants. The 24-item questionnaire was completed in Qualtrics by each participant (Appendix B), and on average took participants four minutes and eleven seconds to complete.

Interviews took place over the phone (n=12), or face-to-face (n=1), depending on availability and geographic location of the participant. Average length of interviews was 18 minutes and 31 seconds but ranged from 9 minutes and 26 seconds to 36 minutes. During the interview, the participants were asked 11 interview questions and additional probing questions designed to gain further explanation from the participants (Appendix A).

Data Analysis

Interview recordings were transcribed verbatim by the PI throughout the data collection stage. Each participant's responses were transcribed by the PI before analysis. A team of five trained research assistants independently coded the first interview utilizing a code book (Appendix D) with pre-determined, preliminary codes designed for the research project. A series of meetings were held to reach consensus on the coding of the first interview and modifications needed for the code book. The updated codebook was used to re-code the first transcript and to code all remaining transcripts, which were coded by a single researcher. A series of meetings were held to review coding of each interview until consensus was reached on identified codes across all transcripts.

Established codes were compared to identify overarching themes. During meetings with the data analysis team codes were compared and larger themes were discussed and finally identified. Through the team discussions, all of the codes were sorted into four main themes: motivation, training, confidence and perceptions.

Survey items were analyzed descriptively with SPSS. Survey data analysis identified potential correlations and themes among participant responses. Descriptive statistics, frequency distributions and Cronbach's alphas were performed to identify means of participant responses and the reliability of survey questions. Demographic data from the survey questionnaire were used to identify commonalities among the research sample.

IV: RESULTS

Participants

Fourteen third-party sexuality educators consented to participate in this study; however, one participant did not complete the interview or questionnaire, for a completion rate of 92.9% (13/14). The 13 participants who completed the interview and questionnaire worked in two different states and at four different organizations delivering sexuality education to multiple audiences. Participants were, on average, female (84.6%), white (53.8%) and non-Hispanic (61.5%). Eight participants (61.5%) were 25-34 years old, four participants (30.8%) were 18-24 years old and one participant (7.7%) was 35-44 years old. The majority of participants had 1-5 years of experience (76.9%) with the remaining having less than 1 year of experience (23.1%). Furthermore, the majority of participants were not Certified Health Education Specialists (CHES) (69.2%) however the majority of participants reported having an Associates, Bachelors, or Graduate degree in health and wellness promotion or sex education (69.2%). Table 1 contains further demographic information.

Cronbach's alpha revealed a high scale reliability (α=.892) for the 3-item training scale, and lower reliability for the confidence scale (α=.719) and for the attribute confidence scale (α=.541). Participants reported face-to-face training (84.6%) and online training (61.5%) as the most frequent forms of sexuality educator training provided to them by their current organization. When asked their perceptions of their organizations' employee training, participants used the training scale and rated face-to-face training (4.67) the highest, on average, compared to certification training (4.13) and online training (3.33). When asked about their confidence levels in delivering sexuality

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education, participants used the confidence scale and indicated a higher confidence for mixed gendered audiences (4.92) and using proper medical terminology (4.92) than for large audiences (4.23). Regarding factors contributing to confidence levels, participants used the attribute confidence scale and identified knowledge of subject matter (4.69) as the strongest attributing factor while formal training (3.92) was rated the lowest. Table 2 contains further results on participant perceptions of training and confidence.

Participants most frequently classified the curriculum or content they typically present or deliver as being abstinence-plus (76.9%) or comprehensive (23.1%). Additionally, most participants reported that they deliver sexuality education both as a part of a curriculum and as one-time presentations (53.8%), with fewer reporting delivery only as part of a curriculum (38.5%) or only as one-time presentations (7.7%).

Thematic Analysis

Four primary themes were identified during analysis of interviews: motivation, training, confidence and perception. Within motivation, the data analysis team discovered subthemes of personal, education and career experiences. Subthemes within training were internal training, external training, educational attainment, curriculum training, facilitation training, and lack of training. Participant interviews demonstrated confidence with two subthemes of high confidence and low confidence. Within perceptions, the data analysis team discovered subthemes of positive and negative personal, organizational, and field performance.

Theme #1: Motivation. Throughout the investigation sexuality educators expressed diverse motivating factors contributing to their careers as sexuality educators. The category of motivation consisted of four subthemes that emerged during the

interviews regarding more specific motivating factors to becoming a sexuality educator. The subthemes within motivation were personal, educational, career experiences.

Nine sexuality educators cited personal experiences from their childhood and adolescence as a motivating factor to their careers as sexuality educators. Among these experiences, the two most common were lacking a sexuality education during childhood and adolescence and watching their friends experience negative outcomes from risky sexual behavior. Participant 3 spoke of his/her experiences surrounding sexuality education:

> A lot of my information, or misinformation, prior to that [university] class came from friends from high school or experiences that they had. I never even had a conversation with my parents or a formal education within the school system until college.

In addition to a lack of formal sexuality education during his/her youth, Participant 1 recalled: "I had a lot of friends who were, if not teen moms, not teen moms in high school, they were pregnant very shortly thereafter. You know, I just remember thinking 'why is this happening'?" For Participant 5, witnessing his/her friends getting pregnant led to them "doing [their] own research on sexuality and things like that, just kind of like figuring out myths," and referenced that his/her "parents weren't very open to talk about [sexual health]."

Participants also frequently mentioned educational and career experiences as motivators leading to their careers as sexuality educators. Many participants noted that a class they took in college, such as human sexuality or community health, sparked their

interest in sexuality education as a career. Participant 3, for example, explained the origin for his/her interest in sexuality education:

> So, the passion for this really stemmed from a class that I took in my undergrad work, it was human sexuality. And I learned a lot about reproductive anatomy, consequences of sex, not just pregnancy, but also STDs, and I realized, I had no education myself, prior to that class.

Similarly, Participant 9 reported that taking a human sexuality course in college led to "[deciding] that, 'that is exactly what I needed to do' that's what I wanted to do with my life." Excerpts from these participants demonstrate a common subtheme of educational experiences as motivational factors to becoming a sexuality educator.

Career experiences, such as internships, mentorships, and volunteer work, were also frequently discussed among participants as motivating experiences for their career choice. Participant 11 shared that "after a few internships I ended up just going further and further deep into community health outreach," leading to a career in sexual health. Participant 5 shared a similar experience stemming from an internship:

> Whenever I had to do my internship for my undergrad I interned with the City of San Antonio Project Worth which specializes in teen pregnancy prevention. So, that really fascinated me, and I actually ended up being really good at it.

In reference to their career experiences and internships, many participants reported their fundamental sexuality education training came from organizations they worked for post-university.

Theme #2: Training. Varying levels and sources of professional training, both within and outside of their current organizations, were mentioned by participants. Five

participants reported that internal training often consisted of observing colleagues deliver their curriculum or presentations and then providing feedback to their colleagues. Participant 5 stated, "when I first started doing sexual health education, you know, I had to 'teach back' to multiple people and handle different situations." Similarly, Participant 10 recalled that "a lot of [training] was just informal, kind of learning by experience. So, shadowing and just practicing the presentations among different colleagues in the field."

Regarding external training experiences, four participants explicitly reported that their organizations contracted out for employee trainings with national training organizations and national organizations supporting community health outreach. Trainings the participants attended through external organizations included trauma informed training, cultural proficiency training, LGBTQ inclusivity training, and facilitation training. Participant 2 explained that his/her organization had "done other trainings as well under [national training organization], which is an outside training company, that is, that does trainings nationally for different topics surrounding sexual health education." National and local organizations were mentioned by participants as external sources of professional training.

Five participants explicitly mentioned having attended, or planning to attend in the future, various conferences and events to obtain training outside of their current organization. Specifically, the participants mentioned national and local conferences focused on sexual health and other professional events as significant sources of training. Participant 6 discussed his/her recent experiences at such events:

I've attended training on story-telling, story-telling which was provided by [national organization] was a training in [city] I had the opportunity to attend. As

well as innovative approaches to delivering sexual education curricula. So, that

was a training I attended at the [national conference] this past December.

In response to his/her experience at a national conference, Participant 1 stated that "one

of the things we lack in the [local region] is, you know, a network of sexuality

educators," and such conferences allow for individuals in the profession "to engage and

share resources and experience."

Educational attainment in health or sexuality, such as an undergraduate degree, a

graduate degree, and degree minors, were mentioned by eight participants. Nine

participants reported being trained to deliver multiple sexuality education curricula.

When discussing the curricula for which they are trained, many participants mentioned

the importance of those curricula being evidence-based or evidence-informed. When

discussing his/her training, Participant 3 stated, "I have been trained in over 12 different

evidence-based or evidence-informed curricula that address teen pregnancy or unplanned

pregnancy, sexual reproductive health and those types of things." Overall, ten curricula

were mentioned by the participants, however *SHARP, 17 Days, and Love Notes* were

each mentioned by four of the participants (30.7%) as curricula they had been trained in.

Facilitation training was mentioned by five participants. In response to the

question asking what additional training or resources the participant needed to improve

his/her work as a sexuality educator, Participant 2 stated, "I feel I was not as ready for

like a classroom management, or classroom, like actually facilitating the curriculum,

which wasn't taught." In response to the same question, Participant 4 stated:

> Going through that facilitation training more often, maybe like once a month type
>
> of thing, and safety procedures, things like that would be really helpful.

Especially because I am so new and a lot of our, I would say 15% of my career,

my job is actual facilitation.

Three other participants discussed facilitation training, two of whom said they had been

trained in facilitation. For example, Participant 6 reported that "prior to accepting the job

with [current organization], I've never been exposed to classroom facilitation."

Participants also frequently expressed a lack of training at the individual,

organizational, and field level. Participant 2 voiced a desire for more training in the

following areas:

Answering sensitive questions and being trauma informed, and really knowing

how to handle those kinds of situations. If somebody is experiencing trauma in

our classroom, well what do you do as a part of that organization or as a mandated

reporter? Those kinds of steps are kind of missing.

In regard to internal training from his/her current organization, Participant 5 stated "I

haven't had any training regarding sexual health." Additionally, two participants

mentioned lack of training as a common issue within the field.

Theme #3: Confidence. Confidence was mentioned infrequently. While many

participants reported challenges to their positions as sexuality educators, only two

participants stated they had high levels of confidence. Participant 6 talked about his/her

growth and job performance:

I would say now, my knowledge in the field now is a lot greater than when I very

first started and that was a little bit of a crutch for me if I'm being honest. So

being able to accurately answer shock questions or informative questions, um,

you know, I would normally, well when I was first starting, you know, I would

normally have to default to other health educators; however, as I'm being more

exposed to the field and getting more experience facilitating in a classroom,

developing those skills, and the knowledge. Now that I've had more experience

under my belt, I'm able to, I'd say, do a pretty great job at what I do. Not to toot

my own horn.

Four participants reported low levels of confidence regarding specific parts of their jobs

as sexuality educators. For Participant 11, he/she thought that training in how to deliver

curriculum to different age groups would help them to "[be] able to feel confident in how

curriculum is best applied for fourth graders versus ninth graders versus adults."

Participant 8 expressed that he/she "struggle with graphics just because [they] get

nervous in the moment and [they] forget what it's all about."

Theme #4: Perceptions. Participants identified positive and negative perceptions

of their own performance, their organization, and the field of sexuality education.

Additionally, participants identified external perceptions and perceived barriers.

Participants discussed positive perceptions of their personal performance more frequently

than they reported negative perceptions of their personal performance. The majority of

positive perceptions about individual performance as sexuality educators revolved around

positive feedback received from others. Three participants made statements about

positive feedback they had received. Participant 12 reported:

From a lot of students, I get feedback that they really like the program, and that

was information they did not have before. They have misconceptions and myths

before, so they are happy to get all of their questions answered in a way that

doesn't feel weird to them.

Similarly, Participant 9 reported his/her reaction to student comments:

> I have received comments in there about just thanking me for including anything about LGBTQ+, the LGBTQ+ community, sexual health, etc.… or just thanking me for talking about it, say that I'm welcoming, and people feeling comfortable enough to come up and ask me questions in person too. So that definitely makes me feel like I'm doing a good job with it, that I'm at least reaching some people that may not have been reached if I wasn't there.

Participant 10 discussed his/her feedback from classroom teachers of students they have delivered sexuality education to:

> Definitely getting feedback from teachers after we've left classrooms, getting emails or phone calls later on: few weeks, few days later. Just letting us know how great we did, how much the students enjoyed it, and how they continued to ask questions for days after.

Positive feedback from students and others impacted by the sexuality education they delivered had positive impacts on the participants' perceptions of personal performance.

Conversely, some participants identified negative perceptions of personal performance. For example, Participant 4 mentioned:

> Sometimes, things that jump out of your head and you end up making mistakes like, verbal mistakes, like calling someone without an STI 'clean', and then having to go back and retract that statement. And it's, I can say some pretty awkward things…

However, the majority of participants did not identify significant negative perceptions of personal performance. Instead, many participants simply identified areas of improvement for themselves as sexuality educators.

Organizational performance was frequently discussed by the participants in positive and negative terms. Twelve of the thirteen participants mentioned at least one positive perception of their current employer's performance. Specifically, Participant 7 had the following positive perception of his/her organization:

> I feel like we've shifted social norms. We serve community colleges, and we've shifted social norms on those campuses to see sexual and reproductive health as a normal and very important part of the discussion for students to succeed and attain educational success.

Inclusivity was noted by two participants for being a positive aspect of his/her organization. Participant 10 specifies:

> One really positive thing that I have noticed, just with my organization, how we kind of go about our sexual health education especially when it comes to the school corporations and the close work that we do with them is we try to be very inclusive of all, kind of, standards that are supposed to be met when doing sexuality education, but also trying to make it a more broadened range of ideas.

Additionally, participants discussed the success of their organization's sexuality education programming. Participant 2 shared witnessing the success of his/her organization's program, stating: "we have really great buy in on our campuses now. We've been hitting solid numbers. We have great data showing that the need is there with these students."

Negative perceptions of organizational performance were most frequently regarding the curricula or content provided by the organization. Eight participants specified aspects of organization curricula or content that they believe could be improved upon. Participant 7 reported organizational limitations due to organizational partners and funding:

> It's limitations within the partners we're serving or even this specific curriculum that we choose to use, and there are many limitations based on the federal funding that we have. Like, so we can only use these evidence-based curriculum, however, they're not appropriate for the age population we're serving.

Additionally, Participant 3 mentioned that with his/her organization, "once the participant goes through the program, there's no, you know, if you wanted to come back for more information, there's not another program that we offer them." Similarly, many participants specified topic areas they believe, if included, would improve their organization's curricula and content, including: Relationships, communication, positive consequences of sex, LGBTQ+ issues, and consent.

When discussing the field of sexuality education, eleven of the thirteen total participants reported negative perceptions of the field while only five participants reported positive perceptions of the field. Curriculum specifications, political climate, lack of funding, and being a male in the field were all identified as negative perceptions related to the field of sexuality education. About outdated curricula, Participant 1 stated:

> A lot of evidence-based programs are, they're old. And they were created by a group of people who, a lot of the researchers of these programs, right, came up in, during a time of the HIV scare, and so you see a lot of that in the programs.

However, some participants reported their curriculum was restricted due to the political climate around sexuality education. Participant 7 cited that some of his/her "greatest challenges would probably be the conservative nature of some of the partners that [they] serve," alongside the "general stigma that still remains."

Three participants identified lack of funding or limitations of funding as a negative aspect of the field of sexuality education. Participant 3 stated that "since we are federally funded we have a lot of limitations on what we can and can't offer." Additionally, Participant 2 said the following about challenges of the field:

I think the challenge, the unknown and knowing about funding and whether or not things are going to be sustained or be cut or kind of be up in the air type of deal all the time, it's not secure.

Participant 6 discussed the challenges of being a male in the field and stated that "[male] representation in the field is very limited" and that sexual health is "a very woman dominated field."

V: DISCUSSION

The purpose of this study was to understand the motivations and training of third-party sexuality educators. A qualitative method approach was used to investigate third-party sexuality educators' motivations, training and previous experience, confidence levels, and perceptions of their profession.

Previous sexuality education research has primarily focused on curricula and audiences (Barr et al., 2014; Eisenberg et al., 2011; Goldman, 2011; Workman et al., 2015), leaving a gap in knowledge about educators delivering sexuality education. The present study began filling this void that may be vital to improving the quality of sexuality education and the field of sexual health.

Participants of this study primarily reported 1-5 years of experience as a sexuality educator and most participants reported not being CHES certified. Currently, there are no certifications required for being a sexuality educator, which poses the question: Who is qualified to be a sexuality educator? Unlike other education fields such as the field of health education, sexuality educators do not currently have any professional preparation programs or guidelines to meet to qualify them to teach sexual health (Barr et al., 2014). The majority of participants in this study reported having some level of educational attainment regarding health or sexual health; unfortunately, this does not necessarily define an individual as a qualified sexuality educator.

Despite the small sample size of this study, similar responses were found among participants regarding motivation, training, confidence and perceptions as a sexuality educator. One of the most common motivating factors for participants originated with personal experiences during childhood or adolescence. While some participants

mentioned a lack of sexuality education or the incorrect sexuality education information they received, multiple personal motivations were related to peers or friends experiencing consequences of risky sexual behavior. These reported experiences are consistent with statistics reporting teen pregnancy rates in the United States significantly higher than other westernized nations and 2016 STI rates for chlamydia, gonorrhea and syphilis exceeding the statistics from previous years (CDCb, 2017; CDC Newsroom, 2017). For many participants, these personal experiences led them to seek out information on sexual health to properly educate themselves and their peers.

First exposure to reliable sexual health information occurred in the undergraduate careers for many of the participants. This educational experience significantly impacted the motivation of some participants to become sexuality educators. Realizing how late in their lives they received a quality sexuality education inspired some participants to become sexuality educators and help prevent other individuals from the same lack of education or poor education they had themselves. While career experiences contributed to some participants' motivations to becoming a sexuality educator, personal experiences and educational experiences were the most common motivating factors among this sample.

Training experiences for participants were most similar for educational attainment, internal training, and curricula training. Many participants reported formal education in health or sexual health, internal training experiences of shadowing and presenting to coworkers, and being trained in multiple curricula. Common reports of internal training experiences align with reports of Youth Development Professionals' experiences in which almost half reported receiving training from their current

organization (McCarthy et al., 2015). One significant similarity among participant interview responses is the desire for more training and continuing education opportunities. These results contribute to previous research identifying a common need among sexuality educators for more diverse and in-depth training in sexual health education (Eisenberg et al., 2013).

Perceptions measured during the interview portion of this study yielded the most coded data. Individual participants reported more positive perceptions of personal performance than negative. Notably, rather than reporting negative perceptions of their personal performance, reflections of personal performance often identified areas of improvement. Positive feedback from students, teachers, and parents significantly contributed to the positive perceptions of individual performance. Student and classroom teacher feedback is a commonly used form of evaluation by sexuality education organizations (Ott et al., 2015).

While nine participants stated at least one positive perception of their organization's performance, the negative perceptions of organizational performance revealed many areas for needed improvement. The most frequently referenced area of improvement for organizations was the content and curricula they provide to target audiences. Investigation of sexuality and sexual health education programs revealed the content typically focuses on disease prevention and unwanted pregnancies but fails to address more controversial topics (Elia & Tokunaga, 2015). Sexuality educators in this study demonstrated a desire for the expansion of topics covered during their education sessions. Participant perceptions of organizational performance contributes to recent

findings of sexuality education program directors reporting difficulty implementing science-based approaches due to community-level constraints (Ott et al., 2011).

The field of sexual health and sexuality education was most frequently discussed in negative terms. Many organizations that provide sexuality education are non-profit and may rely on federal funding or grants to be able to serve their communities. Participants cited funding as a negative perception of the field due to the lack of predictability of being awarded grants, and restrictions frequently placed on curricula by funding partners. These findings align with previous research that reported financial barriers to delivering sexual health education to students (Eisenberg et al., 2013). Even within constraints of working at a non-profit organization, some participants perceived the work of the field as having a positive impact on communities and individuals.

Results from this study suggest that many sexuality educators experience similar motivations and trainings. Participants perceived their organizations and the field of sexual health similarly. The majority of participants discussed improvements that their organizations or the field could make to better serve their communities. Despite the absence of a standardized formal training for sexuality educators, the participants in this study have utilized educational attainment, training within their organization, and additional external trainings to improve their work and become more capable educators.

Implications for Future Research

Results from this study have significant implications for future sexuality education research. Personal experiences may be a significant motivation for individuals to pursue sexuality education as a career. Future qualitative research studies should further examine the common personal experiences that contribute to the development of

sexuality educators and investigate possible links between motivating factors and educator efficacy.

Another implication of this study is for the development of standardized training for sexuality education and improvements of sexual health education curricula. While there are many barriers to creating and establishing training programs and new evidence-based curricula, there are potential connections between sexuality educator training and curricula content and program efficacy. Developers of future sexuality education programming should further investigate the gaps in training and materials being delivered.

Additionally, quantitative research might be important to further establish a knowledge base regarding the general experience of sexuality educators and typical demographic distributions of this population. Another qualitative research study may allow for an overall deeper understanding of sexuality educators which may allow third-party organizations to recognize typical qualities of capable and high-quality sexuality educators.

Limitations

The findings from this study may not be generalizable to all sexuality educators employed by third-party providers of sexuality education due to the nature of qualitative research. Additionally, results may not be representative of all sexuality educators' motivations, training, experiences and confidence considering that the majority of the participants were from Texas, although participant responses in this study did not differ based on geographic region. The PI contacted a variety of organizations and sexuality educators, but some declined to participate which may contribute to a self-selection bias.

Recruitment barriers may have contributed to the limited number of participants in this study. Many organizations and individuals in the field of sexual health are hesitant to participant in research, therefore, the Principal Investigator should have over sampled the population. The majority of study participants were young and in the early stages of their careers as sexuality educators and this may have influenced the responses received. Responses from a group of more experienced sexuality educators may be significantly different.

The brevity of the interviews may be explained anecdotally by two factors: the timing of the interviews and an inexperienced interviewer. To accommodate the participants, many interviews took place during lunch hours or other time limited circumstances. The timing of the interviews might have affected the participants' likelihood to elaborate on answers. The Principal Investigator was relatively inexperienced and lacked training on semi-structured interviewing techniques which might have impacted the probing questions and ultimately the length of the interviews. Additionally, it is important to acknowledge that the information obtained from this study was self-reported by the participants which may result in lack of accurate information.

Finally, this study did not explore all aspects of the third-party organizations providing sexuality education. Future research should examine the efficacy of individual providers of sexuality education and a more exhaustive sample of employees from each organization. This study format would enable future researchers to understand relationships between employee attitudes and program efficacy.

Conclusion

This study was designed to investigate the motivations and training of third-party providers of sexuality education. The study findings contribute to the limited knowledge base about motivations and trainings of sexuality educators. This study qualitatively explored anecdotal information about individual motivators and training experiences among third-party sexuality educators and their confidence in their positions.

The results from the survey portion of this study outline the demographics of sexuality educators (Table 1), their satisfaction with their organization's training programs, and the contributions of factors to their confidence as being a sexuality educator. The survey results demonstrated that participant employers were perceived to be successful at delivering face-to-face training to their employees. While the majority of participants were young and relatively new to the field, they consistently reported having formal educational attainment related to health and human sexuality. On the survey, participants consistently reported high levels of confidence in delivering sexuality education content in a variety of situations.

The results from the interview portion of this study demonstrate common motivations and training experiences among third-party providers of sexuality educators. Additionally, the participants reported similar personal and educational experiences which led them to become sexuality educators. Data from this and similar studies should be used to identify gaps in the training of sexuality educators and understand the various motivations of sexuality educators. More research is needed to further investigate motivating factors and training experiences of sexuality educators who deliver all types

of curricula. This study provides a substantial starting point for future quantitative

research to be performed in order to determine generalizable results.

Table 1. Sample Demographics: All Participants

	n	%
Sex		
Female	11	84.6
Male	2	15.4
Race		
White	7	53.8
Black/African American	3	23.1
Native Hawaiian/Pacific Islander	3	7.7
Multiracial	1	7.7
Other	1	7.7
Ethnicity		
Non-Hispanic	8	61.5
Hispanic	5	38.5
Age		
18-24 years old	4	30.8
25-34 years old	8	61.5
34-55 years old	1	7.7
Years of experience		
Less than 1 year	3	23.1
1-5 years	10	76.9
CHES certification		
Not CHES certified	9	76.9
CHES certified	4	30.8
Relevant degree in health or sexuality education		
Relevant degree	9	69.2
No relevant degree	4	30.8

Table 2. Descriptive Statistic Results of Participant Survey Responses (N=13).

	N	Min	Max	Mean	SD
Perception of my organization's training:[a]					
certification	8	1	5	4.13	1.458
online	9	1	5	3.33	1.225
face-to-face	12	3	5	4.67	.651
Confidence providing sexuality education:[b]					
to large audiences?	13	2	5	4.23	1.013
to small audiences?	13	4	5	4.69	.480
to mixed gendered audiences?	13	4	5	4.92	.277
with proper medical terminology?	13	4	5	4.92	.277
with my organization's selected curriculum/materials?	13	4	5	4.62	.506
I attribute my confidence level in providing sexuality education to:[c]					
my formal training	13	3	5	3.92	.862
my professional experiences	13	2	5	4.54	.877
my personal experiences	13	1	5	4.23	1.235
the organizational support I receive from the organization at which I currently work	12	3	5	4.42	.793
my knowledge of subject matter	13	3	5	4.69	.630

SD = standard deviation

[a] training on a scale of 1(poor) to 5 (excellent)

[b] confidence on a scale of 1 (not confident) to 5 (very confident)

[c] confidence on a scale of 1 (strongly disagree) to 5 (strongly agree)

APPENDIX A: Interview Guide

Investigator will collect consent form.

Thank you for agreeing to speak with me today. The purpose of this interview is to investigate the motivations and training of sexuality educators. Specifically, I want to understand what motivated you to become a sexuality educator and what kind of training you have completed to present sex education to audiences.

I would like to remind you that you will not be identified by name or workplace therefore, your responses will remain confidential.

This interview will last about one hour, and it will be recorded.

Do you have any questions before we begin?

1. How would you describe the organization you work for (i.e. non-profit community-based agency, for-profit company working in schools, etc.)?

2. What is your position title?

3. What motivations or past experiences led you to work as a sexuality educator?

4. Do you have any formal education/teaching certifications related to health or sexuality education? If so, what are those credentials?

5. What kind of training (formal or informal), if any, were you provided at the organization at which you currently work?

6. Have you ever received sexuality education training from other organizations? If so, what were these organizations and what type of training did you receive?

7. How would you describe the general content of the sexuality education you deliver? Abstinence-only, abstinence-plus, comprehensive? Please explain.

8. Is there any additional information you would like to have included in your organization's sexuality education curriculum? If so, please explain.

9. What additional training/resources do you need to improve your work as a sexuality educator?

10. What have been your greatest challenges/successes in working as a sexuality educator?

11. What other information would you like to share with me today?

Thank you for agreeing to be a part of this very important study. I truly appreciate your cooperation and thoughtful responses.

APPENDIX B: Survey

1. Please specify your ethnicity (or race)
   a. White
   b. Black or African American
   c. Native American or American Indian
   d. Asian
   e. Native Hawaiian or Pacific Islander
   f. Other

2. Are you Hispanic or Latino?
   a. Yes
   b. No

3. What is your age?
   a. 18-24 years old
   b. 25-34 years old
   c. 35-44 years old
   d. 45-54 years old
   e. 55-64 years old
   f. 65 years or older

4. Please specify your sex:
   a. Female
   b. Male
   c. Other: _____

5. How many years of experience do you have as a sexuality educator?
   a. Less than 1 year
   b. 1-5 years
   c. More than 5 years

6. How many years have you been involved/employed with your **<u>current organization</u>**?
   a. Less than 1 year
   b. 1-5 years
   c. More than 5 years

7. I have an associates, bachelors or graduate degree in health and wellness promotion/sex education.
   a. Yes
   b. No

8. Are you CHES or MCHES certified?
    a. CHES (Certified Health Education Specialist)
    b. MCHES (Master Certified Health Education Specialist)
    c. Neither

9. What type of formal training, if any, have you received from the organization at which you currently work (Check all that apply)
    ☐ Certification
    ☐ Online training
    ☐ Face-to-face training
    ☐ No formal training
    ☐ Other _____

10. How would you rate the certification training that you received from the organization at which your currently work?

0　　　　　**1**　　　　　**2**　　　　　**3**　　　　　**4**　　　　　**5**
(Not applicable) (Poor)　　　　　　　　　　　　　　　　(Excellent)

11. How would you rate the online training that you received from the organization at which your currently work?

0　　　　　**1**　　　　　**2**　　　　　**3**　　　　　**4**　　　　　**5**
(Not applicable) (Poor)　　　　　　　　　　　　　　　　(Excellent)

12. How would you rate the face-to-face training that you received from the organization at which your currently work?

0　　　　　**1**　　　　　**2**　　　　　**3**　　　　　**4**　　　　　**5**
(Not applicable) (Poor)　　　　　　　　　　　　　　　　(Excellent)

13. How confident are you providing sexuality education to large audiences (i.e. auditorium, gym presentations, etc.…)?

1　　　　　**2**　　　　　**3**　　　　　**4**　　　　　**5**
(Not confident)　　　　　　　　　　　　　　(Very confident)

14. How confident are you providing sexuality education to small audiences? (i.e. individual classrooms)

1　　　　　**2**　　　　　**3**　　　　　**4**　　　　　**5**
(Not confident)　　　　　　　　　　　　　　(Very confident)

15. How confident are you providing sexuality education to mixed gendered (i.e. male and female) audiences?

1　　　　　**2**　　　　　**3**　　　　　**4**　　　　　**5**
(Not confident)　　　　　　　　　　　　　　(Very confident)

16. How confident are you using proper medical terminology when teaching sexuality education?

1   **2**   **3**   **4**   **5**
(Not confident)   (Very confident)

17. How confident are you providing your organization's sexuality education curriculum/presentations to audiences?

1   **2**   **3**   **4**   **5**
(Not confident)   (Very confident)

18. I attribute my confidence level in providing sexuality education to an audience to my formal training:

0   **1**   **2**   **3**   **4**   **5**
(Not applicable) (Strongly disagree)   (Strongly agree)

19. I attribute my confidence level in providing sexuality education to an audience to my professional experience:

0   **1**   **2**   **3**   **4**   **5**
(Not applicable) (Strongly disagree)   (Strongly agree)

20. I attribute my confidence level in providing sexuality education to an audience to my personal experiences:

0   **1**   **2**   **3**   **4**   **5**
(Not applicable) (Strongly disagree)   (Strongly agree)

21. I attribute my confidence level in providing sexuality education to the organizational support I receive from the organization at which I currently work:

0   **1**   **2**   **3**   **4**   **5**
(Not applicable) (Strongly disagree)   (Strongly agree)

22. I attribute my confidence level in providing sexuality education to an audience to my knowledge of subject matter:

0   **1**   **2**   **3**   **4**   **5**
(Not applicable) (Strongly disagree)   (Strongly agree)

23. How would you classify the curriculum or content of your sexuality education program?
    a. Comprehensive: sex education for grades kindergarten through twelve which includes medically accurate and age-appropriate information about many topics related to human development, contraception, STI prevention, interpersonal relationships, and decision-making (SIECUS, 2009)
    b. Abstinence-only: sex education which focuses primarily on abstaining from sexual intercourse, typically until marriage. Often excludes topics such as contraception, pregnancy, and STI prevention (Realini, Buzi, Smith, & Martinez, 2010).
    c. Abstinence-plus: sex education in which participants are taught a hierarchy of safe-sex skills and behaviors. The priority is to teach sexual abstinence as the most effective method to avoid sexually transmitted infections (STIs), but also includes education on contraception and other safer-sex behaviors and skills (Dworkin & Santelli, 2007)
    d. Other, please specify:
    _____
    _____

24. Typically, the presentations you deliver to students are:
    a. Part of a curriculum
    b. One-time presentations
    c. Both
    d. Other

Additional comments about this survey:

_____

INFORMED CONSENT

Study Title: Motivations and Training of Third-Party Providers of Sexuality Education
Principal Investigator: Hanna Traphagan   **Co-Investigator/Faculty Advisor: Dr. Ron Williams**
            Email: hmt32@txstate.edu   **Email: ronwilliams@txstate.edu**

Sponsor: Graduate College and Texas State

This consent form will give you the information you will need to understand why this research study is being done and why you are being invited to participate. It will also describe what you will need to do to participate as well as any known risks, inconveniences or discomforts that you may have while participating. We encourage you to ask questions at any time. If you decide to participate, you will be asked to sign this form and it will be a record of your agreement to participate. You will be given a copy of this form to keep.

PURPOSE AND BACKGROUND
You have been identified as a potential participant for a research project that will study third-party providers of sexuality education. The purpose of this study is to investigate the motivations and training of individuals employed by third-party organizations that provide sexuality education. Your employment with a third-party provider of sexuality education has qualified you as a prospective participant for this research. This research project is being performed by Hanna Traphagan, a graduate student in the Department of Health and Human Performance at Texas State University. Please carefully read this consent form prior to agreeing to participate in the research study.

PROCEDURES
If you agree to participate an interview and survey will occur. The interview is semi-structured and should require approximately one hour to complete. The survey will be sent to you following the interview, and should require approximately ten minutes to complete.

RISKS/DISCOMFORTS
There is a minimal risk that the interview questions you are asked may cause emotional discomfort.

BENEFITS/ALTERNATIVES
Though there are no direct benefits, participants of this study may benefit by helping to generate knowledge around this topic. The study may also raise participant awareness about motivations and training of themselves and others in the sexuality education field.

EXTENT OF CONFIDENTIALITY
Reasonable efforts will be made to keep the personal information in your research record private and confidential. Any identifiable information obtained in connection with this study will remain confidential and will be disclosed only with your permission or as required by law. In addition, your name and the name of your organization will never be identified during the interview or in the survey or the publication of the results. The members of the research team, the, and the Texas State University Office of Research Compliance (ORC) may access the data. The ORC monitors research studies to protect the rights and welfare of research participants.

Data will be kept for three years (per federal regulations) after the study is completed and then destroyed. Should you have any future questions or you desire a copy of the completed research report, you may contact Hanna Traphagan (hmt32@txstate.edu) or Dr. David Wiley (davidwiley@txstate.edu).

PAYMENT/COMPENSATION
For your participation in this study you will receive a $50.00 gift card.

PARTICIPATION IS VOLUNTARY
You do not have to be in this study if you do not want to. You may also refuse to answer any questions you do not want to answer. If you volunteer to be in this study, you may withdraw from it at any time without consequences of any kind or loss of benefits to which you are otherwise entitled.

QUESTIONS
If you have any questions or concerns about your participation in this study, you may contact Hanna Traphagan (hmt32@txstate.edu) or Dr. Ron Williams (ronwilliams@txstate.edu).

This project was approved by the Texas State IRB on October 24, 2017. Pertinent questions or concerns about the research, research participants' rights, and/or research-related injuries to participants should be directed to the IRB Chair, Dr. Denise Gobert 512-245-8351 – (dgobert@txstate.edu) or to Monica Gonzales, IRB Regulatory Manager 512-245-2334 - (meg201@txstate.edu).

DOCUMENTATION OF CONSENT

I have read this form and decided that I will participate in the project described above. Its general purposes, the particulars of involvement and possible risks have been explained to my satisfaction. I understand I can withdraw at any time.

Signing this form serves as authorization that you are at minimum 18 years of age and are currently employed by a third-party provider of sexuality education. Your signature serves as consent to participate in this research study.

Printed Name of Study Participant	**Signature** of Study Participant	Date

Signature of Person Obtaining Consent	Date

TEXAS STATE
Expedited Review

APPROVED:
4/6/2018

EXPIRES:
9/30/2018

APPENDIX D: Interview Code Book

Color	Codes
Yellow	**Personal motivation** - Participant's personal ideas or experiences that motivated them to become a sexuality educator - Ex: "I never received sex education, "My friends were pregnant and experiencing STIs" etc.…
	Educational experiences - An individual's educational experiences that motivated them to work as a sexuality educator - Classes, projects, etc.… that led to career path - Ex: "I took a class that taught me a lot and made me want to learn more," "I excelled in classes around sexuality and health"etc…
	Career experiences - An individual's career inspired experiences that motivated them to work as a sexuality educator - Includes internships and other professional positions - Ex: "My career sort of guided me toward sexuality education," etc.…
	External influences - Interpersonal influences or experiences that led to career path - Parent, family, coworker, boss, mentor, professor, etc.… - Ex: "My advisor suggested I change my major," "My professor gave me career advice," "My boss connected me with other professionals in the field"
Green	**Internal training** - Training provided to the participant by the organization the participant currently works - Trauma informed, LGBTQ competency, cultural competence, etc.… - Ex: "My organization provided training when I was hired," "My organization provides quarterly training," "For training, I observed my coworkers present and practiced presenting to them"
	External training - Training obtained by the participant outside of the organization at which they currently work - Ex: "I attend workshops and trainings provided by Cardea." "I am CHES certified"
	Educational attainment - Training obtained by the participant through formal education. - Bachelor's degree, master's degree, Minor - Ex: "I have my degree in health focused on human sexuality," "I have my grad degree in health ed" etc.…

		Curriculum training
		- Training obtained by the participant for specific curricula
		- Ex: "I have been trained on curricula such as *Worth the Wait, It's Your Game Keep It Real"* etc..
		Facilitation training
		- Training obtained by the participant on how to facilitate sex education
		- Ex: "I have been trained on classroom management," "I have been trained on how to facilitate a curriculum", etc.
		Lack of training
		- Specific areas identified as lacking training
		- Ex: "My organization does not provide training opportunities," "I have not been trained in facilitation," "The training I've completed lacks inclusivity" etc.…
	Pink	**Low Confidence**
		- Not feeling confident in their ability to successfully deliver sexuality education
		- Ex: "I wish I was better at answering questions," "I feel unsure of myself as a facilitator"
		High Confidence
		- Feeling confident in their ability to successfully deliver sexuality education
		- Ex: "I am able to successfully educate our students on sexuality education," "I'm prepared to teach this curriculum"
		Perceived barriers
		- Perception of factors that prevent the participant from being successful at their job.
		- Ex: "The current political climate we are in makes it hard to deliver quality sex ed," "The students in my classroom are not willing to engage and participate"
	Blue	**Positive perceptions of personal performance**
		- Mention of positive performance or successes on the personal level
		- Ex: feeling proud students were learning, believing they improved at their job, receiving positive feedback about their performance
		- Ex: "I am happy the students were able to use the skills they were taught," "The teachers provided me with feedback that the students enjoyed the presentation and learned a lot." Etc.…
		Negative perceptions of personal performance
		- Mention of negative performance or challenges on the personal level
		- Ex: feeling unprepared or uncomfortable at their job, receiving negative feedback about their performance)
		- Ex: "I don't feel like I'm able to answer the students questions," "The teachers provided me with feedback that the students did not enjoy my presentations" etc..
		Positive perceptions of organizational performance
		- Mention of positive performance or successes on the organizational level

		- Ex: "My organization places priority on being up to date with the most recent information," "My organization meets their objectives," "My organization continually receives funding," "My organization continues to grow" etc.…
		Negative perceptions of organizational performance
		- Mention of negative performance or successes on the organizational level - Ex: "My organization does not encourage continuing education", "My organization has lost funding for not meeting objectives," "My organization has stopped growing"
		Positive perceptions of the field
		- Mention of positive aspects of the field of sexuality education - Ex: "There are many opportunities in the field for continuing education," "Sexuality education conferences are great opportunities," "The field is full of organizations and people that have the same goal of improving health" etc.…
		Negative perceptions of the field
		- Mention of negative aspects of the field of sexuality education - Ex: "The field lacks recognized certifications," "There are not enough opportunities for sexuality educators to discuss ideas and experiences," "The field does not allow for enough continuing education" etc.…
		External perceptions of the profession
		- Individual or groups perceptions about sex educators or health educators - Ex: "When I tell people what I do, I'm never sure how they are going to take it," "People think that I am a high school health teacher," "I've had people tell me that what I do is wrong," "Being a sex educator, I get a lot of mixed reactions to my job."
		New "perception" codes
		- Use this for sections of the transcript that you believe are other participant perceptions not well defined by other codes. Please note your thought on what the code should be.
Red	**Good quotes**	
	- Quotes by the participants that summarize a participant's interview - Quotes that may be significant for reporting	
New Codes	**New codes**	
	- Other codes that are not identified in this code book that you believe are significant. Please note your idea of what the code should be	

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