Sex education in rural schools in the United States: impact of rural educators’ community identities

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Purpose: The overall purpose of this exploratory research was to better understand rural educators’ feelings about school-based sex education in order to foster better communication and collaboration between prevention researchers and rural teachers and administrators. In order to accomplish this purpose, the research question asked ‘How does perceived community identity influence rural educators’ decisions regarding school-based sex education?’

Methods: Qualitative interviews were conducted with 24 high school educators in four rural counties in the southern part of the United States about how alike and different urban and rural teachers and administrators are in their decisions about sex education in their schools. The interview data were categorized according to their perceptions of similarities and differences between rural and urban teachers and administrators.

Results: Rural educators believed that rural and urban educators were alike because of a common concern for students and the common issue of community involvement in decisions related to school-based sex education. Rural educators believed that rural and urban educators were different because of greater religiosity in rural communities; greater scrutiny of administrators’ decisions by the church, school board, and community; and greater physical proximity and emotional closeness between rural educators and their students.

Conclusion: With a better understanding of rural educators’ perceived community identities, prevention researchers will be able to develop closer collaborations with schools on strategies to prevent high-risk sexual behaviors among rural adolescents.

Introduction

Rural areas often have the identity that they lack the social problems facing urban areas, such as gang violence, drive-by shootings, hard drugs, and crime, because of the influence of religion in the rural community and the apparent lack of access to illegal substances (Champion 2002). There is a common belief that rural youth are somehow insulated from the problems experienced by urban youth by virtue of their geographic isolation, closer family and community ties, and religiosity. It follows that if rural educators see less need for sex education in their schools, they will also see less need to allow prevention-related research to take place in their schools, or to include sex education content in their curricula. They may see less need for sex education because they perceive their students are less likely to participate in risky sexual behaviors, compared with students in urban schools.

This research was undertaken as a direct result of our experiences attempting to secure permission to conduct an evaluation of a government-funded pregnancy and HIV-prevention curriculum in rural schools in a southern state in the United States.

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As a result of mixed success in recruiting rural schools into our study, the following key issues surfaced. We realized we may have been more successful in recruiting rural schools into our study if we had known how rural educators compare themselves with their urban counterparts in terms of their roles as decision-makers about school-based sex education. We also may have been more successful if we had known whether rural educators believe that their students are insulated from the risks faced by urban youth. The overall purpose of this research was to understand rural educators’ community identities in order to facilitate dialog about pregnancy and disease research and prevention efforts.

**Literature**

**Community identity**

Community identity can be defined as a sense of living in, belonging to, and having some commitment to a particular community. It concerns the perceptions of ideas about a particular community by its residents at a particular time. The urban–rural typology is based on the assumption that communities possess particular characteristics. It has been shown that a pattern exists related to the size of community and higher identification, with residents of smaller communities expressing a greater sense of community identification (Puddifoot 1996). Puddifoot (1996) identified five broad dimensions of community identity: perceived, distinctiveness of one’s community; emotional connectedness to one’s community; others’ perceptions of one’s community; one’s degree of investment and attraction to the community; and one’s and others’ evaluations of the quality of life in a particular community.

Pretty (2002) stated that community identity becomes a contextual part of one’s self-identity. According to Hummon (1986), community identity can be defined as an image of self-characterization. It answers not only ‘who am I?’ but also ‘where am I and where do I belong?’ Identification with a small town may conjure up self-descriptors such as friendly, neighborly, people-oriented, family-centered, and traditional. Identification with an urban area may result in one describing himself or herself as worldly, educated, cosmopolitan, and so on. The many social, political, and economic changes that have taken place in the history of a country may result in multiple types of identification based on the type of connectedness felt by its citizens. No research has attempted to examine how community identity is related to particular decisions concerning school-based sex education.

**Adolescent sexual behaviors**

After several decades of research, researchers and practitioners still do not fully understand how to prevent high-risk sexual behaviors on the part of adolescents in many parts of the world, including adolescents living in rural areas in the United States (Carter and Spear 2002; Skatrud, Bennett and Loda 1998). The United States has a teen pregnancy rate that is nine times higher than The Netherlands, four times higher than France, and nearly five times higher than Germany (Singh and Darroch 2000). Not all of these pregnancies are to urban youth. One-third of all youth live in rural areas in the United States, yet they have received relatively little attention (McManus and Newacheck 1989). According to the National Center for Health
Statistics (2001), the birth rate (births per 1000 female adolescents) for adolescents 15–19 years of age in the United States was 52.4 for all regions, 54.6 for rural counties with a city of 10,000 people or more, and 57.9 for rural counties without a city of 10,000 people or more.

Researchers have not studied the high-risk sexual behaviors of rural adolescents to the same extent as they have those of urban adolescents. It has been suggested that research on school-based sex education needs to include urbanicity and school size as school-level variables in future statistical analyses (Blinn-Pike, Berger and Rea-Holloway 2000). However, it is often difficult to receive permission to conduct research and evaluate pregnancy-prevention and disease-prevention curricula in rural schools. Little research has been conducted on how to best approach rural stakeholders with such a request and be allowed access to students and educators.

More research needs to take place in rural areas because of the lack of information on the sexual attitudes and behaviors of rural adolescents, the difficulty rural educators face when attempting to use school-based prevention curricula that were developed and field tested in urban areas involving racially and ethnically diverse populations that are not common in rural areas, the lack of understanding about how to best collaborate with rural school administrators to conduct research on the sexual behaviors of rural adolescents, and the lack of available adolescent pregnancy-prevention and disease-prevention curricula that have been shown to be effective, valid, and reliable with rural adolescents.

The Kaiser Foundation (2000) conducted a nationally representative study of how adolescents, parents, and teachers view sex education in the United States. The results showed that a paradox exists and that this topic needs greater attention. The good news was that over 90% of adolescents received some form of sex education in their schools, and over 90% of parents wanted their children to learn about such topics as HIV, abstinence, and the basics of reproduction. The bad news was that most school-based sex education lasted only one class session and topics such as the emotional aspects of sexuality, sexual negotiation skills, and parent–adolescent communication about sex were rarely covered. The data in the Kaiser Foundation study were weighted to approximate the distribution of public schools by geographic region and type of residential area (urban, suburban, and non-metropolitan). The Kaiser Foundation study was a significant step toward greater understanding of how to keep adolescents free from HIV, other sexually transmitted diseases, and pregnancy. However, like most nationally representative samples, the Kaiser Foundation study did not take into account community and cultural differences in norms related to sex education. In its attempt to be representative, it did not address important differences in views about sex education that are regionally and culturally determined, such as those that are the result of urban versus rural residency (Alexander et al. 1989; Carter and Spear 2002).

Rural educators’ community identities need to be studied as part of a larger effort to understand the attitudes and behaviors of rural youth for four reasons. First, while the HIV/AIDS epidemic initially appeared in the United States in the urban areas on the East and West coasts, there has been a significant increase in the number of cases in the more rural areas of the South and Midwest, particularly among young women (US Centers for Disease Control and Prevention 1994, 1998). The latency period of 10 years or more from HIV infection to AIDS diagnosis points to the fact that many young adults may have acquired HIV in adolescence. The long
latency period for HIV makes it imperative to conduct high-quality prevention programs among adolescents in rural areas because, since the 1980s, some rural areas have seen out-migration rates of young adults as high as 36% (Gibbs 1995). Infected individuals who contract HIV as adolescents living in rural areas and who then migrate to larger urban areas during the latency period are represented in HIV statistics for those urban areas where they are tested and diagnosed. More research is needed to understand the differences in the number of cases and types of risk for HIV between residents in rural areas and cities (US Centers for Disease Control and Prevention 1998).

Second, researchers have largely ignored the health behaviors of rural adolescents. The factors that influence sexual behaviors among rural adolescents are not well understood. The following studies illustrate the varying methodologies, sample sizes, and findings that have been reported since the 1980s regarding rural adolescents’ sexual attitudes and behaviors. An early study conducted in 1982 compared 288 rural and urban adolescents, and no differences were found in their levels of interest in learning about such topics as abortion, homosexuality, prostitution, and pornography (Davis and Harris 1982). In 1992, it was reported that 294 adolescents living in rural areas were engaging in risk behaviors at rates comparable with minority youth living in urban areas (DuRant et al. 1992). A second study in 1992 compared 351 rural and urban adolescents in Northern California and found that rural adolescents knew more about HIV prevention, had twice the rate of HIV-related sexual risk behaviors, and discounted their personal risk for HIV and other sexually transmitted diseases (US Census Bureau 2003). In a larger and more recent study in 2000, data were analyzed from over 26,000 adolescents – and it was found that living in a rural area was one of several protective factors that resulted in delaying sexual activity (Lammers et al. 2000).

A 42-month longitudinal study of the sexual behaviors and attitudes of 678 adolescents was conducted between 1996 and 2002. The study involved surveying the adolescents six times over 42 months. The findings related to urbanicity are summarized as follows. Compared with the urban adolescents in the study, the rural adolescents: (a) had better (safer) attitudes toward sex at baseline, but the pattern was reversed and the urban adolescents had better attitudes toward sex at 30 months follow-up; (b) had more positive (safer) peer norms about sex at baseline than urban adolescents, but the difference did not last across time; (c) were more likely to report using the pill and condom at last sex at 30 and 42 months follow-up; (d) reported being older at first sex at 30 and 42 months follow-up; (e) were more likely to report combining sex and alcohol/drugs at 6, 18, and 30 months follow-up; (f) reported talking with their parents about pregnancy and HIV prevention less at all six times; (g) were less comfortable talking to their parents about sex at baseline and 30 months; and (h) were not more likely to be virgins at any of the six times (Blinn-Pike 2001; Blinn-Pike, Berger and Hewett 2004).

Third, what is known about how adults feel about school-based sex education has been derived almost exclusively from urban samples. In one of the few studies targeting rural parents, the researchers studied the racial differences in 835 rural adults’ attitudes toward adolescent sexuality. They found that rural African-Americans were 50% more likely than rural Whites to believe that public schools should provide services such as pregnancy testing and treatment of sexually transmitted diseases. However, African-Americans also held significantly more
conservative views toward abortion and adolescent sexual experimentation (Horner et al. 1994).

Finally, fourth, rural educators’ decisions about sex education in their schools may be shaped, at least in part, by beliefs in social and cultural myths that life in rural areas is ‘better’ than in urban areas (Bell 1992). Myths are beliefs that are neither completely true nor false, which evolve into over-stated realities that influence expectations for appropriate and inappropriate behavior. They are ‘bigger than life’ versions of what people believe to be true that can shape the ideals that influence decision-making (Struthers and Bokemeier 2000). In this case, rural educators may believe that adolescents are less at risk for pregnancy and disease because of the positive characteristics often attributed to rural families and communities, such as greater religiosity, reduced exposure to violence and illegal substances, and closer family ties.

**Research question**

Crockett, Shanahan and Jackson-Newsom (2000) stated that the rural–urban distinction is an important social category and is the basis for self-definition and community identity, with important implications for the socialization of urban versus rural youth. The following exploratory research question was addressed: ‘How does perceived community identity influence rural educators’ decisions regarding school-based sex education?’

**Methods**

**Background**

This research was conducted between October 1, 2002 and September 30, 2003, and was part of a larger project involving surveys, interviews, and focus groups with parents, adolescents, and educators in four rural counties in the United States. The educators were recruited via letters and in-person meetings. Each school received $1000 for participation in the larger project. A previous article provided detailed information about how schools were recruited and how the larger study was conducted (Blinn-Pike, Berger and Rea-Holloway 2000).

**Setting**

The four communities where the schools were located were classified as ‘rural’ because none of them were large enough to fit the US Census Bureau definition of a metropolitan statistical area. A metropolitan statistical area is a large population nucleus, together with adjacent communities that have a high degree of economic and social integration with that nucleus. Each metropolitan area must contain either a place with a minimum population of 50,000 or a Census Bureau defined urbanized area and a total metropolitan population of at least 100,000 (US Census Bureau 1993). Table 1 shows that, in 2000, the four rural counties had populations under 33,000 people, from 0% to 26% African-Americans, from 14% to 30% at or below the poverty level, and median family incomes between $21,000 and $31,000 (Missouri Department of Health and Senior Services 2003; US Census Bureau 2003; Ventura, Curtin and Mathews 2000). Whites were the dominant majority and African-Americans were the dominant minority in this region, with less than 1% of the
population represented by other minorities such as Latinos/Hispanics or Asian and Pacific Islanders. In addition, all four communities were in the southern part of the United States, an area that has been found to be more conservative in attitudes toward sex education than other areas (Landry et al. 2003).

**Sample**

The sample was made up of six educators from each of four rural schools. The average age was 40 years (standard deviation=9.9), and the sample included 15 teachers and nine administrators (defined as principals, leaders, superintendents in positions of authority in schools). Seven had bachelor’s degrees and 17 had master’s degrees. Twenty-three educators were White and one was African-American. Ten were male and 14 were female. They had been employed in their schools districts for 1–39 years (mean=12 years, standard deviation=9.8). Both teachers and administrators were included because both serve as stakeholders and ‘gatekeepers’ in deciding questions about the inclusion of sex education in their schools. Including both groups was intentional and assisted in arriving at a more comprehensive answer as to whether rural educators believe in the myth that rural adolescents are less at risk for participating in risky sexual activity than urban adolescents, because of the ‘idyllic’ setting in which they live that is perceived as lacking the social issues found in urban areas.

**Data collection**

Open-ended qualitative interviews were conducted with 24 rural high school educators. The same White female researcher conducted the interviews with the six educators in each of the four rural schools. She was selected because she was already familiar with the rural communities involved in the study and had an established rapport with some of the local citizens. She was trained by the researcher in interviewing skills and how to probe for answers related to sensitive topics. Each interview was conducted in the local high school and lasted approximately 1.5 hours. Each interview was tape-recorded and transcribed for analysis.

**Instrumentation**

The interviews contained four guiding questions in order to establish rapport around a sensitive topic. Spradley (1979, 87) refers to these as ‘grand tour questions’. Broad questions were used at the start of each interview to approach the topic of sex education in a non-threatening, non-personal, and non-intrusive manner. Both groups (teachers and administrators) were asked the same four questions.

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Approximately 25 minutes were devoted to each question, with the interviewer using both open-ended and direct questions to elicit further information.

1. How alike are urban and rural teachers in how they feel about sex education in their schools?
2. How different are urban and rural teachers in how they feel about sex education in their schools?
3. How alike are urban and rural school administrators (principals, leaders, superintendents) in how they feel about sex education in their schools?
4. How different are urban and rural school administrators (principals, leaders, superintendents) in how they feel about sex education in their schools?

Data analysis

The data analysis was conducted in two steps. The first step involved triangulation by comparing the researcher’s interpretations of the interview data with the interpretations of a group of undergraduate university students from rural backgrounds. The students’ ratings were considered an important test for the validity of the researcher’s interpretations of the interview data because the students were younger and had recently graduated from rural high schools that were similar in size and culture to the schools where the interviews were conducted. The purpose of involving the undergraduate students was to test whether the researcher, who is middle-aged and not from a rural area, was able to accurately interpret the educators’ responses.

In order to ensure the ecological validity of their responses, the rural and southern backgrounds of the 20 students were confirmed in three ways: the sizes and southern locations of the communities where they grew up, their own assessments of growing up in rural areas, and the sizes of their high school graduating classes. The students participated voluntarily and received extra credit in an undergraduate class for their involvement. The students had a mean age of 22 years (standard deviation = 1.5), all were female, 15 were White, five were African-American, and all were from high schools with graduating classes of fewer than 100 students (mean = 60 students, standard deviation = 7.8).

Interview transcripts from four of the 24 educators were randomly selected to provide a total of 16 quotations, which were given to the group of undergraduate students. The students were asked to read each of 16 quotations and then carry out a two-step process. They were cautioned to rate the quotations according to the views of the interviewees, and not their own views. First, they rated eight quotations on a scale of one to five according to how alike the educator felt each urban and rural group (teachers, administrators) was, from one ‘very alike’ to five ‘not very alike’. Second, they rated eight different quotes from the same educators on a scale of one to five according to how different the educator felt each urban and rural group was, from one ‘very different’ to five ‘not very different’. The lowest rating meant that the educator felt the urban and rural reference groups were very alike or very different in their feelings about sex education. The highest rating meant that the educator felt that urban and rural reference groups were not very alike or not very different in their feelings about sex education. The students’ ratings showed that they believed the educators described urban and rural teachers as significantly more different than
alike (mean/standard deviation = 2.08/0.35 versus 2.71/0.65, $p<0.05$). On the other hand, they believed that the educators described urban and rural administrators as significantly more alike than different (2.21/0.20 versus 2.91/0.91, $p<0.05$). When the researcher’s ratings of the 16 quotations were compared with those of the undergraduate students, they were all in the same direction. On only two of the 16 ratings were the researcher’s ratings more than one standard deviation different from the students’ ratings.

After high congruence was shown between the researcher’s and students’ ratings, the second step of the data analysis was begun. The researcher conducted a qualitative thematic analysis of 96 quotations in order to determine, in greater detail, why the rural educators felt the way they did about how urban and rural teachers and administrators are alike and different in their feelings about school-based sex education.

**Results**

The results were organized around the four guiding questions presented to the educators. Overall, there was general congruence in the views of the educators. The analysis showed no strong diversity of opinions. The interviewer was trained to probe for further depth of response, and, while not all of their responses were identical, none of the educators expressed opinions that were different from the majority. This was attributed to the small and very homogeneous sample with a mean longevity of 12 years of employment in their rural schools. They expressed strong attachment to their rural schools, students, and communities.

**How are rural and urban teachers alike?**

Overwhelmingly, the educators believed that urban and rural teachers were alike in their feelings about sex education for two reasons. The first was that the educators believed, regardless of urbanicity, all teachers had common concerns for the well-being of their students. The following passage from the interviews illustrates this finding:

> I hope they were both interested in the well being of children and students and want what’s best for them and I would think that any teacher, no matter where you were at think that it would be best for you to postpone sexual activity as long as possible. Well I hope we would be on the same page and want it to be preventative, like the STDs, different types of birth control methods... The teachers that I meet through conferences and stuff like that, that are working at bigger schools seem to share the same view.

The next quotations show that the second reason for believing that rural and urban teachers were alike had to do with the common concern over the sexual behavior of all students, regardless of their urbanicity, because of their exposure to common media. The educators did not express the commonly held myth that rural youth were less likely to participate in risky behaviors:

> I think there’s probably no difference because I think that in the urban area and the rural area we all see that there is definitely a problem or there is concern at least about how much the students know and I think overall probably the faculty is in agreement.

> I don’t think kids differ very much wherever they are, especially in today’s society, where rural kids have access to just about everything through media, that urban kids do. I don’t think kids differ every much at all. I think kids are kids just about everywhere. So, I think that they seek information and if they don’t get it in an appropriate way they will get it in an inappropriate way, I mean, we just know that.
Well they both watch television, they both listen to the radio, they both have the same type of music so they both are influenced by the media, probably pretty much the same, the opportunities to involved themselves in sex is probably the same, they are probably alike in a lot of ways.

**How are rural and urban teachers different?**

The student ratings of a sample of responses showed that the rural and urban teachers were significantly more different than alike. The educators believed that rural and urban teachers were different in their feelings about sex education for five reasons. This is in agreement with the undergraduate student ratings showing rural and urban teachers as more different than alike. First, there was a feeling of a lack of anonymity for teachers in small communities. Teaching sex education would have a more negative impact on the individual teacher in a rural school than in an urban school. This was perceived as a disadvantage over urban settings, as illustrated in the following quotation:

> I think in the rural area especially like in our school, there’s usually one or two teachers for each subject and so there’s not a big department that they can kind of pass down through. When you think English you think of one person here at our school... so when you are having this [sex education] curriculum, the parents are going to focus on a person and they are going to know that person by name. In an urban setting you may have several teachers and so you may say, well it’s being taught by our health department and I think that just the individuality is stronger in the rural school.

Second, the rural educators tended to believe that urban areas were ahead of rural areas in terms of acceptance of sex education and had fewer hurdles to overcome in seeking approval to teach sex education. The educators were rural and southern in their geographic and cultural identities, and their views were reflective of the literature that shows adults living in the rural southern US have less permissive attitudes about sexuality than those in other regions (Landry, Kaeser and Richards 1999). The following quote illustrates this view:

> I think that in the urban areas they are much more advanced or knowledgeable. I think that as a part of the acceptance of sex education as appropriate they’ve done that many years ago. Already their kids are having it... they are being talked to about it and it is more or less accepted whereas here you know to talk about it we run it through the school board, the administration and then you make sure your teachers are comfortable doing it and then still contact parents to make sure that you have their permission to even talk about it. And the rural community is much more concerned about offending people with it.

Third, while they believed that lack of anonymity in the community was a negative feature of teaching in a rural community, they also seemed to believe that it was a positive feature to be closer to their students and more aware of what their students are doing. Roid (1987) also reported that the smaller numbers in rural schools can lead to closer personal relationships between educators and students, and can lead to improved understanding of the individual student’s risk status. Rose-Gold (1991) stressed that educators in rural schools are at an advantage by being able to predict students’ problems at an early age and then intervene. The following quotation shows that this was perceived as an advantage over teachers in urban settings:

> I think in rural area we get closer to our students because when there are only not even 200 kids over here you know every kid. So you are involved and you know pretty much
what they are doing. I would say that they wouldn’t be as involved so, I mean and I’m not saying that they are not close to any of their students; I just don’t think that they probably know everything going on like we do here. So I think maybe we know more … I think we understand it needs to be taught more.

Fourth, several of the rural educators expressed the view that urban adolescents are not as well supervised and are not as safe as rural adolescents. This opinion may be related to the myth that rural areas are idyllic environments in which to grow up and lack the social problems facing urban areas (Champion 2002; Struthers and Bokemeier 2000). The following quotation shows that this teacher thought there are more risky places for urban adolescents to go outside the home:

I think your teachers in your urban areas are going to be more concerned with the socialization in urban areas where there is more access to the unchecked roam, not as closely watched parties than there are in the rural areas. Where the rural areas may be in some of the homes there’s not… there may be at times not enough supervision and the problems take place in the home where in the urban areas it may take place out of the home.

The following passage shows that the educator saw both pros and cons of living in a rural versus urban area. He saw more risks in urban areas, but also greater access to information and services:

Your urban students are going to be more advanced, they are more mobile. They can get more places where here our students to go anywhere besides right in town you’ve got to go 5 or 10 miles. I think that the urban would see more of a need for sex education than the rural although at the same time your urban areas have more easy access to… I don’t know, clinics or, I guess clinics is what I’m looking for or self-help groups things like that, where they can get information where our area doesn’t have as many; so it is harder for the kids to get the information they need in the rural areas.

The next quotation shows that rural students are thought to be more closely supervised by non-family members, compared with urban students. This shows that rural residents feel that they have closer and more supportive community ties:

Many of your urban parents have jobs that leave the teenager or the pre-teenager at home, latch-key kids, where your rural environment you may still have some working but there’s usually more people kind of looking out for each other. Like if one family’s not there, there is another family that will cover for them.

On the other hand, the following quotation shows that the educator believed rural students may be at risk due to unsupervised time outside the home, but in a different environment than in an urban area:

I think it needs to be approached in a different area. I know that we’ve said in the workshop on date rape, with the rape drug, with ecstasy and these rape drugs, our kids don’t have access to the kind of money it take to purchase those here like your urban areas do. But on the other hand, urban kids don’t know what going out in the country and sitting on a levy having a [beer] party is. It is kind of like there are two different risky environments

Fifth, the rural educators expressed the view that urban schools and teachers are more open, liberal, and progressive, as evidenced by the quotations presented below:

Teachers in urban districts might be a little more willing to stick their neck out and a little more willing to discuss [sex] openly with the kids. I think you have a little more of a liberal feeling in most urban communities or I might even go so far as to say a little more progressive approach towards sexual education so that some of those things that would be taboo in a rural community might get discussed in an urban classroom.
I would venture to say that probably growing up… in a rather progressive suburb, I don’t think that teachers would have been near as hesitant to talk about sex in classes as teachers here… the majority of teachers in our school system would be hesitant to bring sex into their lectures, whether it is a biology class, or whole class, I think they would be hesitant to open up to the kids on a lot of fronts… I know that in this community churches have a great impact on kids and think their fear of this church or that church passing judgment on what was going on in their classroom would slow them down more than anything else.

**How are rural and urban administrators alike?**

The student ratings of a sample of responses showed that the rural and urban administrators were significantly more alike than different. Overall, the rural educators believed that urban and rural administrators were alike in their feelings about sex education for two reasons. The next quotations reflect the views of the educators that administrators in rural and urban areas have common concerns for the well-being of their students. This is very similar to the response to the question of how rural and rural teachers are alike:

You know we all want what is best for kids. There is really no way for me to say if I were in a bigger school would my opinions be different, no because I want what is best for kids. You know, I want them to get their education and get out of school what they are supposed to. If I was in a school of 12,000 kids, it is going to be the same answer. I want what is best for kids. That is why we are all here.

I’d say teachers, probably both urban and rural, would want students to know the consequences as they deal with their life, how it affects their high school career and then college and you know the consequences academically and the also in their life.

Second, the rural educators strongly believed that both rural and urban administrators deal with the issue of community acceptance of whatever decisions are made related to sex education. One administrator expressed it this way:

I think most school administrators will tell you that there is a need for sex education… you can’t just say there isn’t a problem or it doesn’t exist, you can’t ignore it. …I think both administrators in the urban and rural areas will also be a little bit uncomfortable because there is a gray line in there and it is perceived as their school that they have to look over the whole school and they are going to get a little bit nervous about what can be taught and what should be taught and you really have to have a feel for your community.

**How are rural and urban administrators different?**

The rural educators believed that rural and urban administrators were different in their feelings about sex education for three reasons. First, there is a lack of anonymity for administrators in small communities, resulting in more direct contact with community members, students, and parents. This is similar to one of the reasons given for why rural and urban teachers are different. The next passage shows that this was not necessarily perceived as an advantage compared with urban settings:

I think the rural community is different because in an urban setting I think the administrators probably are a lot more anonymous than in the rural community. As a rural administrator you buy your groceries and run into parents at the store where you get gas, where you go to church, in all different settings… You are much more involved in your community as a part of your job and in your daily life and so, you would have to really feel comfortable with what was being taught in your school because you are going to be hit face to face with it a lot more in the rural area than you would in the urban area.
Second, they believed that rural communities are more religious than urban communities and that rural churches present more opposition to school-based sex education, and particularly information about contraception. The following quotation shows the perceived power of the church in rural areas:

Being that we are a rural society, I think the differences here would be you are going to see more of a resistance actually to the contraceptive side of it than you will in the urban areas and most rural societies are religion-based. Religion is very strong and so I think that is where you are going to see resistance because as an administrator sometimes there are areas, you know you don’t stir up a can of worms in a community so that might be a big difference there.

Third, they believed that rural administrators, compared with urban administrators, are more fearful of negative repercussions from parents and school boards over sex education. The following administrator’s views show the perceived power of the community and school board in dictating the sex education policy in rural schools:

I would think in a rural community, it could be job security. You know, you’re in a rural community… let’s take this community right here. You’ve got your board members and everybody knows everybody and you know if the principal at the high school allows this and this and this and you know let’s say that I firmly believe that these values should be taught, so this is the way it is going to be taught but if the community doesn’t see it that way, you know, then it is going to be loss of job security… I would say that would be an extreme measure but yeah, it could lead to that… I know if we even suggested that we were going to pass out condoms say the week of prom, I think we could just about be looking for a new job in a matter of minutes and I would think there were probably some urban districts that might get away with that.

Well my belief is that in rural areas are probably a little more selective or a little more conservative on what they allow their schools to have in it. The inner cities are probably more controlled by the big [school] boards and they allow things because it is wider range of people but the smaller communities are controlled by smaller state of people as far as board and citizens in the town, so I think it would be more conservative.

Discussion

Findings

In the interviews, the rural educators revealed the social and political community identities related to their decisions about school-based sex education. Socially, the rural educators described themselves as more realistic and more knowledgeable about their students’ needs for sex education because they were closer emotionally and had more frequent day-to-day contact with their students inside and outside school. Although they described their decisions as more heavily controlled by the local churches in their rural areas, higher religiosity was not mentioned as a protective factor in the sexual behaviors of rural students by any of the rural educators. None of the educators stated that because their students were more religious they were more likely to abstain from risky behaviors. Urban or rural students abstaining from sexual activity was not mentioned in the interviews.

Even though they felt that they cared about their students as much as or more than urban educators, the rural educators described themselves as more politically constrained in what they could teach related to sex education because of conservative parents, religious groups, and school boards. They felt that they faced more serious
and negative consequences if they taught what was reflective of their values but was not reflective of community values. Finally, they believed that both rural and urban administrators had to place the needs and views of their communities over their own in deciding how to approach sex education, but that the repercussions were more serious if rural educators deviated from community standards.

Limitations

One limitation of this research was that the rural teachers and administrators were grouped under the heading ‘educators’. While it was intentional to provide for a more comprehensive view, the small sample of 15 teachers and nine administrators precluded detailed exploration of the similarities and differences of opinions across the two groups. Future research would be wise to examine further how rural teachers versus administrators perceive the need for school-based sex education.

A second limitation in this research concerns the sample, all of whom were in the United States. The generalizability of this study is limited by its sample of educators from a conservative and rural part of the United States. Not all rural areas are similar. This study needs to be replicated in rural areas in other parts of the United States and in other countries. The four broad guiding questions could be used to replicate this study in other countries. Finally, to obtain a more complete and comparative picture, the study needs to be replicated with interviews with both rural and urban educators.

Practical implications

The practical implication that can be derived from this research is that the following six points regarding rural educators’ community identities may need to be kept in mind when seeking permission to conduct pregnancy-prevention and disease-prevention research in their schools. First, rural educators may see rural and urban teachers as more different than alike. Second, rural educators may strongly believe that there is more community control over the school curriculum in rural areas. Third, rural educators may see their students as just as likely to participate in risky sexual behaviors as urban students, but also more constrained by community, social, and religious controls and supervision. Fourth, both rural teachers and administrators may feel a common bond with their urban counterparts in making the well-being of their students their prime concern. Fifth, the close physical proximity that rural teachers have with their students inside and outside school may be considered an asset, and result in them feeling that they know their students better than do urban educators. And sixth, the close physical proximity that rural administrators have with their students, school boards, community members, and parents may be perceived as a liability, particularly for administrators who feel their decisions are scrutinized by their communities and could lead to the loss of their jobs.

One area in which rural educators, community members, adolescents, and researchers could collaborate is related to the development of prevention curricula. They could work together to develop prevention curricula that are valid for rural adolescents and also meet the needs and reflect the values of rural communities. Such curricula would address the unique characteristics of rural youth and the barriers to preventing pregnancy and diseases, such as geographic isolation, rural poverty, unemployment, lack of anonymity, lack of access to healthcare, and lack of
transportation to needed health services. Owing to common perceptions of reduced risk for youth in rural areas, such a curriculum may need to cover enhanced personal salience for pregnancy and disease, and discourage students discounting their risk because they perceive they live in low-prevalence areas (DiClemente et al. 1993). According to Smith and DiClemente (2000, 441), rural adolescents may be more than twice as likely as their urban peers to be sexually active but they and the adults around them may still perceive HIV/AIDS to be a ‘Big City’ disease that has little salience for them.

Conclusion

This exploratory study was noteworthy because there has been no previous research that has examined rural educators’ community identities and how such identities have influenced their decisions about sex education. Reports of school-based prevention research often include the intervention strategies, the instrument(s) used to gauge effectiveness, the sample sizes employed, and the results (such as changes in students’ knowledge, attitudes, and behaviors or behavioral intentions). Few, however, include detailed descriptions of issues related to recruitment methods used at the district, school, teacher, parent, and student levels. There is a lack of published analyses on the recruitment strategies and negotiations that are involved in gaining permission to conduct studies on sensitive topics in rural schools. The lack of published analyses on recruitment issues, especially involving school or district-level decision-makers, hinders research by limiting knowledge about how to achieve desired participation rates in future intervention and prevention studies. This knowledge needs to be shared in order to help other researchers plan future studies.

One way to gain entrance into rural schools is to begin to understand the community identities that influence rural educators’ decisions. If the researcher understands some of the rural educators’ community values, it may jumpstart a collaborative dialog about how to best protect rural students from the consequences of high-risk sexual behaviors.

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References


