

Tab 1

Inquiry Plan

A Needs Assessment to Address the Challenge of Comprehensive Sexual Health Education Engagement

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Abstract

This needs assessment seeks to identify and examine barriers to participation in Orchard View School's Comprehensive Sexual Health Education (CSHE) program and make recommendations to improve trust, accessibility, and urgency. Using a three year records review, teacher interviews, and student and parent surveys, factors were identified that negatively impact participation and engagement in the CSHE program. Findings reveal challenges in student engagement, school communication, delivery format and accessibility, program transparency, and teacher preparedness. Recommendations are data driven solutions to improve trust and transparency, accessibility and flexibility, student comfort and engagement, and communication.

Introduction

Orchard View School (OVS) is a public, hybrid charter school serving students grades K-12. The school is WASC accredited and offers a-g approved courses to prepare graduates to attend four year university upon completion of high school. Students in grades K-7 attend on-campus classes on Tuesdays and Thursdays, and asynchronous, independent study classes on alternate days. Students in grades 8-12 attend classes on campus Monday, Wednesday, and Friday, and complete asynchronous classes and/or dual enrollment in community college courses on alternate days. Historically OVS has offered Comprehensive Sexuality Education in seventh grade during Science 7 and tenth grade in Physical Education 2 (PE 2). It is delivered through a collaboration with the West County Health and their Teen Clinic that proceeds my employment in 2014. OVS staff that was employed in the years prior to my employment report that there was no longer a teacher who could maintain current training in the changing Comprehensive Sexual Health Education (CSHE) requirements. Although data is difficult to

collect, estimates based on surveys from teachers suggest that approximately 35-50% of the Orchard View School student body highly identifies with a religious organization.

In recent years both Science 7 and PE 2 have transitioned to hybrid courses. PE 2 has two components: movement and written assignments that include California State required health and wellbeing standards. All students complete written assignments and submit into a Google Classroom. Students can satisfy their movement requirement by taking a PE class on campus and/or through logged activities occurring outside of class time on Mondays, Wednesday, and Fridays. As a result, there is not a “class” where all tenth grade students would be available for in-person CSHE. Therefore, CSHE has been offered via a series of three zoom classes after lunch on Fridays when time is reserved for Student Council, clubs, and presentations. This year Science 7 has transitioned to a flipped classroom where students do assignments asynchronously in preparation for a weekly lab class offered on campus. Therefore, seventh grade CSHE transitioned to a three session zoom offering. CSHE has had low attendance for both middle and high school students; additionally, when parents were notified that the seventh grade students would transition to zoom delivery of CSHE they expressed concerns both with attendance and comprehension. This needs assessment will evaluate the needs of a Comprehensive Sexual Health Education program focusing on the delivery method’s impact on accessibility and attendance for seventh and tenth grade students.

Background

The benefits of a well delivered Comprehensive Sexual Health Education curriculum is not limited to improved outcomes for student sexual behaviors, but also addresses HIV prevention and positive relationship behaviors (California School Health and Safety, 2023). Positive outcomes for students who participate in these programs include choices to delay

sexual intercourse, fewer partners, and better use of sexual protection (Center for Disease Control, 2024). Unfortunately, attendance in the OVS Comprehensive Sex Health Education program has been low, with approximately 50%-70% of seventh and ninth grade students opting out of the program. Higher percentages of seventh grade students have opted out than ninth grade students every year since 2018-19. Additionally, every year since 2018-19 attendance to the program declines each subsequent day of the program's series. This is true for the series offered in-person and live zoom and in both grades. These patterns of decreased participation throughout the series, along with comments collected from parents concerned with changes in the program, suggest that OVS can improve student participation in the CSHE program and improve sexual health outcomes of students. Historically, OVS staff has operated under an assumption that students with strong religious affiliations would not attend CSHE. However, a survey of students on my caseload demonstrated that, although 43% highly identify with a religion, only 25% would opt out of CSHE regardless of delivery method. Additionally, patterns of decreasing participation throughout the three sessions of the series suggest a dissatisfaction with the program itself. This needs assessment aims to determine how a CSHE program can be delivered in order to increase accessibility and attendance for all students.

Inquiry Plan

Orchard View School has not established an evidence based approach to evaluating student and parent satisfaction with the delivery of the Comprehensive Sexual Health Education program. The needs of the program have not been evaluated, rather assumptions of the belief systems of the population have been used to justify poor attendance of the program. The purpose of this inquiry is to conduct a needs assessment of the Comprehensive Sexual Health Education program at Orchard View School that includes input from students, families, and

teachers with an emphasis on a delivery method that will increase accessibility and attendance for all students.

Inquiry Questions

The following questions attempt to expose the root causes of the lack of participation in the Comprehensive Sexual Health Education program at Orchard View School. Feedback was solicited from students, families, and teachers.

1. What are the barriers preventing students from participating in the Comprehensive Sexual Health Education program at Orchard View School?
2. How do students and parents perceive the relevance and effectiveness of the Comprehensive Sexual Health Education program at Orchard View School?
3. What method of delivery is most accessible and engaging for seventh and tenth grade students in a Comprehensive Sexual Health Education program?

Literature Review

Comprehensive Sexual Health Education (CSHE) programs are important in more ways than reproductive wellbeing. They encompass physical, psychological, and social well being of adolescents. CSHE aren't limited to prevention of sexually transmitted infections and unwanted pregnancy, effective programs address emotional wellness and inclusive, informed social environments. In their brief report *Comprehensive Sex Education: Holistic Approach to Biological, Psychological and Social Development of Adolescents*, Fernandes and Junnarkar (2019) find that CHSE programs are linked to delayed initiation of sexual activity, increased contraceptive use, improved self esteem, and decreased depression among teens. Their findings align with California public health goals and reinforce the validity of

comprehensive-based approaches. Fernandes and Junnarkar (2019) also find that overwhelmingly research suggests that CSHE programs decrease sexual activity more than abstinence-only programs do. Additionally, in their article *Sex education amongst recent high school graduates* Mollen et al (2024) found that high school graduates who received an abstinence-only sex education had fewer sex positive beliefs and significantly lower sexual health knowledge. They also were less prepared to navigate sexual relationships. On the other hand, graduates who received CSHE programs reported greater sex positivity, more sexual health knowledge, and were more confident in managing their sexual health. Despite this, student engagement with CSHE programs is low, which is the case at Orchard View School.

Barriers to participation

Despite general agreement on the value of comprehensive sexual health education for adolescents, many students are disengaged or opt out of their school programs. Some of the challenges to participation seem to occur at the classroom level. In *What do young people think about their school-based sex and relationship education? A qualitative synthesis of young people's views and experiences* Pound et al (2016) found that many students feel exposed, judged, or embarrassed during sexual education classes. This may be especially uncomfortable to students when delivered in a mixed gender classroom or when the teachers themselves feel uncomfortable. Under these circumstances many students do not engage with the curriculum and may remain quiet, increasing the culture of disengagement within the class. At Orchard View School even students who have not opted out of the curriculum are less likely to attend on subsequent days. In addition to student discomfort within the classroom environment Hurst et al (2024) examined family political persuasion and parents' level of religiosity as factors of influence for participation in CSHE. They found that, although most parents support the CSHE

content, those families who are conservative political views and highly religious showed the least support.

Relevance and Effectiveness

Both students' and families' perception of the relevance and effectiveness of a comprehensive sexual health education play a critical role in their participation in the program. When Pound et al (2016) synthesized international findings they discovered that young people often describe school-based sex education as disconnected, uncomfortable, or overly clinical. Students report being frustrated by the lack of a real world applicability. Fernandez and Junnarker's (2019) research suggests that students who perceive CSHE as beneficial have positive outcomes in retention and relationships skills, but when content feels out of touch, student disengagement decreases significantly. Taken together these studies suggest that an irrelevant or uncomfortable CSHE program not only has lower participation, but fails to have the positive outcomes educators seek for those students who do take part in the program. Pound et al (2016) also found that students felt that sex education programs were disconnected from the teen experience. Specifically, adolescents felt that sex education was performative rather than meaningful, specifically in that it can be overly biological and focused on negative consequences. This lack of relevance is reported by LGBTQ+ students in the Gowen and Winges-Yanez (2014) study who felt frustration with heteronormative assumptions in most curriculum leaving them questioning the applicability to their own lives. This study reinforced the importance of affirming delivery.

Delivery Methods

In hybrid learning environments such as Orchard View School, the delivery method of a comprehensive sexual health education program likely has significant implications for student

access and engagement. Based on significant research that suggests that many students don't participate in CSHE because of discomfort, I initially believed that a virtual option may be the preferred delivery method for students. However, my research didn't support this. Instead the Pound et al (2016) study suggest that students prefer discussion-based approaches. Students prefer small discussion groups, trusted instructors, and the opportunity to ask anonymous questions. Specifically in California rural charter high schools, Berglas et al (2025) found that in well developed in person CSHE that was interactive, led by well trained facilitators, and was easy to attend within the school day resulted in 92% participation. Their research suggests that if data driven strategies are used and taken in the school context, particularly hybrid schools like OVS, in person programs are perceived as safe, trustworthy and worthwhile for students.

Taken together this research suggests that a well designed CSHE program can engage most of the school population, improving student sexual health outcomes.

Methodology

Stakeholders to this inquiry plan include students, parents/families, and teachers. Data was collected from all stakeholders in order to comprehensively evaluate the needs for a Comprehensive Sexual Health Education initiative.

Participants

Participants in the study were inclusive and included students, families, and teachers.

Students

Data was collected from students in order to identify barriers to engagement, perceptions, and potential methods of delivery. There were two subgroups: middle school students and high school students. The middle school subgroup include 8th and 9th grade

students who were offered CSHE the previous school year. The high school subgroup will include students who were offered CSHE the previous school years. Data were collected from these students through surveys during orientation week.

Parents

Data was collected from the families of middle school and high school students. Since parents complete the opt out form it's likely that some of the root causes of low engagement lie with the families of OVS students. Family data were collected from these families through surveys during orientation week.

Teachers

At OVS students and families work with the same Teacher of Record for several years and develop trusting relationships with them. Teachers have insight into barriers that have been shared with them throughout the years that families and students may be hesitant to bring up in an interview, focus group, or survey. Additionally, CSHE teachers have information on any issues brought up in class and scheduling/opt out forms. Data was collected from OVS Teachers of Record and CSHE teachers through one to one interview questions.

Question and Procedure Matrix

Inquiry Question	Information Required to Answer	Source of Information (Audiences to Provide Information)	Data Collection Strategy or Strategies	Importance of Question
What are the barriers preventing students from participating in the Comprehensive Sexual Health Education program at Orchard View School?	Student and family concerns that lead to CSHE opt out and declining attendance, such as conflicts, comfort, concerns/objections, and access issues.	Students (both middle and high school), parents and families of middle and high school students, teachers (both teachers of record and CSHE teachers).	Records of opt outs and attendance. Short interviews and/or focus groups with families, students, and teachers. Wider surveys of parents and students.	Understanding barriers to engagement is required in order to design an initiative that all students can and will access. This will inform communication, scheduling, and delivery and increase engagement.
How do students and parents perceive the relevance and effectiveness of the CSHE program at OVS?	Student and family perceptions on the relevance of the content and the effectiveness of its delivery. This includes the program's perceived importance, impact, quality of instruction, and inclusivity.	Students (both middle and high school), parents and families of middle and high school students, teachers (both teachers of record and CSHE teachers).	Short interviews and/or focus groups with families, students, and teachers. Wider surveys of parents and students.	Students and their families will not prioritize engagement in the CSHE initiative if they do not perceive that it is meaningful and worth prioritizing. Using perception in initiative design will increase participation and satisfaction, increasing engagement.
What method of delivery is most accessible and	Opt-out and attendance data for different types of delivery (in-person,	Students (both middle and high school), parents and families of	Records of opt outs and attendance. Short interviews and/or focus	The method of delivery will impact student participation,

engaging for seventh and tenth grade students in a CSHE program?	zoom). Teachers reported engagement levels for different types of delivery (in-person, zoom). Parent and student preferences and concerns about format types (in-person, zoom, asynchronous).	middle and high school students, teachers (both teachers of record and CSHE teachers).	groups with families, students, and teachers. Wider surveys of parents and students. Interview with CSHE teachers regarding student engagement in each delivery method.	engagement, and access to the CSHE initiative.
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Data Sources and Instruments

The data and instruments described below were used to collect data that represents all stakeholders.

CSHE Teacher Interviews

The [Comprehensive Sexual Health Education Teacher Interviews](#) consisted of structured interview questions asked of Orchard View School teachers in two categories. Teachers were either a Teacher or Record for students offered CSHE or were teachers who had hosted CSHE in their classrooms. The purpose was to gather insight into barriers to participation, preferences in delivery format, communication effectiveness, and teacher confidence in discussing CSHE with students and families. Their insight was used to inform additional instruments, including family and student surveys. Interviews were approximately 25 minutes long and included 5 minutes for teachers to write a summary of their responses. Ten teachers of middle school and/or high school students were invited to participate in the interview and five responded. Three had previously hosted CSHE in their classroom and all five were Teachers of Record for students who were offered CSHE within the last 10 years at OVS.

CSHE Records Review

The [Data: Participation in Comprehensive Sexual Health Program](#) collected quantitative data consisting of student opt out forms and daily attendance for Orchard View School's Comprehensive Sexual Health Education program over the past three school years. Separate data were collected for middle school and high school students. The purpose was to evaluate patterns related to delivery method and overall participation, including an abandoned program. Data from all seventh grade and tenth grade students enrolled during the period of time when the CSHE program was offered were collected and evaluated. This includes a total of 64 middle

school students over three years, and 76 high school students over three years. No students were excluded.

CSHE Family Survey

The purpose of the [Comprehensive Sexual Health Education Family Survey](#) was to collect feedback from the families of Orchard View School students after they were offered and/or participated in the CSHE program. The survey asked families if they participated in CSHE, program strengths and areas of improvement, perceptions of content and delivery, and communication. If families opted out it seeks to illustrate why. The survey also sought feedback for improving access and engagement for students.

CSHE Student Survey

Surveys will be given to middle and high school students, including current 7th and 10th grade students and students who have previously been offered the CSHE program. It will include 8-10 Likert scale questions and 2-3 short answer responses. Questions will explore participants' barriers to engagement, perceptions of the program relevance and effectiveness, and preferences of delivery method. The purpose is to determine root causes for opting out of CSHE and inform communication strategies and delivery methods that may improve engagement.

Procedures

Teachers were invited to participate in interviews based on their experience as a Teacher of Record for middle and/or high school students and/or their experience as a classroom host during Comprehensive Sexual Health Education. Interviews were conducted individually following the standardized series of questions during 15-20 minute interviews. Teachers were given five minutes at the end of the interview to type a summary of their response. The

interviewer took notes during each interview and, along with the typed responses, summarized the responses and reviewed for themes in the areas of barriers, delivery preference, communication, and teacher confidence.

The family and student survey link was shared with all students and families of 8th-12th grade students who were eligible to be offered CSHE in 7th or 10th grade during orientation via QR code and via a link sent through email. Students and families were ensured their responses were confidential and were asked to submit one form for middle school and one form for high school if they or their child(ren) were eligible to participate in both. Twenty-eight family responses have been received representing approximately 25% family participation in the survey. Thirty-eight student responses have been received, representing approximately 32% student participation in the survey.

Results

Data collected for this needs assessment includes both quantitative and qualitative. Quantitative data from the CSHE records review of opt out and attendance forms were compared across delivery methods for both middle school and high school classes. Scaled responses on both surveys were counted and assigned percentages in order to determine trends. All quantitative data will be analyzed and summarized.

Qualitative data came from interviews. Data was categorized into barriers to participation, preferences in delivery format, communication effectiveness, and teacher confidence in discussing CSHE with students and families. This data was summarized and includes representative quotes to illustrate findings.

Data was analyzed for themes and potential barriers will be discussed in the context of the three inquiry questions.

Findings

CSHE Teacher Interview Findings

Responses were summarized in the [Comprehensive Sexual Health Education Teacher Interview summary](#). Seven teachers were invited to interview. Five teachers were interviewed. Three of the teachers were previous or current CSHE classroom hosts, two others were Teachers of Record with at least ten years experience working with students and their families through weekly meetings.

Teachers reported that many of their high school students participated in CSHE but that few of their middle school students participated. Teachers identified reasons for opt outs that included religious beliefs, low perception of importance or relevance, conflicts with other activities, and lack of familiarity with the presenter.

Feedback on the method of delivery varies widely. Although zoom was viewed as accessible, it was easy for students to forget. In person options may be preferred, however they are difficult to schedule at a time that is convenient for most of the students due to the hybrid nature of the school.

Teachers reported a lack of familiarity and comfort with discussing the CSHE program with families and students and requested support such as talking points, scripts, summaries, and improved access to materials. Additional suggestions included makeup offerings, virtual offerings, and integrating the program into existing courses through Google Classroom.

CSHE Records Review Findings

Middle school participation has been consistently low over all three years analyzed. In 2022-23 a majority, 61.5%, of the class opted out of the CSHE program. Less than 20% participated in the program, with declining daily participation. In 2023-24, 42.8% of the class

opted out of the CSHE program. Actual participation dropped from 28.5% on day one to 9.5% on day two. Both of these programs were delivered in class with a trained professional and the class teacher present. In 2024-25, the most recent year, the CSHE program was offered in a live zoom format after abandoning a virtual option. Only 12% of the students opted out, however less than 12% actually participated in the program. Families do not seem to follow through with the opt out form or participation.

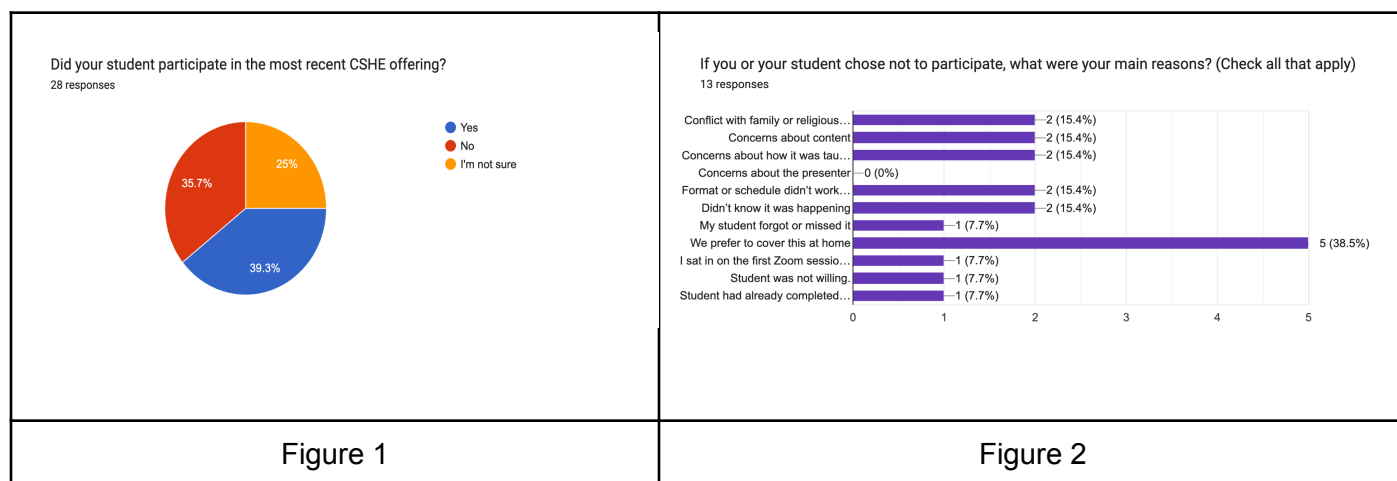
High School CSHE was delivered in a live zoom format all three years. In 2022-23, 39% of the class opted out of the CSHE program and participation declined from 35% to 17%. In 2023-24, 21% of the class opted out of the CSHE program. Participation increased from 25% on day one to 29% on day two. In 2024-25, the most recent year, 16% of the students opted out and participation again increased from 32%-36% throughout the program. The abandoned virtual option had fewer opt outs, only 8% of the class.

Opt out rates are consistently high, especially in middle school CSHE. Middle school participation drops significantly throughout the course of the program. Fewer opt out forms were received for the abandoned virtual program in both middle and high school cohorts. The most recent year's data for middle school suggests that families may not value participation and opt-out form completion for CSHE.

CSHE Family Survey Findings

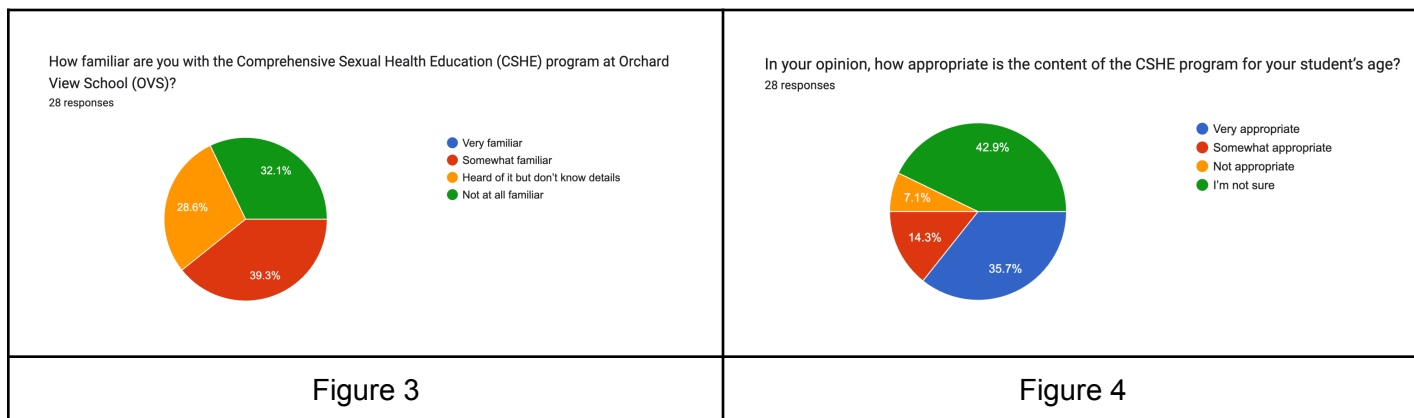
Of the responses received, 53.6% were from families of high school students and 46.4% were from middle school, with one family responding for both cohorts. Approximately 39% of responders had students who attended the Comprehensive Sexual Health Education program. Approximately 36% of responders opted out of CSHE, and an additional 25% were unsure (figure 1). For those families who opted not to participate in CSHE, one area of concern was the conflict between CSHE content and family values: five families representing 38.5% of those

responses chose “We prefer to cover this at home” as a main reason for not participating. An unduplicated respondent chose “Conflicts with family or religious values”. Two respondents chose “Concerns about content”, two more chose “concerns about how it was taught”, and an additional respondent said, “I went to the first zoom ...it was just far too advanced for our student.” A second area of concern for non-participating families addresses the format, schedule, and communication. Two respondents said “Format or schedule didn’t work for us”, two families said that they “Didn’t know it was happening”, and one said “My student forgot or missed it”. Taken together 5 unduplicated respondents suggest concerns with the format, schedule, or communication (figure 2).

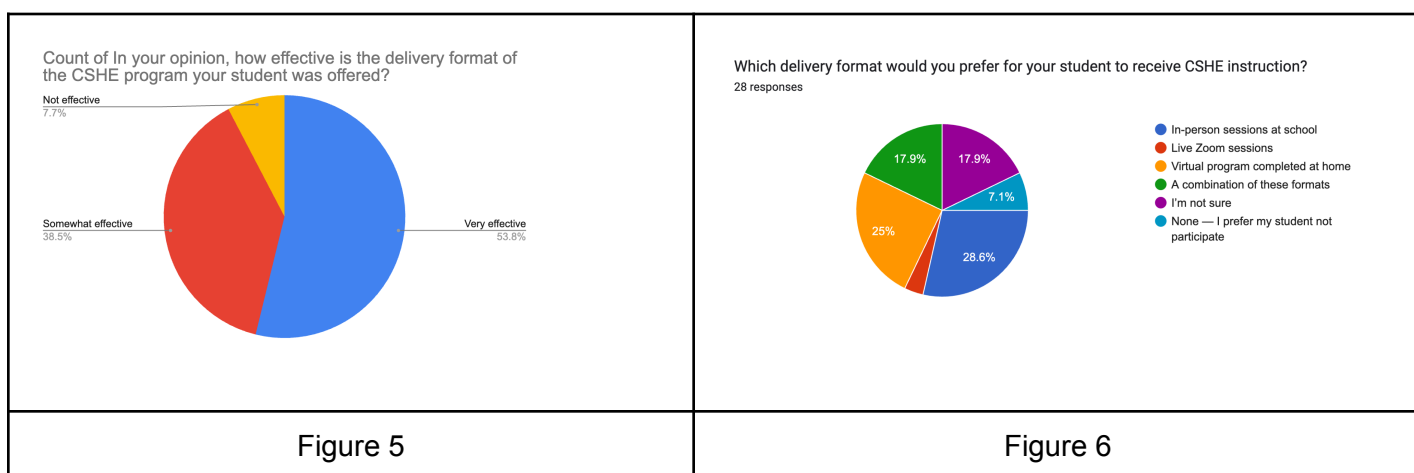


In terms of family understanding of the program, no respondents were very familiar with the CSHE program. Approximately 39% were somewhat familiar, 29% had heard of it, but didn’t know details, and 32% were not familiar at all (figure 3). The lack of clarity and communication continues to be demonstrated when families were asked how appropriate the CSHE program is for their student. Approximately 43% of respondents answer that they are not sure. Approximately 36% believe the content is very appropriate. Approximately 14% believe it is

somewhat appropriate and 17% report that they believe that the content is not appropriate (figure 4).



Ignoring respondents that didn't participate in the program, the majority (53.8%) found the CSHE program to be very effective. An additional 38.5% said it was somewhat effective, while 7.7% said that it was not effective (figure 5). Suggestions for delivery format were split with approximately 29% suggesting in-person sessions at school, 25% suggesting a virtual program completed at home, only one family suggested live zooms from home which is the current delivery format. Additionally, almost 18% suggested a variety of program delivery formats (figure 6).



Strengths reported by respondents include that the CSHE program covers important topics (42.9%), encourages open communication (39.3%), and that it's delivered by trained professionals (28.6%). Approximately 18% reported appreciating the flexibility for different schedules (figure 7). When asked about concerns of the current CSHE programs, 14% reported that the content is too advanced or inappropriate and 10.7% reported a religious or cultural conflict in the curriculum (figure 8). When asked about suggestions to improve the CSHE programs, 32% replied that they are happy with the program. Suggestions included the ability to preview the curriculum in advance (39.3%) and access to makeup sessions (21.4%). Approximately 14% of respondents suggested both an in-person option and a presentation by an OVS teacher (figure 9). Only 32.2% of respondents reported that CSHE was of moderate or high academic value. 82.1% of responders indicated that email reminders would be the preferred method of communication.

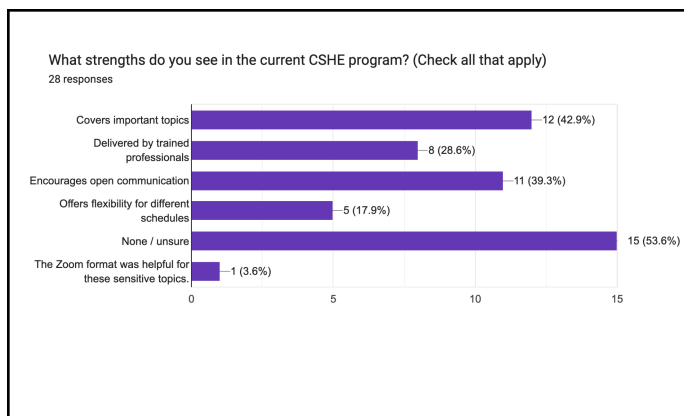


Figure 7

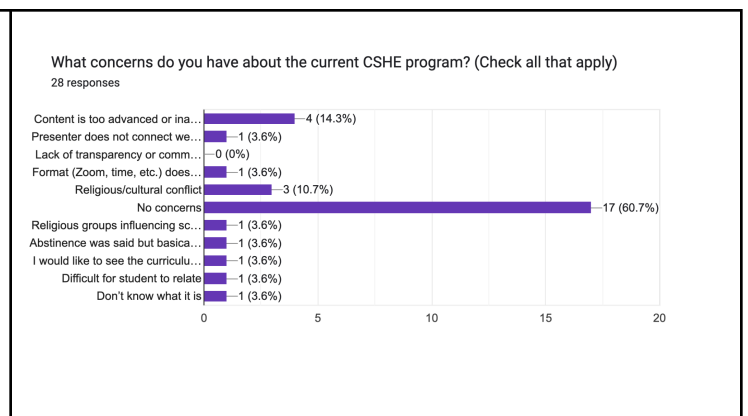
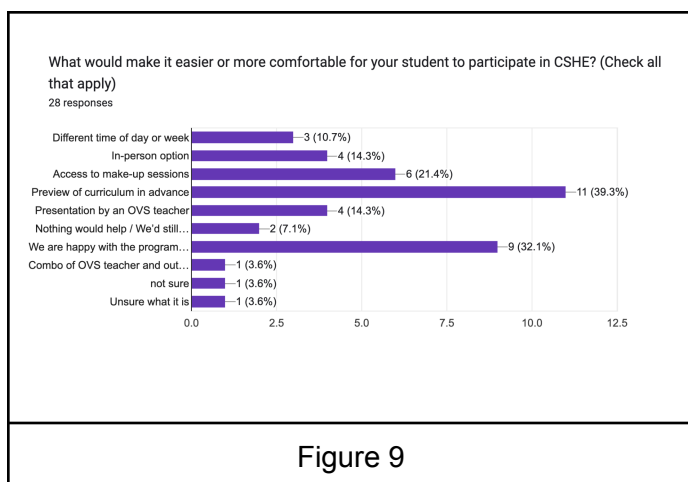


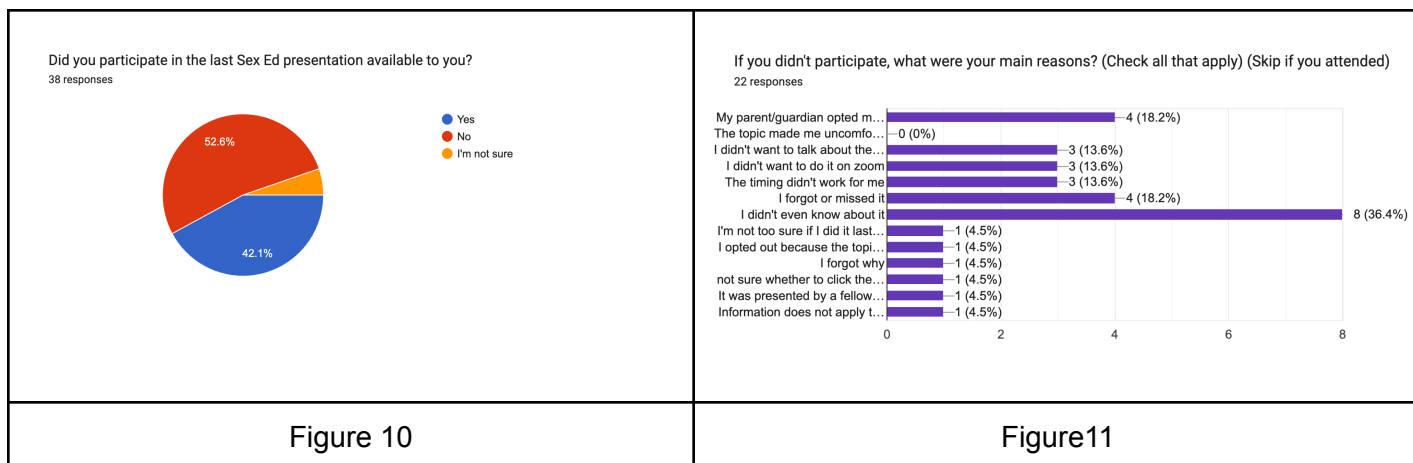
Figure 8



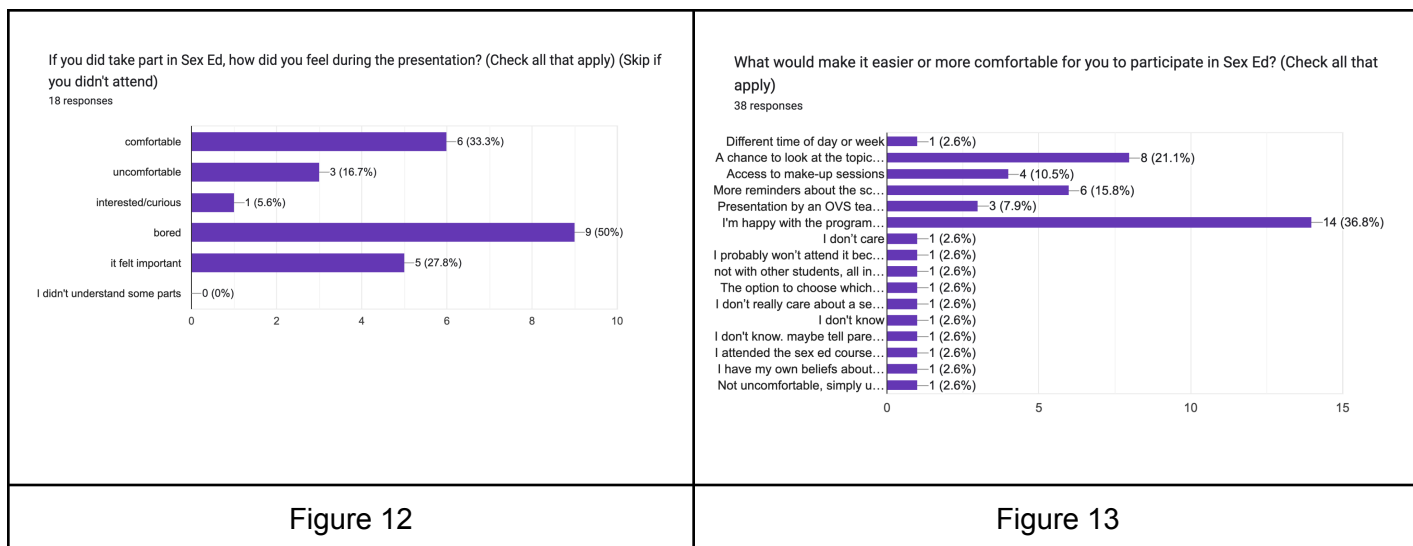
CSHE Student Survey Findings

There are approximately 125 students currently enrolled in grades 8-12 at OVS.

Thirty-eight student responses were received. Only one response received was from the 8th grade cohort. Comprehensive Sexual Health Education is offered in 7th grade and 10th grade. Of the student respondents 42.1% did participate in the last CSHE program offered to them, and 52.6% did not take part in the last CSHE program offered to them (figure 10). Of those who did not participate, a significant amount reported communication issues: 36.4% of student respondents replied that they did not know about it, while another 18.2% responded that they forgot or missed it. A second category was the format and schedule: 13.6% reported not wanting to do the program on zoom, and another 13.6% reported that the timing didn't work out. Approximately 18% of student respondents were opted out by their parent or guardian. However there is a category of comfort: 13.6% of respondents reported that they didn't want to talk about the topic with their class, 4.5% were uncomfortable with the peer educator, 4.5% reported that they'd rather talk about the topic with their mom, and 4.5% reported that they were uncomfortable telling their mom that they needed to join the zoom CSHE program so missed it intentionally (figure 11).



For those students that did attend the CSHE program, 93.8% of student respondents reported that the sessions matched what students your age needed to know very well or somewhat well, while the remaining students reported that they did not know. When asked how they felt during the CSHE program 50% of respondents reported to feel bored. Approximately 28% reported that they felt the material was important, while only 1 student reported being interested or curious. More students reported feeling comfortable, 33.3%, than uncomfortable, 16.7% (figure 12). When students were asked to choose a preferred delivery method, responses were evenly distributed between in-person, live zoom, virtual lessons at home, and a combination of formats. When students were asked what would make it easier or more comfortable for you to participate in CSHE, 36.8% responded that they were happy with the program as it is. Additional responses included a chance to look at the topics beforehand, more reminders about the schedule, access to makeup sessions, and presentation by an OVS teacher (figure 13).



Limitations of Study

The needs assessment of the challenges of the Comprehensive Sexual health Education program at OVS did have some limitations. The first was the response rate of the family and student surveys. Although all families and students were invited and encouraged to participate in the survey during orientation week, approximately 25% of families, 32% of students and 71.5% of teachers volunteered to participate. The incomplete response rates limit how representative the responses are. Additionally there was limited response from middle school students, therefore the results are not representative of the middle school cohort. Only 5 of 7 teachers participated in the teacher interviews. Direct observations of CSHE sessions were unable to be conducted, limiting opportunities to collect data on curriculum and student engagement.

Data from all teachers, students, and families was self reported and was collected between months and years after the CSHE program. This means that factors such as memory and comfort level may have influenced interview and survey responses.

Teacher interviews suggest that some families do not complete the opt-out form for CSHE. Although attendance for the sessions are accurate, the incomplete opt out forms makes it difficult to determine whether or not student non-participation was intentional or accidental, perhaps the result of ineffective school communication on the date and time of program delivery.

Finally survey results suggest that one barrier to the success of the CSHE program is a religious or cultural conflict in the curriculum present in the CSHE program. This aligns with the literature review that suggests that students from politically conservative or highly religious families are more likely to opt out of Comprehensive Sexual Health Education programs. OVS does not collect this demographic data which limits the ability to analyze subgroup differences and limits the accuracy in understanding barriers.

Discussion

Inquiry question 1: What are the barriers preventing students from participating in the Comprehensive Sexual Health Education program at Orchard View School?

The first barrier to participation falls into a category that includes both the CSHE delivery format and current schedule. Family and student surveys suggest that no single delivery format meets the needs of most of the students, but the current in-person zoom format is the least preferred by both families and students. Only 13.2% of student respondents preferred the live zoom format, and only 3.6% of families preferred the live zoom format. This barrier could be addressed by offering an alternate format with a virtual means to make-up the sessions when it's convenient for families. Additionally, family and student surveys report that the live zoom format, as it is currently scheduled outside of typical class hours, was easy to forget. Student surveys reported that 18.2% of student respondents said that they forgot or missed it. Family surveys report that 14.3% of non-participating family respondents cited the format or schedule

as the reason why their student did not attend. While an additional 7.1% reported that their student forgot or missed the session. This could be addressed by including the CSHE sessions within class time. Finally 24.1% of families surveyed cited access to make-up sessions as a means to increase student participation, suggesting that their student would take part in the program if they had a means to access the curriculum. Research suggests that one barrier to participation is student discomfort, and this was suggested during teacher interviews as well. This may be a contributing factor to the high occurrence of students feeling bored in the sessions. My research suggests that group discussion improves student discomfort, however the low participation in the CSHE sessions may make this strategy difficult. Increasing participation overall may improve student boredom and discomfort.

A second barrier is effective communication between the school and families and students. Thirty-six percent of non-participating students report that they did not know that the CSHE program was happening. Regardless of if the messaging occurred, it was not received, and parents overwhelmingly identified email as the preferred method of communication. As discussed above, student surveys suggest that 18.2% of students did not attend because they forgot or missed the session, suggesting that frequent reminders could improve participation. A records review of opt-out forms submitted versus actual participation suggests weak communication. Across multiple years the number of students that opted out of the program was significantly lower than the number of students who actually did not attend. There are several possible explanations for this including not being aware of the program, not being aware of the need to opt-out, and missing or overlooked program reminders. All of these factors indicate ineffective communication. Finally Teachers of Record interviews suggest that some ToRs are uncomfortable discussing CSHE and/or requested scripts or summaries to answer family questions about CSHE, suggesting the potential that Teacher of Record may directly or

indirectly avoid communication with families about the program. Improving teacher knowledge of the program could positively affect this barrier.

The third barrier identified includes conflicting family values and discomfort with the content. This includes concerns with the presentation and presenter that may be addressed in the recommendations. Of the non-participating families surveyed, 38.5% stated that they prefer to teach the topic at home. Another 14% of non-participating families surveyed reported that the CSHE program was advanced or inappropriate for their students. Only 18.1% of non-participating students surveyed cited not wanting to talk about CSHE with their class or discomfort with a peer educator on zoom. Additionally 39.3% of non-participating families cited access to preview the curriculum in advance as the action that would make them comfortable to allow their student to participate in the CSHE program. This suggests that there is an opportunity for the school to improve family comfort by allowing families to access the material prior to the CSHE program. Since Teacher of Record interviews identified parent hesitation with the presenter, and family surveys suggest that 17.9% of families surveys would appreciate an OVS teacher to present or co-present the CSHE program, additional trust may need to be built between families and the presenter.

The final barrier is the perceived relevance and importance of Comprehensive Sexual Health Education. Only a third of students surveyed who participated in the CSHE program cite that the program felt important (27.8%) or they felt interested/curious (5.6%). In fact the most commonly cited feeling for students who participated was bored (50%). Declining participation throughout sessions of the CSHE program identified in the Records Review may be a result of low perception of relevance or engagement, however, it may also be an effect of other factors such as discomfort.

Inquiry question 2: How do students and parents perceive the relevance and effectiveness of the Comprehensive Sexual Health Education program at Orchard View School?

Student and parent perception of the relevance of the CSHE program is mixed. While 50% of student responses from those who attended the CSHE program reported feeling bored, 33.5% felt it was either important or felt interested or curious. This suggests that some students felt bored and still felt the program was relevant. Low numbers of students in the presentations may account for participant disengagement. Feedback from family surveys was also mixed, but suggests that families lack sufficient information to judge the relevance of the program.

Strengths reported from participating and non-participating families report that 42.9% believe that the program covers important concepts and 39.3% believe that it encourages open communication. However 53.6% reported strengths as none/unsure indicating that improvements in communication about the curriculum is necessary. Family surveys were also mixed when reporting academic value of the CSHE program with 28.6% of family respondents identifying academic value as high, 25% identified it as extra-curricular, and the most, 35.7% responding that they are not sure of the academic value. This again supports the lack of sufficient information communicated to the families.

Students and families who attended the CSHE program evaluated its effectiveness highly. Although 50% of students who attended reported feeling bored, 93.8% of them also reported that the contents matched very well or somewhat well with what students their age needed to know. Family surveys for students who participated reported that the CSHE program was very effective (53.8%) or somewhat effective (38.5%), while only 7.7% of attending families rated the program as not effective. Although many of these families already see the value of the CSHE program, this data demonstrates that most students and families believe the program to be effective.

Inquiry question 3: What method of delivery is most accessible and engaging for seventh and tenth grade students in a Comprehensive Sexual Health Education program?

Based on data collected from parent and student surveys and teacher interviews, there appears not to be a single delivery method preferred for the majority of students. Looking specifically at accessibility, data suggests that a live zoom format is the least accessible. Student respondents who prefer live zoom sessions were 13.2%; family respondents who prefer live zoom sessions were 3.6% of responses. This is likely the result of the need to schedule sessions when students are not already in class, and therefore conflicts with their independent study time or other academic activities. Parent, student and teacher feedback suggests that students have conflicting events and/or easily forget the scheduled zoom, and 21.4% of family respondents identified access to makeup sessions as a way to improve participation. Family surveys report that approximately 29% of family respondents prefer in-person sessions at school.

The current live zoom delivery is also boring according to 50% of student responders who attended the sessions. This lack of engagement is supported by the decline in attendance that commonly occurs in subsequent sessions. This was also recorded in a teacher interview who said that in-person classes have higher engagement but are harder to schedule in the hybrid environment of OVS.

Recommendations

This needs assessment identifies several barriers to participation in the Comprehensive Sexual Health Education program at Orchard View School. Based on surveys from students and families, teacher interviews, and a records review it is clear that improvements can be made in

the areas of CSHE session engagement, school communication, delivery format and accessibility, program transparency, and teacher preparedness. The following recommendations seek to address barriers in these areas and improve the participation and effectiveness of the Comprehensive Sexual Health Education program.

In order to improve student engagement and reduce boredom the CSHE curriculum must be reviewed to ensure developmentally appropriate content and pacing that maintains student interest. It should also be evaluated to ensure interactive components, and case studies and scenarios that students can discuss in small groups. Improving student participation in the program will also contribute to the liveliness of the class discussions.

Communication between school and home will be through email, Teacher of Record, newsletter, and Google Classroom with an emphasis on email since it was the overwhelmingly preferred method of communication for families. Program dates, delivery method, session outline, opt-out procedure, and make-up procedures will be clearly explained. Communication will begin a month prior to CSHE program dates and reminders will be sent weekly beginning the week prior to the program start and throughout the program itself. Teachers of Record will be prepared to accurately and confidently communicate with students and families prior to the release of the first email a month before CSHE begins.

CSHE will be offered during class hours. Students who do not attend that on-campus class will be invited to join for the session dates a month prior. Virtual and asynchronous make-up options will be available weekly to ensure that students who are unable to attend on-campus sessions can still participate.

The presentation outlines, learning objectives, and lesson slide show will be sent out in the initial communication and all communications throughout the CSHE sessions. West County

Health will be introduced, and the presenter bio will be included in the communications to ensure transparency and build trust. Alignment to the California standards will be emphasized.

Finally, Teachers of Record will receive all materials that will be sent to families prior so that they are informed before families have questions. Professional development during the staff meeting prior will provide an opportunity for teachers to review content and ask questions. West County Health will be invited to increase collaboration, build relationships, and increase transparency. Teachers will be supported with scripts and FAQs by school administration. By addressing the barriers to participation, OVS will provide a pathway to improved participation and engagement in the Comprehensive Sexual Health Education program

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Appendices

Appendix A

Instrument 1: Teacher Interview

Purpose: Teachers have historical knowledge and a breadth perspective that allows them to see how the **Comprehensive Sexual Health Education** program fits into student short and long term goals. Feedback from teachers may help inform the questions included on the student and family survey **Comprehensive Sexual Health Education**. Answers are confidential.

Questions:

1. Do the students you have served at OVS take part in middle school Comprehensive Sexual Health Education (Sex Ed), high school, or both?
2. Have you been a teacher in charge during the Comprehensive Sexual Health Education (Sex Ed) presentation in the last 10 years?
3. What do you believe are the main reasons that students and/or families choose to opt out of the CSHE program? *Identify barriers and/or assumptions.*
4. Can you think of any specific concerns or feedback that students and/or parents have given about the delivery method, format, or content of the CSHE program? (Note to explore all three). *Identify any concerns, perhaps sensitive ones, regarding the relevance or trust worthiness of the program.*
5. Can you identify times of the year, days of the week, times of the day, or format (zoom hybrid, in person) that would make the CSHE program more difficult for students and/or families? *Identify issues of accessibility and engagement.*
6. Do you feel confident about discussing the CSHE program with students and families? What support could help you feel more comfortable discussing the program with families? *Identify gaps in communication and support for the CSHE program within our own system.*
7. Can you think of anything else we should consider when revising the program to help us better meet the needs of students and families? *Gather recommendations, possible solutions, and insight.*

Appendix B

11/24/25, 9:19 PM

Comprehensive Sexual Health Education Student Survey

← Preview mode

✓ Published

🔗 Copy responder link

Comprehensive Sexual Health Education Student Survey

Please complete the 5 minute CSHE student survey. Your responses are confidential.

* Indicates required question

Email *

☐ Record oyaconelli@gmail.com as the email to be included with my response

What grade are you in? *

- ☐ 8th
- ☐ 9th
- ☐ 10th
- ☐ 11th
- ☐ 12th

Did you participate in the last Sex Ed presentation available to you? *

- ☐ Yes
- ☐ No
- ☐ I'm not sure



<https://docs.google.com/forms/d/10fbyPHnpfsXrP0rxQzmIKC1MiTL3VuFu-LhKo-wuP1M/>

1/5

...

If you didn't participate, what were your main reasons? *(Check all that apply) (Skip if you attended)*

- ☐ My parent/guardian opted me out
- ☐ The topic made me uncomfortable
- ☐ I didn't want to talk about the topic with my class
- ☐ I didn't want to do it on zoom
- ☐ The timing didn't work for me
- ☐ I forgot or missed it
- ☐ I didn't even know about it
- ☐ Other:

...

If you did take part in Sex Ed, how did you feel during the presentation? *(Check all that apply) (Skip if you didn't attend)*

- ☐ comfortable
- ☐ uncomfortable
- ☐ interested/curious
- ☐ bored
- ☐ it felt important
- ☐ I didn't understand some parts



If you attended, how well do you think the sessions matched what students your age need to know? *(Skip if you didn't attend)*

- ☐ Very well
- ☐ Somewhat well
- ☐ Not well
- ☐ I'm not sure

Which delivery method would you prefer for learning about sexual health at school? *

- ☐ In-person lessons
- ☐ Live Zoom lessons
- ☐ Virtual lessons at home
- ☐ A combination of these formats
- ☐ I don't know



What would make it easier or more comfortable for you to participate in Sex Ed? *(Check all that apply)* *

- ☐ Different time of day or week
- ☐ A chance to look at the topics beforehand
- ☐ Access to make-up sessions
- ☐ More reminders about the schedule
- ☐ Presentation by an OVS teacher
- ☐ I'm happy with the program as it is
- ☐ Other: _____

Appendix C

Comprehensive Sexual Health Education Family Survey

Please complete the 5 minute Family CSHE Survey. Your response is confidential.

* Indicates required question

Email *

☐ Record **oyaconelli@gmail.com** as the email to be included with my response

Was your student offered Sex Ed in middle or high school? *(if both, complete a form for each)* *

☐ Middle School

☐ High School

Did your student participate in the most recent CSHE offering? *

☐ Yes

☐ No

☐ I'm not sure

If you didn't participate, what were your main reasons? *(Check all that apply) (Skip if you attended)*

- ☐ My parent/guardian opted me out
- ☐ The topic made me uncomfortable
- ☐ I didn't want to talk about the topic with my class
- ☐ I didn't want to do it on zoom
- ☐ The timing didn't work for me
- ☐ I forgot or missed it
- ☐ I didn't even know about it
- ☐ Other: _____

If you did take part in Sex Ed, how did you feel during the presentation? *(Check all that apply) (Skip if you didn't attend)*

- ☐ comfortable
- ☐ uncomfortable
- ☐ interested/curious
- ☐ bored
- ☐ it felt important



If you attended, how well do you think the sessions matched what students your age need to know? *(Skip if you didn't attend)*

- ☐ Very well
- ☐ Somewhat well
- ☐ Not well
- ☐ I'm not sure

Which delivery method would you prefer for learning about sexual health at school? *

- ☐ In-person lessons
- ☐ Live Zoom lessons
- ☐ Virtual lessons at home
- ☐ A combination of these formats
- ☐ I don't know

What would make it easier or more comfortable for you to participate in Sex Ed? *(Check all that apply)* *

- ☐ Different time of day or week
- ☐ A chance to look at the topics beforehand
- ☐ Access to make-up sessions
- ☐ More reminders about the schedule
- ☐ Presentation by an OVS teacher
- ☐ I'm happy with the program as it is
- ☐ Other: _____