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Motivators and Barriers to Sexual-Health Information Provision in High School Libraries: Perspectives from District-Level Library Coordinators and High School Principals

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communities, each with their own expectations regarding sexual-health information provision for adolescents. The Library and Information Science (LIS) community typically encourages school librarians to play this role, while the education community can both encourage and discourage school librarians from playing this role. LIS literature has identified predominant factors serving as motivators and barriers to information provision in the school library; these factors can positively or negatively affect adolescentsô access to sexual-health information.

This baseline Delphi study explores the expectations district-level library coordinators and high school principals have about high school librariansô playing the role of sexual-health information provider, and the factors library coordinators and principals perceive as encouraging and discouraging high school librarians from potentially playing this role.

Literature Review

Adolescent Sexual Behaviors

In 2009 46.0% of American adolescents, defined as any person between the ages of 13 and 19 years, had been sexually active, and numerous adolescents practiced unhealthy sexual behaviors. The Centers for Disease Control and Prevention (CDC) identify unhealthy behaviors as engaging in sexual activity at an early age, having multiple partners, and not using contraception. In 2009 5.9% engaged in sexual intercourse prior to the age of 13 years; 34.2% were currently sexually active; 13.8% had at least four sexual partners; and 38.9% did not use a condom during the most recent act of sexual intercourse (CDC 2010a).

Sexually transmitted disease (STD) contraction rates and pregnancy rates are higher among American adolescents when compared to rates among adolescents in other industrialized nations (Blinn-Pike 1996; Singh and Darroch 1999; Abma et al. 2004; Kirby 2007). Every year approximately 50% of the 19 million Americans contracting STDs are between the ages of 15 and 24, despite the fact that this age group represents only 25% of the national population. This age range covers both high school and college students, but the CDC, which provides the most reliable data, did not further divide this age group for this statistic. More cases of chlamydia and gonorrhea are reported among females between the ages of 15 and 19 than in any other age group. Among males of all ages, the 15- to 19-year-old age group reports the second-highest number of cases of chlamydia and gonorrhea (CDC 2008). Reported HIV/AIDS cases also increased among the adolescent age group between 2006 and 2009, although not all adolescents contracted the virus through sexual relations (CDC 2011).

In 2005 70.6 per 1000 (7.06%) females between 15 years and 19 years, and 1.6 per 1000 (0.0016%) females under the age of 15 years became pregnant (Ventura et al. 2009). Adolescent pregnancies negatively affect American societyôs economic, educational, medical, and social services systems. These pregnancies also potentially negatively affect the adolescent mothers and their childrenôs physical and emotional health, educational success, and economic situation. Taxpayers spend approximately $9.1 billion each year on costs related to adolescent pregnancy. Adolescent mothers are less likely to complete high school and are more likely to remain single parents, to live in poverty, and to have health problems (e.g., obesity, anemia, hypertension, and STDs) than women who give birth later in life. Children born to adolescent mothers are more likely to have learning disa

Sexual-Health Education and Information

Most adolescents receive their sexual information through both formal and informal means. Formal means include schools, churches, and other organizations (Cornog and Perper 1996; Bleakley et al. 2009). Adolescents receiving their sexual information from formal sources engage in fewer risky sexual behaviors and hold more cautious attitudes about sex than adolescents receiving information from peer and popular media sources (Somers and Surmann 2005; Bleakley et al. 2009). When receiving age-appropriate sexual-health information from schools at a younger age, i.e., before or during the onset of puberty, adolescents are also less likely to engage in risk-taking behaviors (Somers and Surmann 2005).

Informal sources include peers, family members, and/or mass media in various forms, including but not limited to the Web, movies, television, periodicals, and books (Cornog and Perper 1996; Bleakley et al. 2009). More adolescents consult family members and peers than mass media resources, but when adolescents use mass media resources they gather information from television and movies more frequently than from the Web and periodicals (Sutton et al. 2002; Bleakley et al. 2009).

Informal resources, however, do not consistently provide accurate information and thus can initiate and/or perpetuate adolescentsô misconceptions about sexual health. Using peers and various mass media outlets as information sources more often results in unhealthy outcomes, meaning adolescents engage in risky sexual behaviors more frequently and at younger ages, and express more permissive attitudes and beliefs than their peers receiving sexual information from formal sources (Somers and Surmann 2005; Bleakley et al. 2009).

Federal and private health agencies, such as CDCôs Division of Adolescent and School Health (CDC 2010b), the CDCôs National Center for Chronic Disease Prevention and Health Promotion (National Center for Chronic Disease Prevention and Health Promotion 2011), the National Campaign to Prevent Teen and Unplanned Pregnancy (National Campaign to Prevent Teen and Unplanned Pregnancy 2011), and the Sexuality Information and Education Council of the United States (SIECUS n.d.), promote access to age-appropriate and accurate sexual-health information and education, including information on puberty, abstinence, STDs, HIV/AIDS, pregnancy and disease prevention, communication skills, and relationships. The CDCôs Division of Adolescent and School Health recognizes the benefits of studentsô receiving sexual-health information in Cf 44962 1tncuregsutehoolsn tp9(rovid320((ti)- as infor)3(mation t)-o iSom)-9(pr)o7(ve)nd the sexualealt(on)]

The U.S. Department of Health and Human Services evaluated four programs receiving Section 510 funds (Trenholm et al. 2007), ten states conducted program evaluations within three to seventeen months after the abstinence programsô conclusions (Hauser 2008), and one private organization developed a meta-analysis of approximately 450 research studies on sexual education programs (Bleakley, Hennessey, and Fishbein 2006; Kirby 2007). These evaluations indicated no statistically significant long-term positive results of abstinence-based programs (Trenholm et al. 2007). Abstinence programs tended to change adolescentsô attitudes toward sexual behaviors immediately after completion of the educational course, but participation in these courses did not typically result in long-term behavioral or attitudinal changes. Adolescents were not more likely to remain abstinent, to delay onset of sexual intercourse, to return to abstinence, to use contraception, or to reduce their numbers of sexual partners. Despite these results, the U.S. Social Security Administration (2010) recently re-implemented Title V, Section 510 for the fiscal years 2010ï2014. As before, states can receive $50,000,000 per fiscal year and then disseminate the money to organizations and school districts implementing abstinence education programs.

Abstinence programs are not entirely without merit, however, as adolescents participating in abstinence programs convey a greater factual understanding about sexual health, and demonstrate more cautious attitudes and behaviors than adolescents who have never participated in a sexual education program (Hoff and Greene 2000). Adolescents receiving access to a comprehensive presentation of sexual-health education and information, including information about puberty, abstinence, STDs, HIV/AIDS, pregnancy and disease prevention, communication skills, and relationships, however, typically demonstrated short- and long-term healthier behaviors and attitudes than their counterparts receiving no education and information, or receiving abstinence-based formal sexual education or information. Access to comprehensive educational programs and information ñdelayed the initiation of sex, reduced the number of sexual partners, and increased condom or contraceptive use é reduced the frequency of sex (including a return to abstinence) é and reduced unprotected sexò (Kirby 2007, 15).

Since the implementation of Section 510, statistically significantly fewer adolescents have received formal sexual-health education at school. Despite moderately negative effects of abstinence programs compared to comprehensive programs, these programs continue to be the norm in public schools offering sexual education programs (Alan Guttmacher Institute 2012). American adolescents have expressed a need for more information and education than current abstinence-based programs ð or no programs ð provide (Herz and Reis 1987; Hoff and Greene 2000). Adolescents in the U.S. also continue to exhibit behaviors suggesting they need more information and education than they receive now (Blinn-Pike 1996; Singh and Darroch 1999; Abma et al. 2004; Kirby 2007; CDC 2008). High school librarians can potentially assist in meeting the sexual-health information needs of their adolescent patrons, thereby contributing to a sexually healthier population.

Librarians as Sexual-Health Information Providers

School librarians play five roles as outlined in the American Association of School Librariansô *Empowering Learners*: leaders, teachers, information specialists, instructional partners, and program administrators. As leaders, school librarians advocate for the 21st-century learning needs of their students. As teachers, school librarians teach patrons, including adolescents, how to locate, evaluate, and use information from a variety of sources, for multiple purposes, and

accurate, and current information. As instructional partners, school librarians collaborate with the school community to improve the academic success of their students through lesson development, instruction, and assessment. As program administrators, school librarians develop library programs that identify and meet the 21st-century needs of their school community members (AASL 2009).

Within these five roles numerous sub-roles exist, including that of sexual-health information provider. Understanding and advocating for the health information needs of 21st-century learners, teaching high school students how to find, evaluate, and use health information resources, providing patrons with access to sexual-health information resources in multiple formats, creating lessons to address health curricular needs, and developing programs identifying and meeting both the curricular and personal needs of adolescent patrons fall within the five primary roles a school librarian plays.

The American Library Association states librarians should develop collections ñthat support the intellectual growth, personal development, individual interests, and recreational needs of studentsò (ALA 2008). Sexual-health information resources can support the personal development and individual interests of adolescent patrons. High school librarians have the opportunity to provide their adolescent patrons with access to sexual-health information in both print and electronic formats, as well as teach information literacy lessons for over six hours per day, nine or ten months per year, over the course of several years.

The CDC encourages schools to provide information promoting abstinence while also addressing the needs of adolescents engaging in sexual behaviors (CDC 2010b). School libraries are part of the school system. LIS scholars also promote adolescent access to sexual-health information in libraries, including school libraries, thus meeting the sexual-health information needs of their adolescent population (Cunningham and Hanckel 1978; Campbell 1979; Fasick 1979; Chelton 1981; Walter 1994; Cornog and Perper 1996; Gross 1997; Levine 2002; Lukenbill and Immroth 2007). In the school library, adolescents can receive the benefits of formal sources with the appeal of informal sources. School librarians can provide access to current and accurate

cannot be reached (Keeney, McKenna, and Hasson 2010). For this study, data collection consisted of three rounds.

Round 1

In Round 1 of this study, participants answered three open-ended questions designed to allow participants to state whether they perceive high school librarians as playing a role in providing sexual-health information for adolescent patrons, identify factors that encourage information provision, and identify factors that discourage information provision. Sixteen library coordinators and thirteen principals participated in Round 1.

The open-

Participants suggested two factors in Round 1 and reached a consensus of agreement or disagreement on these factors, but these fa

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