Preservice School Health Educators Perceptions of Homosexuality

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Abstract

Perceptions of entry-level preservice school health educators were examined in regard to homosexuality. A survey was developed and used to gather information from 102 preservice school health educators. Results showed that almost all respondents (90%) expected to teach homosexual students. Most, however, were bothered by the notion (70%) or felt inadequately prepared (81%). This article explores the ethical responsibility of health educators to address the needs and concerns of every student regardless of sexual orientation.

Introduction

Health educators must function in a heterogeneous society. We are, by necessity, required to educate students whose backgrounds and life experiences may be very different from our own. Many teachers, including health educators, affirm ethnic, cultural, and socio-economic differences, yet ignore differences due to sexual orientation (Mathison, 1998; Corbett, 1993). It is the ethical responsibility of each health educator to address the needs and concerns of every student (Henderson & Rowe, 1998; Lohrmann & Wooley, 1998).

Why do some health educators ignore the needs of gay and lesbian students? Sexual orientation issues typically involve controversy. Teachers may avoid the issue because of opposition from school, parent, or community groups (DeAndrade, 1993). Professional choices made on the basis of survival may be practical but seldom stand the test of ethical debate. Some health educators may be uncomfortable dealing with the sensitive issues likely to arise during a comprehensive consideration of sexual orientation. However, vital information cannot be withheld merely based on the uneasiness of the instructor to discuss the topic.

Furthermore, our cultural and social institutions have an obvious heterosexual bias (Clark, Brown, & Hochstein, 1990; Hekma, Oostethusi, & Steakley, 1995). Institutionalized heterosexualism often leaves gay and lesbian students ostracized. Educators may only reference opposite sex couples when discussing relationships. Examples and test items are often constructed in a manner that affirms that heterosexulism is the "correct" choice. The gay or lesbian student may be left with a sense that he or she does not fit into normal society. Heterosexism is unlikely to have a healthy effect on the mental, emotional, and social health of the gay or lesbian adolescent (Black & Underwood, 1998; Mathison, 1998; Van Buskirk, 1998).

Research indicates that gay and lesbian youth will mature into adults with no more problems than heterosexual adults (Greenberg, Buress, & Mullen, 1992). As with all students, gay and lesbian students need support and skills for dealing with myriad issues. Beihler and Snowman (1991) suggest that adolescence is a difficult time for all young people. It is an especially difficult time for gay and lesbian students (Black & Underwood, 1998; Van Burskirk, 1998). They are faced with problems of adjustment beyond the scope of many heterosexual youth. Gay and lesbian adolescents face certain health problems at higher rates than do any other group of students (Black & Underwood, 1998; Marinoble, 1998; Heron, 1983). DeAndrade (1993) states one in five gay students experience low self-esteem, identity questions, isolation, and rejection. Almost one in three will attempt suicide. Twenty-eight percent of gay and lesbian students will drop out of school (Parents, Families, and Friends of Lesbians and Gays, 1994). They are often recipients of physical and emotional harassment, and unfortunately, it sometimes occurs in the presence of faculty or staff. Additionally, gay and lesbian students must confront harassment in a society largely ignorant of their feelings and orientation. These same students are often forced to face the task of "growing up" in an apathetic or hostile environment (DeAndrade, 1993; Humm, 1992; Sears, 1992; Whitcock, 1988).

Some educators suggest school is an obvious site to address many of the problems and issues confronting gay and lesbian youth (Carter, 1998; Kelly, 1998; Marinoble, 1998; Mathison, 1998; Yoder, Preston, Bray, & Forti,1997; Humm,1992). Health class would seem one logical site for the insertion of gay and lesbian support within the school structure.

The objectives of school health education are to establish a curriculum aimed at improving students'

health-related knowledge, attitudes, and behaviors (Lohrmann & Wooley, 1998). Health education objectives can best be met through a combination of strategies that encompass the cognitive, affective and skill domains. Health education seeks to create students capable of choosing healthy, life-enhancing behaviors.

For health education programs to provide education regarding sexual orientation, professional preparation programs should provide preservice educators with knowledge, skills and attitudes conducive to meaningful instruction regarding sexuality. Health education professional preparation programs should develop health educators who are capable of affirming the self-concept of each student in each class, regardless of cultural, ethnic, socio-economic, or sexual orientation. Unfortunately, little information exists regarding how preservice health educators feel about sexual orientations. Consequently, the purpose of this study was to determine attitudes of preservice school health educators attitudes regarding homosexuality.

Procedures

Entry-level preservice health education teachers enrolled in health education professional preparation courses at a large southwestern university were surveyed. Eight entry-level sections of classes were surveyed during the fall semester 1997 and spring semester 1998. Entry-level classes were purposively selected to help inform a process of curricula revision within a preservice school health education program. The classes surveyed included three foundations of health education sections, two courses focused on current trends in the health education profession, and three content specific courses (mental health, adolescent health, and chemical dependency). The suggested sequence of courses had students enrolled in one or more these courses during his or her junior year. None of these courses, however, had prerequisites, thus students were allowed to enroll at their own discretion. Respondents included 67 juniors, 20 sophomores, 10 seniors, and five freshmen. Respondents (n=102) were entry-level health education majors or minors. Eighty-seven percent of these students declared their intention to teach health during their professional careers. The majority of respondents were female (n=68). Eighty-two percent of the students were white, 9% Hispanic, 7% black, and 2% other. Most students were self-identified heterosexuals (97%), 2% were homosexual, and 1% chose other.

A thorough review of literature was conducted and no suitable instrumentation was found, thus a survey instrument was constructed. The instrument included demographic items (age, ethnicity, and sexual orientation) and 20 attitudinal items on a five-point Likert scale. Content validity was determined through preliminary review of the instrument by five professional health educators with expertise in survey design, evaluation, and human sexuality. Minor revisions were accepted and made. The instrument was pilot tested on two occasions, seven days apart, with eighteen preservice health education students similar to those intended to be studied. The test-retest reliability Pearson's *r* coefficient was determined to be .82. An estimate of internal reliability found a Cronbach's alpha of .71. Additionally, respondents to the pilot test were provided an opportunity to respond to each survey item in an open-ended manner. The survey was administered during regular class periods during the fall 1997 and spring 1998 semesters. No instruction related to sexual orientation had been conducted. A facilitator, other than the assigned instructor, distributed the instrument and instructions were read aloud. Participation was voluntary and responses were anonymous. Seventy-two percent (n = 102) of those officially enrolled (n = 142) participated.

Results

Table 1 contains each item and the frequency of responses on the five-point Likert scale. Ninety percent of the preservice health educators expected to have gay or lesbian students in class. Despite this acknowledgement of the reality of having students with homosexual orientation in class, many in the sample appear ill prepared to effectively educate gay and lesbian students. Seventy percent were bothered by the notion of having gay or lesbian students in class. More noteworthy, 81% did not feel adequately prepared to deal with issues involving homosexual orientation. Furthermore, 48% did not feel they could comfortably answer questions regarding homosexuality. Forty-nine percent did not want students with questions about their sexual orientation asking them for assistance.

A majority disagreed or strongly disagreed that homosexuality was a choice. Twenty-one percent suggested that homosexuals choose their orientation. One-third did not accept that homosexuality was a natural part of life. Seventeen percent described homosexuals as less mentally healthy than heterosexuals. A larger number (46%) viewed

Table 1. Perceptions of Preservice School Health Education Students Regarding Homosexuality

Item	SA % (n)	A % (n)	N % (n)	D % (n)	SD % (n)
1. Sexual orientation is a choice.	8 (8)	11 (11)	25 (25)	38 (38)	17 (17)
2. Homosexuality is a natural part of life.	9 (9)	30 (30)	30 (30)	21 (21)	9 (9)
3. The majority of homosexuals are child molesters.	2 (2)	14 (14)	20 (20)	34 (34)	30 (30)
4. Children raised by gay or lesbian couples have a stronger probability of being gay or lesbian than children raised by heterosexual couples.	16 (16)	23(23)	39 (39)	20 (20)	2 (2)
5. Homosexuals are less mentally healthy than heterosexuals.	10 (10)	45 (45)	28 (28)	10 (10)	7 (7)
6. As a teacher, I expect to have gay or lesbian students in my classroom.	80 (80)	10 (10)	10 (10)	0 (0)	0 (0)
7. It bothers me to think I might have homosexual students in my classes.	30 (30)	40 (40)	10 (10)	10 (10)	10 (10)
8. I would be concerned that homosexual students might influence the sexual orientation of other students.	14 (14)	30 (30)	23 (23)	30 (30)	3 (3)
9. Sexual orientation should be openly discussed in the health classroom.	6 (6)	25 (25)	32 (32)	30 (30)	7 (7)
10. Homosexual men are at greater risk of contracting HIV than are heterosexual men.	8 (8)	26 (26)	40 (40)	23 (23)	3 (3)
11. I could comfortably answer questions regarding homosexuality.	6 (6)	17 (17)	30 (30)	26 (26)	22 (22)
12. I would want a student with questions about his or her sexual orientation to ask me for help.	5 (5)	15 (15)	32 (32)	27 (27)	22 (22)
13. I am aware of available school and community resources for students with questions regarding their sexual orientation.	3 (3)	23 (23)	27 (27)	12 (12)	36 (36)
14. I feel uncomfortable around gays and lesbians.	8 (8)	20 (20)	30 (30)	22 (22)	20 (20)
15. Homosexuals are less spiritually healthy than heterosexuals.	37 (37)	11 (11)	6 (6)	10 (10)	36 (36)
16. Homosexuals could choose to be heterosexual.	9 (9)	12 (12)	30 (30)	32 (32)	17 (17)
17. I would stop other students from harassing a homosexual student.	50 (50)	30 (30)	14 (14)	0 (0)	6 (6)
18. I feel adequately prepared to deal with issues involving sexual orientation.	8 (8)	10 (10)	20 (20)	38 (38)	23 (23)
19. The classroom teacher is responsible for clarifying student values concerning issues of sexual orientation.	10 (10)	10 (10)	40 (40)	30 (30)	10 (10)
20. Homosexuals can be identified by certain mannerisms or characteristics.	30 (30)	32 (32)	18 (18)	12 (12)	8 (8)

homosexuals as less spiritually healthy. Sixty-two percent felt they could identify gay and lesbian students by certain mannerisms or characteristics. Only 20% felt a responsibility to help students clarify values concerning issues of sexual orientation.

A degree of homonegativity was observed among respondents. For the purpose of this study, homonegativism is defined as nonaffirming attitudes towards individuals of homosexual orientation. No measure of homophobia was sought through the survey. Sixteen percent perceived that a majority of homosexuals are child molesters. Over one-third (34%) stated homosexual men were at a greater risk of HIV infection than heterosexual men. A sign of homonegativity among respondents was the fact that 6% strongly disagreed they would stop other students from harassing a homosexual student. Another element of homonegativity was evidenced by the fact that 33% were concerned that homosexual students might influence the sexual orientation of other students.

Although 31% of the respondents felt that health classes should openly discuss sexual orientation, only 18% of those deem themselves adequately prepared to deal with same sex issues. Furthermore, only 15% were aware of available school or community resources for students with questions regarding their sexual orientation.

Limitations

The following discussion and recommendations from this study must be viewed in light of the following limitations:

(1) Respondents were accessed through convenience for this study. The classes selected for inclusion in the study were those that provided access to a large number of school health education majors and minors during the fall semester 1997 and spring semester 1998. The respondents to this study may not be typical of all preservice health education students.

(2) Most of the respondents to this study were school health education students in the early portion of their preservice professional preparation experience. It should be noted that views regarding myriad topics, including homosexuality, change over time.

Discussions

Despite limitations of this study, these findings indicate that work needs to be done to prepare preservice school health educators to deal effectively with homosexual students. It should be noted that Sears (1992) found teachers who accepted myths and reported less personal contact with homosexuals were more likely to hold and act on negative attitudes and stereotypes. These findings indicate some preservice health educators may be beginning their careers biased against homosexual students. Such attitudes and the subsequent expression of the aforementioned attitudes cannot have a positive effect on the holistic health of homosexual students with whom these future teachers will have contact.

The negative attitudes expressed by a number of the respondents might have detrimental effects on other students. Such attitudes are likely to affect heterosexual students whom are perceived to possess gay or lesbian mannerisms or characteristics. Rather than discriminate against students, preservice health educators should be trained to support and affirm underrepresented populations within the classroom even when those underrepresented populations are seemingly invisible.

It would appear that some respondents possess neither the skills nor the attitudes to educate students regarding sexual orientation. Furthermore, preservice health educators should be made aware of school and community resources related to health issues and concerns regarding sexual orientation as well as other issues. The lack of knowledge, skills, and attitudes to confront homosexual orientation in an adequate manner seems evident among the respondents. Without even a rudimentary understanding of homosexual subculture, these future school health teachers cannot be expected to develop nurturing environments that allow all students to explore sexual orientation in an open, esteem enhancing manner. Such ineffective educative efforts will perpetrate myths, stigmatize segments of class and society, diminish the effectiveness of health education, and alienate homosexual students who may learn valuable coping and communicative skills through health education.

Results demonstrate the need to include specific and explicit instruction regarding homosexual orientation during health education professional preparation. Training programs have a responsibility to adequately prepare future health educators to deal effectively with the likelihood of having gay and lesbian students. This instruction should address the necessity of affirming the development of all students enrolled in health classes.

Efforts should be made to develop educational opportunities that allow preservice health educators to confront their own myths, stereotypes, and prejudices. The clarification of values and debunking of myths could help combat the homonegativity that was evidenced in the study respondents. Ethical discussions regarding topics such as discrimination based on sexual orientation, hate crimes, professional intolerance, and

the responsibility of health educators to all students should be included in professional preparation courses. Laws regarding treatment of diversity in the classroom should be examined. Presevice health educators should be prepared to deal with the cognitive aspects of sexual orientation. School health educators should understand basic theories of sexual orientation (i.e., biological, behavioral, environmental, hormonal, psychological). Furthermore, educators should be able to differentiate between fact and myth regarding sexual orientation (i.e., female athletes are more likely to be lesbian; effeminate men are gay; HIV is a gay disease). Presevice health educators should be able to adequately answer questions regarding homosexual orientation or refer those questions to appropriate resources.

Respondents to this survey indicated a lack of knowledge concerning school and community resources regarding homosexual orientation. Preservice educators should be made aware of sources of information and assistance and develop skills for finding such information. Professional preparation programs could aid in the identification of existing school and community resources. Several noteworthy national resources exist (i.e., Creating Safe Schools for Lesbian and Gay Students: A resource guide for school staff - http://members.tripod.com/~twood/guide.html, Safe Schools Coalition - http://www.safeschools-wa.org/ssp_covr.html, Sexuality Information and Education Council of the United States, http://www.siecus.org).

Guidelines for developing, implementing, and evaluating the sexual orientation component of the professional preparation program should be created and made accessible to those responsible for the program. Ogletree, Fetro, Drolet, and Rienzo's Sexuality Education Curricula: The Consumer's Guide (1994) is an excellent effort to evaluate selected sexuality curricula regarding myriad issues and content. Professional preparation programs should be surveyed to determine to what extent they include instruction regarding sexual orientation issues.

Furthermore, effort should be made to identify interdisciplinary resources conducive to integration of sexual orientation lessons across the school curriculum. For example, homosexual authors, artists, and historical figures --- Aristotle, Socrates, Leonardo DaVinci, Langston Hughes, Tschaikovsky --- could serve as role models for gay and lesbian students. Reference to the aforementioned individuals' orientation may also help heterosexual students become more affirming of gay and lesbian classmates. Another sociological example of an integrative approach would be conducting class discussions about homosexual aboriginal people being valued and honored members of society. For example, many Indian tribes considered homosexuals to be *two-spirited. Two-spirits* were thought to be mystics and held positions of honor within tribal structure.

Further research recommendations include the following: 1) Examination of attitudes of preservice students as they progress through a health education curriculum or particular class (i.e., human sexuality); 2) A pre-/post-test format could explore changes in attitude that result from the educative experience; 3) Assessment of the proliferation of other commonly held prejudices or biases among preservice health educators. Topics such as racism, sexism, and ageism might be considered; 4) Instructional approaches could be compared and contrasted to determine the most effective and efficient means; 5) Additional research examining the knowledge, attitudes, and skills of preservice and in-service health educators regarding issues of sexual orientation may strengthen the significance and productiveness of instruction.

Adolescence is a difficult period of adaptation for all youth, especially gay and lesbian youth. The school may be their only source for valid and reliable information. If health educators accept responsibility for the healthy development of all students, it behooves us to ensure that professional preparation programs are preparing educators to deal effectively with issues that confront youth. Instruction concerning sexual orientation could reduce biases, debunk myths, and create an affirming school environment.

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