

CULTURAL NARRATIVES OF REPRODUCTION  
IN CHILDREN'S LITERATURE: A HEALTH EDUCATION  
FOCUSED CONTENT ANALYSIS

A dissertation submitted to the  
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By

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HEALTH EDUCATION  
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CULTURAL NARRATIVES OF REPRODUCTION IN CHILDREN'S LITERATURE: A  
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The purpose of this study was to examine cultural narratives of human reproduction in children's literature. The research was conducted in two parts. The first was a content analysis of children's picture books to determine what cultural narratives about reproduction are included within these stories. Additionally, a checklist adapted from Manna and Symons (1992) was utilized to facilitate an evaluation of the sex-positive and health-positive nature of these stories. Questions from the checklist were formatted into a 5-point Likert scale (0–4) to assess the quality of the books as educational teaching tools.

The study found that five main reproductive narratives are told within contemporary children's picture books: the prevailing narrative, the traditional narrative, the non-traditional narrative, the least common narrative, and the absent/invisible narrative. The issue with many books in the study does not stem from the fact that they encourage reproduction. Rather, the concern is the lack of rational explanation or justification for engaging in the behavior. In addition to the narratives, many children's books about reproduction are written by unqualified authors and can present messages that are both sex and health negative. The books are marketed as educational literature on reproduction, yet many of the books fail to teach about reproduction at the basic level. Future research can use the results of this study to examine the unintended consequences of projecting a false narrative of reproduction.

## **DEDICATION**

In loving memory of Dr. Cynthia Symons, yours is the voice forever in my head.

## ACKNOWLEDGMENTS

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## **CHAPTER I**

### **INTRODUCTION**

The purpose of this study was to examine cultural narratives of human reproduction in children's literature. Highlighting the importance of reproductive narratives in children's literature is no easy task and could benefit from a thorough examination of the literature as well as a qualitative approach to the content. The first stories we tell children about reproduction have an important opportunity to frame the ways they think about how and why people reproduce. These stories have potential to become the foundation of thinking as the children they are read to grow into adults and are deciding how and why they might reproduce. Currently, in the United States, 43% of pregnancies are unintended, including both mistimed and unwanted pregnancies and births (U.S. Department of Health and Human Services, 2020). The relatively high percentage of unplanned pregnancies and lack of understanding among adult populations about why people reproduce raises questions about the early stories we are told in this regard. The lack of research on children's literature about reproduction guided this investigation into the content and quality of these educational stories.

Health Education is "any combination of planned learning experiences in which theory and evidence-based/evidence-informed practices are used to provide equitable opportunities for the acquisition of knowledge, attitudes, and skills that are needed to adapt, adopt, and maintain healthy behaviors" (Organizations, 2021). A person's sexual development can be influenced by a variety of factors including family, peers, society, and the media (Baldwin & Bauer, 1994; Shtarkshall et al., 2007). Sexual development is a natural and healthy aspect of human development. Human reproduction is often the result of healthy bodies coming together in a

natural and instinctive way (i.e., intercourse) resulting in fertilization, implantation, fetal development (collectively referred to as pregnancy), and delivery of an offspring (i.e., birth). As a normal component of human growth and development, sexual health should be included as a part of a comprehensive health education curriculum (Future of Sex Education Initiative, 2020). A large amount of education about health also occurs within a family, yet there is a cultural hesitation to educate accurately when it comes to sexual health (Walker, 2001). The absence of scientifically accurate and developmentally-appropriate comprehensive sexuality education in schools and at home is a contributing factor in unintended pregnancy and risky sexual behavior (Stanger-Hall & Hall, 2011). Individuals who are informed adequately and appropriately about sexual health topics are more likely to use birth control successfully and consistently (Baldwin & Bauer, 1994). Individuals with realistic expectations about reproduction and sexual relationships may engage in healthier sexual behaviors and benefit from enhanced sexual development.

### **Healthy People**

With the publication of *Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention* in 1979, the United States embarked on a multi-decade agenda to improve the health of all Americans (U.S. Department of Health and Human Services, 2019). The report served as a catalyst triggering the nation to focus its public health resources and efforts on a balanced approach to medical care, disease prevention, and health promotion.

Shortly after the publication of *Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention* in 1979, The United States Department of Health and Human Services released *Promoting Health/Preventing Disease: Objectives for the Nation* in 1980. Since 1980, an update of the Healthy People document has been published every 10 years by the United States Department of Health and Human Services. Each updated report targets a decade

long agenda to address national health objectives developed and grounded by data-based evidence.

New to the 2010 iteration of this coordinated national health initiative was the inclusion of the Early and Middle Childhood problem priority area; with this addition the agenda was broadened to include a focus on potential health issues related to reproduction. The primary goal of the Maternal, Infant and Child Health priority area was to “improve the health and well-being of women, infants, children, and families” (U.S. Department of Health and Human Services, 2019). The inclusion of this problem priority area in this broad-based national health initiative highlights the fact that

Improving the well-being of mothers, infants, and children is an important public health goal for the United States. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system. (U.S. Department of Health and Human Services, 2019)

In this regard, establishing healthy behaviors and habits during and after pregnancy can increase the likelihood of maintaining them into childhood and adulthood.

Healthy People 2010 examined the beginning stages of childhood through the Maternal, Infant, and Child Health problem priority area but neglected the early and middle childhood stages of development. To address the missing developmental years, Healthy People 2020 expanded the agenda with the inclusion of the Early and Middle Childhood (EMC) topic area. The new agenda included a focus on potential health issues directly affecting children from birth to eight, and six to 12 years of age. According to the Centers for Disease Control and Prevention, early and middle childhood provide the physical, cognitive, and social-emotional foundation for

lifelong health, learning, and well-being (U. S. Department of Health and Human Services, 2019).

For decades Healthy People has set benchmarks and monitored progress over time to allow individuals to make informed health decisions. The current plan *Healthy People 2030: Building a healthier future for all* was released in 2020 and for the first time since the inception in 1980 reduced the number of objectives (U.S. Department of Health and Human Services, 2020). Having less objectives allows critical health issues to become a priority. Specifically, Healthy People 2030 has a single objective that focuses on children, and includes ways to enhance children's health, safety, and well-being directly and indirectly (U.S. Department of Health and Human Services, 2020). As such, Objective EMC-01 aims to cultivate a sense of connectedness by increasing the proportion of children and adolescents who communicate positively with their parents.

It important to point out that the HP2020 Final Progress Review highlighted that almost all of the school health education objectives (*Educational and Community-based programs*) moved away from the goals of stronger, more complete, and more appropriate health education for youth while the remainder did not make any progress (Statistics, 2021). Lack of high-quality health education in schools further complicates the issue. The Healthy People 2030 initiative (HP2030) highlights the importance of comprehensive health education through the Family Planning Objective targeting adolescents. Objective FP-08 aims to, "Increase the proportion of adolescents who receive formal instruction on delaying sex, birth control methods, HIV/AIDS prevention, and sexually transmitted diseases before they were 18 years old" (U.S. Department of Health and Human Services, 2020). From 2015–2017, 52.7% of adolescents received formal education on postponing sex, birth control methods, HIV/AIDS prevention, and sexually

transmitted diseases before they were 18 years old. Objective FP-08 plans to increase the percentage of adolescents receiving formal sexuality education to 59.1%. Additionally, Objectives FP-05-07 focus specifically on increasing the proportion of adolescents who use birth control (U.S. Department of Health and Human Services, 2020).

Aside from preventative education, Healthy People 2030 includes proactive goals under the Family Planning Objective. Objective FP-01 cites 43% of pregnancies among women aged 15 to 44 years were unintended in 2013. The objective aims to reduce the number of unintended pregnancies to 36.5% (U.S. Department of Health and Human Services, 2020). In concurrence with an increase in intended pregnancies Objective FP-02 aims to decrease the number of conceptions that occur within 18 months of a woman's previous delivery from 33.8% to 26.9%. Pregnancies that are unwanted or mistimed could have negative consequences for both the mother and the baby (Cleland et al., 2011; Trussell et al., 2013). The cost of one Medicaid covered birth in 2008 was \$12,613 as compared to only \$257 for contraceptive care per client for the same year (Cleland et al., 2011). Trussell et al. (2013) found the estimated annual cost of unplanned pregnancies is \$4.6 billion; more than half of the cost can be attributed to improper adherence to contraceptives. There is also minimal education and research that aims to examine parental intentions prior to pregnancy. Most of the available research regarding birth and parental intentions is conducted after pregnancy has already occurred (Ayoola et al., 2007; Bachrach & Morgan, 2013; Baydar, 1995; Biggs et al., 2012; Klerman, 2000; Miller et al., 2013). Allowing people to plan the timing of their children is necessary for the health of both families and society (Cleland et al., 2011).

Most notably, HP2030 elevated the concepts of health literacy and well-being. Personal health literacy is defined in HP2030 as, "the degree to which individuals have the ability to find,

understand, and use information and services to inform health-related decisions and actions for themselves and others.” Organizational health literacy is defined as, “the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others (U.S. Department of Health and Human Services, 2020). Unlike previous definitions of health literacy, the current definition included in HP2030 concentrates on the use of health information to make well-informed decisions. Whereas well-being “is expressed as overall life satisfaction. Well-being reflects the cumulative contributions of health and non-health factors” (U.S. Department of Health and Human Services, 2020). Both new distinct elements of HP2030 further support the questions identified by this study. Health literacy contributes to or detracts from, depending on its level, overall sexual health, particularly when examining the choice and use of effective contraceptive of birth control methods allowing one to control the timing and occurrence of pregnancy more effectively. Access to clear and accurate information can encourage individuals to make premeditated and healthy decisions about pregnancy and birth.

### **Books as Teaching Tools**

Books have an opportunity to provide parents, teachers, and caregivers with an effective way to educate children. As parents and educators, it is essential to give children accurate and appropriate information. When children are presented with inaccurate information in storybooks, the likelihood of retaining that incorrect information is increased (Schussler, 2008). Manna and Symons (1992) also noted that the

Amount and kind of information we share with children, as well as the words we choose and the examples we use to make concepts and ideas concrete and accessible for them,



should be based on what we know about specific characteristics of their intellectual and personal development. (p. 163)

Teachers as well as parents should be prepared with the most current and developmentally appropriate health information available when dealing with children (Manna & Symons, 1992).

The Healthy People 2030 Child and Adolescent Objective EMC-02 asserts the need to increase the proportion of children whose parents read to them at least 4 days per week (U.S. Department of Health and Human Services, 2020). One way to teach functional knowledge and to cultivate a repertoire of essential skills in children is through an exploration of developmentally appropriate literature. While reading to children is not a replacement for life experience, it can enrich learning immensely (Georgiou, 1969; L. Wagner, 2013). Parents who read and are read to by their children increase connectedness which is linked to improved academic achievement and improved health outcomes (Telljohann, 2016).

Identifying “good” books from not-so-good books can be difficult for parents/caretakers and teachers alike. Selection criteria should be utilized when using picture books to teach core subjects (Bickford & Rich, 2015; Schussler, 2008). Reading comprehension and the ability to retain information are essential language skills that continue to develop throughout the school age years. Individuals remember organized stories more accurately and can make clear judgments about story organization. Teachers and caretakers who are limited in time and specific knowledge might not notice the inaccuracies in certain children’s books. L. Wagner (2013) noted that pre-school aged children spend most of their time with a book looking at pictures rather than text. Photos may be considered to be “art” and representative of the author’s creative license rather than factual depictions. This is problematic if or when these books are being used as educational aids. Findings emphasize the importance of ensuring that children’s books are

accurate and factual, specifically when used as a teaching tool in the classroom where there is specific professional responsibility to be scientifically accurate (Schussler, 2008).

Children are curious and can ask as many as 30 questions an hour (Manna & Symons, 1992). Unfortunately, giving children a list of facts and answering questions in a straightforward manner will not always satisfy the natural wonderment that perplexes many young minds. It is essential to approach the questions from the perspective of the child (Manna & Symons, 1992). Books can be extremely effective tools in the socialization and guidance of children (L. Wagner, 2013). Specifically, a story that is about a topic in question (i.e., reproduction) can be particularly useful. Stories have an opportunity to make facts and information “interesting, relevant, and significant” (Manna & Symons, 1992, p. 163). Health information presented effectively through an informational book can reinforce facts children are already receiving from trusted adults and teachers (Manna & Symons, 1992). This learning would also be true of information that is inaccurate or misleading, or that is fiction or fantasy disguised as expository.

Books can play a crucial role in exposing children to societal values and norms especially when the message is reinforced by trusted adults. The media also plays a role in children’s socialization and development from a very young age. In addition to images in advertisements and on television the images presented in books can depict symbols and convey messages that influence the way children see the world and respond to certain situations. As noted by Meganck (2010), “the medium of children’s books serves as a socializing tool to transmit values from one generation to the next, and in turn, is a strong purveyor of gender role stereotypes” (p. 4). In an analysis of notable children’s literature Gooden and Gooden (2001) found that an examination of main characters produced an overwhelming amount of male lead characters when compared to female main characters in the children’s literature reviewed. Similarly, in illustrations males

appeared alone more often than females (Gooden & Gooden, 2001). Informational books provide a break from textbooks and should allow children to form their own understanding of theories and concepts related to the subject in question (Manna & Symons, 1992). As discussed by Manna and Symons (1992), an effective informational book keeps children engaged whether they are reading the words or looking at the illustrations that supplement the text. As such, the importance of children's literature on their learning, development, and personality should perhaps be critically evaluated and informed by developmental and educational theory and science especially when the content is about real-life experiences.

### **Sexuality Education**

Educational Standards are meant to be the foundation for any specific, planned learning experience and play an essential role in public education. The purpose of standards is to provide definitive expectations about what students should know and be able to accomplish before matriculating to the next grade (Future of Sex Education Initiative, 2012). This is especially true for sexual health education which arguably has the potential to be transformational with life-long consequences.

According to the Centers for Disease Control and Prevention, the National Health Education Standards (NHES) were first published in 1995, with a revision in 2004, and an update in 2007 to emphasize the development and progress of health education nationwide (Future of Sex Education Initiative, 2012). The NHES serve as guidelines for what students should know and be able to do by grades 2, 5, 8, and 12 to promote personal, family, and community health. The National Health Education Standards (NHES) are the foundation upon which health education curriculum in schools is built (Telljohann, 2016).

The primary purpose of health education is to help students adopt and maintain health enhancing behaviors. When it comes to sexuality education the United States is notoriously inconsistent with requirements, implementation, and the overall quality of the education that is administered (SIECUS, 2021). The National Sexuality Education Standards (NSES) were created to provide the essential minimum, core content for sexuality education. The aim of the NSES is to give clear and consistent guidance on the fundamental core content for developmentally appropriate sexuality education (Future of Sex Education Initiative, 2012).

The development of NSES was the result of collaboration among individuals from the fields of health education, sexuality education, public health, public policy, philanthropy, and advocacy. The partnership is known as the Future of Sex Education (FoSE). The Future of Sex Education initiative convened for a two-day meeting in December 2008 to form a strategic plan for sexuality education policy and implementation. After this meeting, a main priority that emerged was the development of the NSES (Future of Sex Education Initiative, 2012). The NSES were developed “to address the inconsistent implementation of sex education nationwide and the limited time allocated to teaching the topic” (Future of Sex Education Initiative, 2020).

Designed to advance the implementation of sexuality education in public schools throughout the United States, the first edition of the NSES was published in 2012 (Future of Sex Education Initiative, 2012). The NSES set forth minimum sexuality education core content and skills necessary to meet the needs of students. It is important to remember that the NSES are meant to establish the minimum core content that students must know. When planning lessons on sexuality schools should use these standards as the “floor not the ceiling of what young people should be learning (Rice & Coulter, 2021). The Future of Sex Education (FoSE) initiative remained actively engaged with the evaluation of the NSES for the next seven years. FoSE

collected implementation feedback and conducted internal and external reviews on the effectiveness of the NSES (Future of Sex Education Initiative, 2020). Eventually, the second edition of the NSES was released in 2020 with important updates and changes.

NSES are based on a theoretical foundation derived from several Health Education theories. Specifically, facets of social cognitive theory, social learning theory, and the social ecological model have been used in the framework for the Sexuality Standards (Future of Sex Education Initiative, 2020). There are five key concepts included within the National Sexuality Education Standards:

1. Personalization,
2. Susceptibility,
3. Self-efficacy,
4. Social norms, and
5. Skills

The five key concepts aim to address functional knowledge as well as essential skills needed to adopt healthy behaviors related to sexuality (Future of Sex Education Initiative, 2020). The NSES provide much needed scaffolding upon which teachers can develop and organize lesson plans. Examination of requirements for certain standards in the first edition of the NSES, published in 2012, highlighted clear inadequacies. For example, according to the standards listed for Pregnancy and Reproduction (PR), “by the end of second grade students should be able to: explain that all living things reproduce” (Future of Sex Education Initiative, 2020, p. 12). Regardless of the capability to reproduce, some living things (intentionally or unintentionally) do not procreate. Therefore, not all living things reproduce in our society despite having

reproductive potential. The standards for later grade levels provide additional information but are equally imprecise.

One revision in the second edition of the NSES is evident in the topic strands. The original NSES topic of Pregnancy and Reproduction (PR) and Sexually Transmitted Diseases and HIV (SH) has been revised and combined into one topic, Sexual Health (SH). The rationale indicates that the category of Sexual Health (SH) is more inclusive and reflects the overlap in knowledge and skills necessary for prevention, care, and treatment of pregnancy and STDs, including HIV (Future of Sex Education Initiative, 2020). Revisions have been made and attempts to be inclusive are present in the second edition of the NSES. According to the standards listed for Sexual Health (SH), “by the end of second grade students should be able to: define reproduction and explain that all living things may have the capacity to reproduce (Future of Sex Education Initiative, 2020). Capacity notwithstanding, every living thing will not reproduce. However, including the definition of the reproduction along with word “may” is an improvement from the original standard.

### **SIECUS**

The Sexuality Information and Education Council of the United States (SIECUS) is the only single-issue non-profit organization in the United States focusing on factual and appropriate sexuality education from birth to adulthood (SIECUS, 2004). According to SIECUS (2004), everyone deserves comprehensive sexuality education that “addresses the socio-cultural, biological, psychological, and spiritual dimensions of sexuality by providing information; exploring feelings, values, and attitudes; and developing communication, decision-making, and critical-thinking skills.” The goal of comprehensive sexuality education in schools should be to create programs that are developmentally appropriate and respect the diversity of learners needs

(SIECUS, 2004). Developmentally appropriate practice provides learning activities created to respond to the age-appropriate and individually appropriate characteristics of the learner (Telljohann, 2016). The Centers for Disease Control and Prevention reminds all teachers that an effective curriculum should address students' needs and interests, while taking into account personal experiences and developmental and emotional maturity levels (CDC, 2021). Through developmentally appropriate practice, teachers can aid the personal growth and development of each student providing instruction that is both relevant and challenging enough to promote progress (Copple & Bredekamp, 2009; Telljohann, 2016)

In 1991, SIECUS published the Guidelines for Comprehensive Sexuality Education: Kindergarten–12th Grade, the first national model for comprehensive sexuality education (SIECUS, 2004). Through the Guidelines for Comprehensive Sexuality Education SIECUS developed an outline of the subjects and skills students should learn. SIECUS also determined at what age each topic should be introduced. A few years later in 1998, SIECUS released Right from the Start: Guidelines for Sexuality Issues for Birth to Five Years. The Right from the Start Guidelines served as a guide for educators in preschool and childcare centers to offer developmentally appropriate sexuality education. Aside from professional educators the guidelines also allow parents and caretakers to provide “nurturing and supportive sexuality information for young children” (SIECUS, 1998). The third and most recent edition of the Guidelines for Comprehensive Sexuality Education: Kindergarten–12th Grade was released in 2004. The guidelines assist educators in making new sexuality education programs and allow for the evaluation of existing programs and curriculum. The current SIECUS Guidelines created by a national task force of experts, are developed around six key concepts which cover important areas for students (SIECUS, 2004):

Key Concept 1: Human Development

Key Concept 2: Relationships

Key Concept 3: Personal Skills

Key Concept 4: Sexual Behavior

Key Concept 5: Sexual Health

Key Concept 6: Society and Culture

The SIECUS Guidelines and Key Concepts are developmental and provide the knowledge and skills related to sexuality that individuals should have to make healthy sexual decisions. Similarly, each key concept in the SIECUS Guidelines also includes *life behaviors* and *topics*. *Life behaviors* are similar to outcomes of instruction and demonstrate what an individual should be able to do after receiving the knowledge and skills necessary (SIECUS, 2004). *Topics* are specific subjects that need to be discussed in order to effectively allow students to reach desired outcomes.

SIECUS has identified seven topics chosen as the minimum, essential content and skills for kindergarten through 12th grade sexuality education (Future of Sex Education, 2020). The seven topics include:

1. Anatomy and Physiology (AP)
2. Puberty and Adolescent Development (PD)
3. Identity (ID)
4. Pregnancy and Reproduction (PR)
5. Sexually Transmitted Diseases and HIV (SH)
6. Healthy Relationships (HR)
7. Personal Safety (PS)



Of these seven topics, Pregnancy and Reproduction (PR) “addresses information about how pregnancy happens and decision making to avoid a pregnancy” (Future of Sex Education, 2020, p. 10). Additionally, Key Concept number one, “Human Development” and Topic number three “Reproduction” attempt to answer the timeless question “Where do babies come from?” (SIECUS, 2004). It is exactly this important educational question this study sought to examine in the children’s books often used to teach the answer.

SIECUS does a slightly better job of discussing the issue of reproduction when compared to other authors and organizations but also leaves out important information about reproduction. Specifically, there is no mention of reproductive intention or why someone would decide to become pregnant and/or have a baby. How and why individuals decide to become parents is an essential component of the reproductive story. Unfortunately, there is no discussion of reproductive intention included in the SIECUS guidelines. As previously mentioned SIECUS uses Key Concepts to present information on sexuality and family living. Under concept number one “Human Development” the third topic “Reproduction” is discussed. According to SIECUS, children as young as four are aware that babies do not simply appear and that the process of creating babies must occur (p. 15). Reproduction is also included in the Right from the Start: Guidelines for Sexuality Issues for Birth to Five Years (SIECUS, 1998). Under Key Concept number one “Human Development” Topic number two “Where do Babies Come from?” is discussed (p. 15). A key message for preschoolers includes that living things produce other living things that are “just like them.” SIECUS goes on to explain that dogs have puppies and cats have kittens, and people have babies (p. 15). The use of the phrase “just like them” appears to be rather vague in this context when the informative message is that each species reproduces with others from the same species. Although this may be more of a biology/history lesson, it is worth

noting. Children are very literal, so it is important to keep responses simple, truthful, and direct (SIECUS, 1998).

Another key message included under “Where Do Babies Come from?” is that once the baby is produced parents can decide to care for the offspring (SIECUS, 1998). Specifically, “once babies are born, both men and women can provide love, protection, and care” (p. 15). The guidelines also note that both a man and a woman are needed to start a baby. Perhaps because of the age of this document (i.e., 1998), SIECUS is perpetuating this heteronormative myth by focusing specifically on the pregnant mother and presenting only the mother/father dynamic. This may stem from the traditional belief that a two-parent household is healthier for children because of the stability provided by both parents in the home (Amato, 2010; Amato et al., 2011; Hetherington & Stanley-Hagen, 1999; Waldfogel et al., 2010). Waldfogel et al. (2010) found that it is family stability and not structure that has the greatest influence on the wellbeing of a child. The SIECUS guidelines highlight that even within the field of sexuality education, there is more work to be done in this area.

### **Significance of the Study to Health Promotion**

Elementary age children are likely to be exposed to information or misinformation about reproduction (SIECUS, 1998). Children are very literal and erroneous information about reproduction perpetuates harmful myths and can lead to confusion at a particularly sensitive developmental stage. As previously mentioned, this information forms concrete understandings that persist into adulthood and have the potential to affect adult reproductive understanding and choices. No published studies have used content analysis to examine reproductive narratives in children’s literature. Trade books, as opposed to textbooks, are marketed to the general population and not written for a specific target audience (Schussler, 2008). According to

Schussler, trade books are often replacing textbooks and being used in the elementary classroom. In addition, there are no published studies that examine the impact reproductive narratives in children's literature can have on healthy sexual development.

The implications perpetuating the myth surrounding reproduction can be more harmful than simply telling children the truth. It can be damaging when an individual grows up and discovers that the information they received about reproduction is false and that the story they were told was a fantasy. The negative health consequences of inaccurate information might not manifest until years after a child has routinely been exposed to certain depictions at home or in the classroom (Crabb & Marciano, 2011). Providing teachers and parents with the necessary skills to select books that present reproduction in a factual and accurate way can positively impact children's lifelong health and development (Schussler, 2008).

### **Purpose of the Study**

The purpose of this study was to examine cultural narratives of human reproduction in children's literature.

### **Research Questions**

The research questions that guided this study include:

1. What are the cultural narratives regarding reproduction within children's picture books?
2. How might these narratives contribute to or detract from sex/health positive development?

### **Operational Definitions**

The following operational definitions are included to provide consistency and understanding of these terms throughout the study. Definitions not accompanied by a citation are

standard definitions appearing in the most current dictionary publication or have been created by the researcher.

*Age Appropriate*—Learning activities designed to be responsive to developmental norms, averages, milestones, and universal developmental sequences (Telljohann, 2016).

*Child*—A human being approximately 4–8 years of age and falling into the reading level pre-K–2nd grade.

*Comprehensive Sexuality Education*—Acknowledges and accepts that all people are sexual beings and aims to provide the knowledge, skills, attitudes, and values required to determine and enjoy sexuality in every facet of life. Covers a broad range of issues relating to the physical, biological, emotional, and social aspects of sexuality (adapted from Guttmacher Institute definition of Comprehensive Sexuality Education).

*Cultural Narrative*—The stories within a modern society that are the primary sources/carriers of knowledge about a given topic (Czarniawska, 2004).

*Developmentally Appropriate*—Learning activities developed to respond to the *age appropriate* characteristics of learners and the *individually appropriate* characteristics of learners (Copple & Bredekamp, 2009).

*Health Positive*—Presents human development in a natural and positive way, emphasizing health as an essential resource of daily life (adapted from the Ottawa Charter for Health Promotion, World Health Organisation, 1986).

*Individually Appropriate*—Learning activities designed to be responsive to differences in individual characteristics, abilities and/or interests of specific learners in specific groups (Telljohann, 2016).

*Picture Book*—A special category of children’s literature in which illustrations and text are presented together to tell a story. Picture books tend to have simple plots and illustrations dominate the text or are equally important as the text (Jalongo, 1988).

*Reproduction*—Human sexual reproduction; procreation.

*Sex Education*—Colloquial expression used as slang by individuals; professionally assumed to limit the amount of information and content taught to basic lessons around anatomy, puberty, STI and pregnancy avoidance.

*Sex Positive*—Presents sexuality and sexual development as a normal, natural, healthy part of human development (Future of Sex Education Initiative, 2012).

*Sexuality Education*—More comprehensive term including education about the entire spectrum of human sexual experience; including gender and sexual identity, social elements of sexuality, complete sexual health, reproduction, pleasure, and other age- and developmentally-appropriate topics in a comprehensive and inclusive manner informed by health behavior theory and evidenced-based practice.

## **CHAPTER II**

### **REVIEW OF THE LITERATURE**

The purpose of this study was to examine the cultural narratives of human reproduction in children's literature. Understanding the importance of reproductive narratives in children's literature is a task that requires a multi-faceted approach. The literature review was designed to examine existing research focusing on reproductive norms, sexuality education, and children's literature as a teaching tool. A review of the available literature confirms the notable absence of research on children's literature about reproduction.

#### **Reproductive Norms**

Reproductive norms are culturally enforced and accepted in society. Having children is one way to conform to the social pressures associated with marriage and family (McNicoll, 1980). Marriage and family have historically merged into one social institution. In reality, marriage and family can be conceptualized as two separate social institutions that sometimes work together. Nearly 25 years ago, Settles (1999) noted that if a consensus on the definition of family had been reached it would not be found in the current literature or research. In 2022, it appears that *family* is still a topic that continues to be defined and redefined to no avail. Families change, and society changes the definition, yet remains at odds about what a family should be comprised of (Sugarman, 2008). In theory, a family is organized and designed to care for children and ensure that they are taken care of. Families are influenced by the conventional beliefs within local communities (Rodd, 1996). Children are raised according to the specific characteristics of the family in which they exist. The members of a family care for other members of the family and the children that are born into their clan.

## **“Family”**

In American society there is a myth that suggests that every family is a stable institution (Cassuto, 2008). Based on the American myth, in a family everyone has a role, plays a part, and knows what is expected of them. The concept of family and how children should be socialized varies tremendously depending on cultures (Rodd, 1996). Traditional beliefs underscore the idea that there must be a universal idea of family if the family and their offspring are going survive (Skolnick & Skolnick, 1988). It is likely that many societies did not survive and were unable to figure out a successful way to raise children. Hence the need for reproductive norms, traditional family values, and intense social pressure to reproduce. While there are no laws stating the acceptable way to reproduce, there are certain socially enforced conditions. Traditionally, in mainstream American culture there appears to be a general understanding of the “right way” to start a family.

The first criteria included in the correct formula for starting a family is to be married. Marriage is recognized as a social institution even though it changes from one culture to the next. The significance of the marital union in the United States is attributed to the social, personal, and religious purposes for which it provides structure (Cherlin, 2005). The United States is a nation established around Christian ideals surrounding the traditional family. Cherlin (2005) illustrated the legal side of the early American marital situation by describing the marriage-based family as a “mini republic.” Christian marriage is part of the foundation from which American democracy is built (Cherlin, 2005).

Over time, the social motivations to reproduce have changed (Gold, 2013). As a result of the high infant mortality rate at the beginning of the 1900s there was a perceived need for high fertility and birth rates. In the early 20th century, for every 1,000 live births nearly 100 infants

died before their first birthday, and in some U.S. cities the infant mortality rate was as high as 30%. Similarly, in the early 1900s six to nine women in the United States died of pregnancy-related complications (CDC, 1999). Societies of the past were dependent on people reproducing. The belief was that if women did not have children, society would not grow, and humans would not survive. Farming communities gave responsibilities to children who were productive members of society at a young age (Skolnick & Skolnick, 1988). In the past, reproduction was a means of building and continuing a family line and less about experiencing the joys of parenthood. Children were a necessary component of continuing and sustaining the family.

After the industrial revolution, the U.S. became a place where children were not required to be productive. The decline of agriculture as a way of life and the establishment of labor laws led to the elimination of child labor. According to Skolnick and Skolnick (1988) the transformation of childhood allowed parents to value their children as people/humans and the relationship with and experience of having a child took the place of exploiting them through work. Historically, 1950's America is presented as a stable, child-centered time with extremely low divorce rates and traditional family values (Skolnick & Skolnick, 1988; Sugarman, 2008). As revealed by Skolnick and Skolnick (1988), during the 1950s 70% of out of wedlock pregnancies resulted in marriage before the child was born. Rates of premarital sex were similar to contemporary rates, but the expectation was that out of wedlock birth was unacceptable (Cherlin, 2005) and thus marriages happened and families were "started" to conform to cultural expectations. Traditionally, teen pregnancy and birth rates have always been high but in the past teen girls were married before having a child. In the 1950s people were concerned with stability, for the family and for society, and believed marriage was the key to this stability and success.



## Marriage

Marriage exists as a social, legal, and often religious contract in the United States. As the economy has changed the contract also has undergone transitions. The Great Depression, World War II, and relatively short life expectancies were largely responsible for the relatively young age at first marriage and limited reproduction in the early 1900's (Kirmeyer & Hamilton, 2011; Sugarman, 2008). The end of World War II sparked both an economic and reproductive outburst in the United States. The feminist movements of the 1960s and 1970s increased educational and employment opportunities for women (Kirmeyer & Hamilton, 2011). Social justice movements for LGBTQ+ people in the 1960s (Stonewall), 1980s (HIV), and as recent as 2015 (marriage equality) further expanded the ideas about who could have children or become parents and what a family might look like. Advanced fertility options would also lead to drastic changes in the world of marriage, family, and reproduction (Cherlin, 2005; Rubin & Wooten, 2007). Cherlin (2005) found that through the 1990s, as job opportunities began to decline the motivation for education increased to make individuals more marketable in the workforce. After a period of historically low divorce rates, the rate of divorce rose rapidly (Cunningham, 2004; Pinsof & Pinsof, 2002). As divorce rates increased fertility declined and the proportion of births occurring outside of marriage rose. Consequently, over time, marriage rates decreased, transforming a perceived social need for marriage and redefining the traditional "family" (Sugarman, 2008).

The restructuring of the conventional nuclear family is an issue often examined in current research. The work of Sugarman (2008) suggests the understanding of an *ideal family* consists of a married heterosexual couple, in which the man worked, and the woman stayed home to care for their biological children. One aspect of the shift of traditional familial values is the increasing number of non-traditional families (i.e., beyond the one man one woman and 2.5 children) and

families without children. *Family* is a word that originates in our vocabulary as young children and cannot be stripped of the early meaning associated with the term even when we learn the variations and varieties later in life (Settles, 1999). Though this definition has somewhat expanded to include LGBTQ+ family structures, adoption, and racially and ethnically diverse families, in contemporary society a social bias against childfree couples is still associated with a traditional version of family.

The stigma attached to couples without children stems from the fact that children are a central component in the creation of the traditional family (Hird & Abshoff, 2000). Colloquially, to “start a family” translates to the addition of children to the arrangement. The Merriam Webster definition of start a family in fact is “to begin having children” (M. Webster, 2021). Today we recognize childhood as a distinct and valuable stage of life (Skolnick & Skolnick, 1988). Children are not yet adults, they are obtaining the skills and knowledge required to survive on their own. Over time, the reason to have children has evolved from more of an economic opportunity to an emotional one. Bachrach and Morgan (2013) found that an elevated social status is attached to parenthood. In this sense, parents are emotionally investing in children (Bachrach & Morgan, 2013). In modern society, deciding to have children is commonly about emotional fulfillment and the achievement of a social obligation (Hird & Abshoff, 2000). The social pressure to reproduce falls heavily on married individuals and forces them into a reproductive niche. Specifically, for females, the existing gender norms that define them through motherhood can place physical, emotional, and social strain on women irrespective of whether they are willing or able to become mothers.

In the past, marriage was defined as, “the union of one man and one woman . . . specifically stating that the word ‘spouse’ refers only to a person of the opposite sex who is a

husband or a wife” (Legal Information Institute [LII], 2020). The Defense of Marriage Act (DOMA) had banned same-sex married couples from receiving the federal benefits of marriage in the United States. While specific states were able to recognize same-sex marriages, under DOMA specific restrictions were placed on all married same-sex couples. Eventually, with the case of *Obergefell v. Hodges*, same-sex couples successfully argued that the states’ statutes violated the Equal Protection Clause and Due Process Clause of the Fourteenth Amendment (LII, 2020). In June of 2015 the Defense of Marriage Act was officially struck down by the Supreme Court, making same-sex marriages legal throughout the United States (Slack, 2013). The arrival of marriage equality did not automatically extend the right to be a parent however, as gaps remain in many states where laws do not account for assisted reproductive technology or even adoption for married same-sex couples. At the state level modifications are being made to address the legal gaps that exist for same-sex parents; however, only 13 states grant parental rights to non-gestational parents (Moreau, 2020).

Over time, more than just the definition of marriage has undergone a transformation. According to the National Council for Children’s Rights marriage represents a mutual promise and a social contract, and is considered a legally binding agreement (National Council for Children’s Rights, 1986). There is a current separation of family and household, in that individuals do not need to marry one another to live together or have children (Cherlin, 2010). Though the legal definitions of who is a “parent” still vary by state and social understanding.

The introduction of the birth control pill in the early 1960s led to a further separation of sexual intercourse and reproduction. The birth control pill allowed couples to have sexual relationships with no intentions or plans to have children (Morin et al., 2014). Specifically, Morin et al. (2014) found that only 41% of adults currently report that children are necessary for

a happy marriage, a notable decline from 65% in 1990. The social acceptance of cohabitation, and single parenthood, in addition to cultural understandings of LGBTQ+ identities, have caused the traditional definition of family to shift, forcing scholars to redefine the parameters of what a family is (Cherlin, 2010).

The United States is a country founded on Christian ideals regarding the traditional family (i.e., one man, one woman, and 2.5 children; Cherlin, 2005). According to certain religious perspectives, choosing to remain childfree is among the conditions (e.g., LGBTQ+ family identities, contraception, women's liberation, etc.) supporting the deterioration of morals and family values. The religious disapproval of childlessness may be linked to the fact that voluntarily childfree couples are less traditional in their religious affiliations. In comparison to parents, childfree couples are less likely to be Catholic, a religion steeped in tradition (Feldman, 1981; Steinbock, 2004). Other research work has supported the idea that religiosity more so than religious affiliation was more negatively correlated with being voluntarily child-free. People who were non-attenders of religious services, those without a religious affiliation, those who did not believe in the Bible, and those who had civil marriage ceremonies rather than religious ones were all significantly more likely to be childfree (Heaton et al., 1992). Parents often turn to religious institutions when socializing and raising children. Couples without children exhibit lower levels of religiosity in comparison to couples who are parents (Heaton et al., 1992). The less traditional religious affiliations and lower religiosity of non-parents support the belief that childfree individuals favor a less traditional way of life (Heaton et al., 1992). Birth control is also an issue from some religious perspectives supporting the idea that individuals utilizing contraception and choosing to live a childfree lifestyle contribute to moral destruction (Steinbock, 2004).

Although the direct influence of religion has gradually diminished over time, socially constructed norms derived from Christianity remain strong in the United States (Cherlin, 2010). One stereotype and moral criticism of voluntary childfree couples originates from a religious perspective. With regard to procreation and reproduction the early Christian and Catholic tradition maintain a strong bioethical position regarding human sexuality and reproduction (Benagiano & Mori, 2009). According to doctrine, sexual intercourse that prevents the possibility of reproduction is sinful and is condemned by the Catholic Church. The Roman Catholic Church has very specific beliefs regarding sexual intercourse and reproduction. In 1968, Pope Paul VI issued a papal encyclical titled “*Humanae Vitae*” that forbid Catholics from using contraceptives or birth control. Further, traditional Catholic marriage vows ask if the couple is “prepared to accept children lovingly from God and to bring them up according to the law of Christ and his Church”(Serratelli, 2016). The only exception that allows this question to be omitted from the ceremony is when the couple are of an advanced age.

Birth control and other methods for preventing pregnancy are considered immoral by evangelical and more traditional religious entities (Steinbock, 2004). Birth control pills and other forms of contraception are believed to allow humans to play God and prevent pregnancy where fertility exists. The Church believes pregnancy because of marital sexual union expresses a husband’s love for his wife and demonstrates a woman’s reproductive capability (Feldman, 1981). Religious doctrine can be construed to argue that contraception supports the deterioration of values and allows humans to manipulate the will of God (Benagiano & Mori, 2009; Steinbock, 2004). In the same way, religious establishments often emphasize scripture intended to maintain and support traditional family values (Heaton et al., 1992). It may be significant to note, however, that despite religious doctrine 98% of sexually experienced Catholic women have

used a contraceptive method aside from family planning, versus 99% of all women (Jones & Dreweke, 2011). A majority of sexually active women (69%) of all denominations are using highly effective contraceptive methods: sterilization (33%), the pill or other hormonal method (31%), or the IUD (5%; Jones & Kavanaugh, 2011).

## **Reproduction**

In the United States, the average family wants two children. For women this translates into approximately five years pregnant or trying to conceive (Kirmeyer & Hamilton, 2011). In contrast, a woman will spend nearly 30 years doing what she can to avoid an unintended pregnancy (Kirmeyer & Hamilton, 2011). An unintended pregnancy is one that was either mistimed or unwanted at the time of conception. In 2008, women reported that more than half of all pregnancies (51%) were unintended, this is 5% of reproductive-age women. By 2011, the percentage of unintended pregnancies had declined to 45% (Finer & Zolna, 2016). Despite declining rates of unintended pregnancy some women still experience higher rates when compared to others. Specifically, factors such as age, income, education, race/ethnicity, and marital status all influenced unintended pregnancy rates. For example, 75% of unintended pregnancies occurred among teens aged 15 to 19 years, with women 18 to 24 years also having the highest rates per 1,000 women (Finer & Henshaw, 2006; Finer & Zolna, 2016). By age 45, more than half of American women will have experienced an unintended pregnancy, and three in 10 will have had an abortion (Jones & Kavanaugh, 2011). Mistimed pregnancies are defined as those that occurred when a woman did not want to become pregnant at the time but did want to become pregnant at some point in the future. Mistimed pregnancies accounted for 31% of all pregnancies (Finer & Zolna, 2016; Santelli et al., 2003). If a woman did not want to become pregnant then or at any time in the future, the pregnancy is considered unwanted. Unwanted

pregnancies accounted for 20% of the total pregnancies recorded (Finer & Zolna, 2016; Santelli et al., 2003).

As previously mentioned, in the United States, 45% of pregnancies and 35% of births are unintended (Bachrach & Morgan, 2013; Finer & Zolna, 2016). In 2001, 3.1 million pregnancies were unwanted or mistimed (Cleland et al., 2011). Pregnancies that are unwanted or mistimed have negative consequences for the mother, the baby, and society (Trussell et al., 2013). The cost of one Medicaid covered birth in 2008 was \$12,613 as compared to only \$257 for contraceptive care per client for the same year (Cleland et al., 2011). The annual cost of unintended pregnancy has been estimated at \$9.6–\$12.6 billion a year (Trussell et al., 2013). Cleland et al. (2011) believed that contraception is an essential preventative care service. Allowing people to plan the timing of their children is necessary for the health of both families and society. This includes allowing people to decide for themselves if children are a desired component of their version of family.

Although the pressure to create an heir has become less intense, the reproductive pressures experienced by some individuals have not. The social demand to reproduce creates a new set of complications and issues that must be discussed. In society women are expected to become mothers to achieve emotional fulfillment and accomplish a social obligation (Hird & Abshoff, 2000). In a pronatalist society like the U.S., it is greatly anticipated and often expected that women become mothers. Accepted beliefs regarding pregnancy and reproduction enforce the belief that all couples, especially married couples, want children and should and will become parents. Social beliefs about reproduction influence and shape the experiences of all individuals, parents as well as non-parents. Consequently, heterosexual couples are the “normal” standard of reproduction in most narratives (e.g., “when a man and a woman love each other . . .”).

Accepted beliefs regarding pregnancy and reproduction enforce the belief that all women must eventually become mothers. Women can reproduce and sustain humanity and it is only natural that they should do so. This perspective leaves out a considerable portion of the pregnancy experience. A human being growing inside another human is a powerful and often life changing event for most women. However, the non-pregnant portion of the population, specifically men and childfree women, will never genuinely understand what a mother-to-be is experiencing (Schmidt, 2006). Therefore, pregnancy establishes a clear division between mothers and the childless population (Wager, 2000). Women are forced to internalize the social belief in reproduction and motherhood as master status (Woollett & Marshall, 2001). It is expected that women naturally want to become mothers. The feminine gender role enforces motherhood as a natural component to womanhood, while becoming a father is something that is optional, and must be learned (Woollett & Marshall, 2001). This is present in the fact that more women than men regard infertility and childlessness as socially unacceptable for women (Schmidt, 2006).

### **Parenthood**

According to Cowan and Cowan (2002) the process of adding children to a dyad, often referred to as becoming a “family,” is more difficult now than it was in the past. Becoming a family in contemporary society sets in motion a chain of potential stressors that may function as risks. For example, if parental distress is not addressed, marital quality and parental relationships with children are more likely to be compromised (Cowan & Cowan, 2002). In general, wives are less satisfied with their marriages after the birth of the first child (Dew & Wilcox, 2011; Waldron & Routh, 1981). This is a result of spending less time with their spouse when compared to child-free counterparts who have more time for spousal intimacy. Spousal time is essential to a



successful marriage as well as improving communication skills (Dew & Wilcox, 2011). After the birth of a child there is less time between spouses for activities that provide marital happiness and marital satisfaction generally decreases (Dew & Wilcox, 2011; Polomeno, 2007). Having a child can require women to spend a lot of time tending to the child and less time with their spouse. This results in less intimacy and a decrease in marital satisfaction (Dew & Wilcox, 2011). Waldron and Routh (1981) found the two marital areas that experienced the most change after the birth of a child were: (a) the degree of overall happiness in the marriage and declines, and (b) the disagreements and problem solving within the relationship increase.

The arrival of the first child can be accompanied by increased levels of tension, conflict, distress, and even divorce. It is inherently difficult to balance the economic and emotional needs of all family members. Having a child forces a redistribution of the energy directed to various aspects of parent's identity. Many new parents experience a profound change and multiple stressors (e.g., reduced and/or lower quality sleep, increased time demands, physical/hormonal changes, increased relationship negotiation, increased economic demands, etc.). The couples most at risk after the birth of a child are those having problems or marital distress before they became parents (Cowan & Cowan, 2002). Couples defined as ambivalent, or unsure about their readiness to have a baby tended to have lower marital satisfaction before the birth, which began to decline within two years of becoming a parent. The greatest risk for marital dissatisfaction was for couples who had serious disagreement about the baby. Most couples who had strong disagreements about whether to complete an unplanned pregnancy were divorced by the time the first child was in kindergarten (Cowan & Cowan, 2002). Not surprisingly, women who value childbearing as the primary goal of marriage are less likely to experience a decline in marital satisfaction after giving birth (Dew & Wilcox, 2011).

This is further illustrated by the difference in parental attitude of families whose decision to bring children in required increased and or concerted effort. Families who must work to have children such as individuals with fertility issues and members of the LGBTQ+ community generally experience fewer negative outcomes related to becoming parents. This evidence furthers highlights the importance and benefits of intentional, planned parenthood.

Vulnerability or risks associated with new motherhood include issues such as social isolation, stress from medical concerns, financial hardship, and not having a partner (Macpherson et al., 2010). For some new mothers having a child can be a stressful time that increases anxiety and insecurity. Mothers who are isolated with minimal social support are at an increased risk of experiencing depression after the birth of a child (Macpherson et al., 2010; J. Webster et al., 2011). Specifically, lack of social support from family, friends, and partners is associated with increased depression and lower health related quality of life for women who have recently given birth (J. Webster et al., 2011). New mothers fear asking for assistance with a newborn child. MacPherson et al. (2010) reported that mothers felt it would seem like asking for too much or as if they were taking advantage of the kindness of friends, family, and neighbors. Hierarchical regression analyses have validated the combination of parental attachment styles (i.e., less secure) with perceptions of support (i.e., low) after the birth of a new child mediating both posttraumatic stress symptoms and postpartum depression (Iles et al., 2011). During the early stages of motherhood support from friends and family is essential to maternal quality of life (J. Webster et al., 2011). Informal support from friends and family is valuable and utilized by new mothers for practical reasons such as taking care of the child or assisting with housework (Macpherson et al., 2010). For individuals who have experienced heightened levels of stress and

anxiety social support is essential to managing stress and maintaining good health (Varvel et al., 2007).

The transition to parenthood presents assorted challenges for modern couples compared to parents of earlier times. Increasingly, new families are created far away from other family, friends, and kin who could share in experiences. Most new parents bring babies home to isolated dwellings where neighbors are strangers causing mothers to feel alone and isolated (Cowan & Cowan, 2002). Wardrop and Popadiuk (2013) found that expectations about parenthood increased feelings of anxiety for expectant mothers. Myths of motherhood also contributed to women's anxiety after childbirth. Women reported feeling that it is taboo in society to talk about the unpleasantness, or the "ugly stuff" associated with motherhood. Therefore, when a woman becomes a mother and it is not pleasant or does not come naturally, she feels shame, anxiety, and depression (Wardrop & Popadiuk, 2013). New mothers feel intense pressure to conform to society's standards of how things should be done (J. Webster et al., 2011). Comparing themselves to other mothers who seemed to be doing "motherhood" better also caused new mothers anxiety. This included their own mothers, friends, or mothers in society who appeared to be more put together (Wardrop & Popadiuk, 2013). Lack of support, feeling alone, feeling isolated and alone contribute to anxiety in new mothers (Wardrop & Popadiuk, 2013).

The occupational and emotional tasks associated with parenthood can be demanding and challenging (Turney & Harknett, 2010; Wardrop & Popadiuk, 2013). The ability of human beings to control reproduction resulted in an increase in women in the workforce (Morin et al., 2014), an important economic support for families. Parents today have more choices about when to have a child and how many children they want to have. This allows the decisions to be that much more momentous and the child that much more precious as they are more likely to be

planned rather than “surprises” that need dealt with. Modern parents also must decide who will work and who will care for the child. Some may regard these options as the advantages of a contemporary lifestyle. Others feel that too many choices can lead to tension and conflict within a marriage (Cowan & Cowan, 2002). Women can postpone having children, control the timing, and adapt childbearing to accommodate career goals and needs (Morin et al., 2014).

Unfortunately, even though most women have entered the labor force, they continue to carry the major share of family work and childcare responsibilities (Chesley, 2011; Dunn et al., 2013).

Zimmerman (2000) found that women assume a disproportionate responsibility for childcare and housework, even when they are employed. Women who are the sole providers for their families are more committed to spending time with children in comparison to men in similar positions. Unfortunately, women often find themselves working both outside of the home as well as inside of the home for their children and spouse (Chesley, 2011; Dew & Wilcox, 2011; Zimmerman, 2000). The work of Zimmerman (2000) suggests that both working and stay-at-home mothers report significantly higher levels of stress and exhaustion compared to their spouses. In contrast, men who are the sole providers for the family reported the lowest levels of exhaustion (Zimmerman, 2000). The low levels of stress experienced by working fathers indicates that men do not experience guilt from being away from children, as well as the double burden of employment combined with household responsibilities often experienced by working mothers.

At-home-father or “breadwinner” mother families in which the mother is the sole provider and the father stays home to care for the children are atypical and violate classic gender roles (Chesley, 2011). As a result of violating gender norms breadwinner mothers feel intense guilt about being away from children and have a sense of missing out on important aspects of

family life (Chesley, 2011; Dunn et al., 2013; Zimmerman, 2000). Working mothers report feeling judged and as if they were bad mothers while stay-at-home mothers felt they were not meeting their potential and were wasting their qualifications doing housework (Zimmerman, 2000). Chesley (2011) reported that some working mothers felt unsupported, judged, and misunderstood by others. Traditional beliefs surrounding motherhood led to the belief that working mothers are selfish and neglectful of their domestic duties (Chesley, 2011; Dunn et al., 2013; Zimmerman, 2000). Jealousy about time stay-at-home-fathers were able to spend with children was also a source of conflict and guilt for working mothers (Chesley, 2011; Dunn et al., 2013). Stay-at-home fathers also faced struggles and dealt with issues of masculinity and a desire to provide for their family (Chesley, 2011). Dunn et al. (2013) found that more than 80% of women reported economic reasons primarily influenced the decision to be the sole provider for the family.

### **Reproductive Choices**

Some groups in the United States are more successful at the planning, timing, and spacing of pregnancies. Married women tend to experience lower rates of unintended pregnancy when compared to unmarried or cohabitating counterparts (Finer & Zolna, 2016). The rate of unplanned pregnancy among married women may also appear lower because married women are less likely to define a pregnancy as “unplanned” or “unintended” even if they were not trying to become pregnant (Finer & Zolna, 2016). The rate of unintended pregnancy is notably higher in the United States when compared to other developed countries, with 5% of reproductive age women experiencing an unintended pregnancy each year (Finer et al., 2005; Institute, 2019). Consequently, over half of American women will have an unintended pregnancy by the age of 45 and three in 10 will have an abortion by the same age (Institute, 2019).

## *Infertility*

Social and cultural reproductive norms run the risk of ostracizing individuals who do not conform to standards set by traditional definitions of family (Lev, 2013; Remennick 2000). Many women have internalized the social belief in motherhood as master status. This is evident in the fact that more women than men regard infertility and childlessness as socially unacceptable (Schmidt, 2006). Couples who want children and are unable to become pregnant often experience higher levels of social acceptance and compassion than those who do not want to be parents. Similarly, women who have accepted infertility and stopped trying to have children are often labeled as “giving up”(Woollett & Marshall, 2001). Medical and technological advances provide several assisted reproductive technologies (ART) that make having a baby possible (Morin et al., 2014; Wyndham et al., 2012) given there is access to financial resources or medical coverage to account for the significant expense. There are a variety of methods by which parenthood can be achieved including artificial insemination, embryo transfer, or adoption (Wyndham et al., 2012). Importantly, these services are often denied to LGBTQ+ families as previously mentioned because of persisting cultural ideas about traditional family structure as well as prejudice.

Many couples are unable to become pregnant without assistance. Sperm, ovum, and embryo donation are positive alternatives for people who are unable to achieve pregnancy through standard methods such as women who experience fertility issues, as well as gay and lesbian couples, and other individuals in the LGBTQ+ community. The procedure is generally offered to women who lack functioning ovaries, have had unsuccessful IVF procedures, or women with existing genetic concerns (Steinbock, 2004). Sperm or ovum donation allows infertile women to perpetuate the reproductive myth as well as the social belief in the nuclear

family (Pollock 2003). Infertility and the treatment associated with it result in depression and lower levels of satisfaction and happiness for many women (Schmidt, 2006). Infertile couples must use alternative reproductive methods to achieve the social status of parent.

Just as birth control and other methods of preventing pregnancy are considered immoral specific religions place stipulations on pregnancy, stating reproduction that occurs without sexual intercourse is sinful (Steinbock, 2004). It is implicit in certain religious belief that infertility is God's way of deciding who should not have children. Operating under this value belief, humans are not meant to possess the power of God and reproductive technology allows doctors to "play God" and create pregnancy where infertility exists. Further, procreation without sex is believed to disrespect the sacred union of marriage. The Church believes pregnancy that results from a marital sexual union expresses a husband's love for his wife and establishes a woman's reproductive capability. According to this belief a woman who freely gives her eggs away is treated inhumanely. Religious critics believe fertilizing eggs outside the body treats women as storage bins, merely holding eggs until they are ready to be used (Steinbock, 2004). The Church believes this behavior is socially, and ethically unacceptable. According to the religious disapproval, reproductive assistance contributes to the deterioration of values and supports moral deviance.

The increased availability of reproductive technology adds to the pressure experienced by infertile couples to reproduce. Individuals without children are often reminded of the availability of reproductive assistance and made to feel abnormal and defective because they are not parents (Letherby, 2002). Unfortunately, infertility and the treatment associated with it often result in depression and lower levels of satisfaction and happiness for many individuals (Schmidt, 2006). Alternative reproductive methods can be invasive and both emotionally and financially draining.

Ultimately, when parenthood is not achieved, many women feel that they have failed at being a woman (Letherby & Williams, 1999; Parry, 2005; Ulrich & Weatherall, 2000). A woman's feeling of failure is frequently mirrored by society's tendency to view them as victims. The social belief surrounding motherhood and reproduction influences and shapes the experiences of all individuals. Compounding the stigma associated with infertility, many women also experience increased pressure to reproduce (C. L. Somers & Paulson, 2000; Woollett & Marshall, 2001).

### ***Childfree***

Morrell (2000) found the pressure to have children is the strongest for married heterosexual women. Under traditional norms the conventional role of women as mothers forces women into a reproductive niche. For women who deviate from the assigned gender role the consequences can be devastating. Despite social pressure to reproduce the number of married couples without children is increasing. In American society it is no longer unusual to encounter a married couple without children or couples who are delaying having children (Bachu, 1999; Blackstone & Stewart, 2012; Cherlin, 2005; Gold, 2013). Following a radical increase throughout the 1980s and 1990s, the percentage of childfree couples in the United States was slightly below 20% in 2006 (Biddlecom & Martin, 2006). In some instances, the voluntary decision not to have children is influenced by many outside factors such as career and educational aspirations and personal interests (Biddlecom & Martin, 2006). The voluntarily childfree challenge the conventional reproductive narrative and the traditional definition of "family" (Blackstone & Stewart, 2012). A heterosexual married couple not to want children is viewed as going against nature and holds the stigma of a deviant act (Blackstone & Stewart, 2012). Similarly, a woman not wanting children is a clear violation of gender and cultural beliefs, since motherhood and



womanhood are considered synonymous (Ulrich & Weatherall, 2000). The fact that the number of childfree married couples is increasing raises questions regarding the social definitions of family and reproduction.

As dictated by the accepted reproductive belief, married couples *should* eventually have children (Callan, 1985). Married, voluntarily childfree women challenge the social belief that women are defined through sexual reproduction. Some women who do not become mothers believe that being a woman is not dependent on sexual reproduction and that having children is a conscious choice more than a compulsory obligation. Being childfree allows womanhood and motherhood to become separate and independent social roles. The stereotype that childfree couples are unhappy originates from the belief in parenthood as a necessary component to marital satisfaction. According to this belief, couples who do not have children must feel that something is missing in their lives (Hird & Abshoff, 2000). This belief is not supported by the literature.

Whether voluntary or involuntary, in a pronatalist society women without children are considered deviant (Callan, 1985; M. D. Somers, 1993). The stigmatization associated with infertility is often less severe than the stigma attached to individuals who choose to be voluntarily childfree (Callan, 1985). A woman who has made the conscious decision not to fulfill her role as mother is believed to be unhappy with her decision. Non-mothers are often viewed as unfulfilled and dissatisfied in contrast to mothers who receive satisfaction from their children (Morrell, 2000). Although infertile women never reach their master status, they are “making an effort” (Callan, 1985). According to the ageist stereotype, as women grow older and their contemporaries are becoming grandmothers, they will begin to regret their decision to remain childless (Morrell, 2000).

Some couples feel that becoming parents is simply not right for them or their marriage/relationship. These individuals hope to maintain their current relationship rather than allowing a child to detract from marital quality and leisure time (Hird & Abshoff, 2000). Childfree individuals gain satisfaction from other areas of life and do not feel that parenthood is the correct life path for them (Wager, 2000). Despite the social stigma, benefits associated with a childfree lifestyle include increased marital satisfaction, career success, increased mobility, and independence (Barnett et al., 2005; Houseknecht, 1979; Park, 2002). In her study of voluntarily childfree couples and parents, M. D. Somers (1993) found that childfree women tend to be well-educated, slightly more likely to have a doctorate, and on average have a higher annual income when compared to parents. Aside from career and educational aspirations childfree couples also place greater value on independence, freedom, and personal interest (Hird & Abshoff, 2000). Childfree women cited freedom and flexibility as motivating factors in their decision not to have children (M. D. Somers, 1993). According to Wager (2000) women are expected to care for others, and act in ways that benefit others as opposed to thinking about themselves. Women who do not want children feel that a genuine aversion to motherhood is reason enough not to reproduce. Women in this category cited a lack of interest in the responsibilities of raising a child as the main motivating factor in their decision to remain childless (M. D. Somers, 1993).

### ***Abortion***

Finer and Henshaw (2006) found that in 2001 rates of unintended pregnancy and abortion were higher among unmarried women than among married women, and highest among cohabitating women. Marital status influences a person's attitude toward abortion. The pro-life movement focuses on social norms and accepted cultural values regarding pregnancy and

reproduction. Pro-life activists focus on “family values” as they conservatively define them and believe abortion is a sign of moral deterioration. Therefore, married individuals are assumed to be more family oriented and consequently more opposed to abortion (Strickler & Danigelis, 2002). The pro-life stance of some married individuals may also be associated with marriage and reproduction. The cultural belief surrounding reproduction presumes that married individuals will have less desire/need for abortion. It can also be assumed that married individuals are more likely to want children and are better able to care for them. Although married women do experience unintended pregnancies, in 2001 only 27% resulted in abortion compared with 58% for unmarried women (Finer et al., 2005). In this sense, socially accepted norms regarding marriage and reproduction allow marital status to influence attitudes regarding abortion (Hess & Rueb, 2005), as well as increasing the likelihood that an unexpected pregnancy in a marriage is more likely to be accepted, continued, and ultimately embraced.

Excluding miscarriages, 40% of unintended pregnancies in 2008 ended in abortions (*Facts on induced abortion in the United States*, 2011; Finer et al., 2005; Institute, 2019). When examining something as morally debatable as abortion, it is important to understand the factors that shape and influence individual’s opinions. Religion, race, and gender have been shown to influence an individual’s attitude toward abortion. Marital status and opinions regarding premarital sex can influence a person’s opinion about the morality of abortion.

Religion significantly influences an individual’s attitude toward abortion. Many people believe that from a religious perspective abortion violates the will of God. The research of Hess and Rueb (2005) has also demonstrated that an individual’s religious preference will significantly influence their attitudes toward abortion. Catholics are more likely to have conservative attitudes toward abortion. An individual who chooses to follow a certain religion

also acquires a set of religious beliefs and values. Religious preference has a considerable influence on abortion attitudes, typically producing traditionalist pro-life positions. The Catholic Church has played a key role in opposing the legalization of abortion. Strickler and Danigelis (2002) found that Catholics are more likely to hold pro-life positions and oppose abortion for any reason. Over time the Catholic Church has remained committed to its pro-life position in the fight against abortion. Although slight changes have occurred over time many Catholics continue to hold pro-life viewpoints. In 2014, of women seeking abortions in the United States 24% identified their religion as Catholic. The percentage of women identifying as Catholic decreased by 15% from the previous survey but was a minimally significant change (Jerman et al., 2016).

Race is another significant factor influencing an individual's attitude toward abortion (Finer & Henshaw, 2006). Finer and Henshaw found that rates of unintended pregnancy varied dramatically by race. In 2001, Black and Hispanic women had higher rates of unintended pregnancy, birth, and abortion when compared to White women. Structural racism in education and access to reproductive choices further confounds this relationship. Historically, the White population was more likely to favor, and be able to afford and have access to, abortion when compared to other racial categories (Combs & Welch, 1982). Previous research also found that some underrepresented groups, particularly Blacks and Hispanics, were less likely to support abortion in comparison to the White population, largely due to a religious connection. In 1988, the racial gap in attitudes toward abortion was still evident. In their study of trends in abortion attitudes, Boggess and Bradner (2000) discovered that by 1995 the racial gap in attitudes toward abortion had become insignificant.

Over time the racial gap in attitudes toward abortion has gradually narrowed. Eventually, the racial gap was eliminated, and trends began to reverse. The finding that the White population

has grown more conservative regarding abortion is consistent with racial trends in abortion attitudes during the 1970s and 1980s (Bogges & Bradner, 2000). Strickler and Danigelis (2002) found that the racial gap in attitudes toward abortion had narrowed throughout the 1970s and 1980s and that the pattern had eventually reversed. According to their study, by the 1990s the Black population was more likely to support abortion than the White population (Strickler & Danigelis, 2002). Currently, Black women are more likely to end an unintended pregnancy in abortion when compared to other racial and ethnic groups (Finer & Zolna, 2016). Finer and Henshaw (2006) found that from 1994 to 2001 the percentage of unintended pregnancies ending in abortion declined. In 2008 Black women had the highest percentage of unintended pregnancies at 92 per 1,000 women. In comparison, higher income White women have an unintended pregnancy rate that is half the national rate at 20 per 1,000 women (Finer & Zolna, 2016). Overall, the percentage of unintended pregnancies ending in abortion has decreased across all racial groups (Finer & Zolna, 2016).

### **Sexuality Education**

As described above, the various physical, social, emotional, occupational, and financial cost of parenthood are all left out of reproductive narratives, in general, as well as in children's literature. Talking with youth about sexuality is often sanitized for their "benefit." The ethical and moral rightness of the decision to censor sexuality education is often neglected. Former Surgeon General Elders in her advocacy for comprehensive sexuality education once said that "sex is for more than procreation once or twice in life; sex is also for a lifetime of pleasure" (Elders, 2011, p. 248). Sex and reproduction must not be ignored or discussed quietly behind closed doors but should be pulled into the public domain. Individuals in modern society need to be mindful of the effects reproduction can have on their lives, as well as the lives of others. At its

core, education has a fundamental obligation to dispel the myths, impart knowledge, and create well-informed citizens. Children who receive appropriate education will be capable and empowered to make critical life choices based on the best evidence available.

There is perhaps no more intimate moment in the life of a family than when a child looks up at her caretaker and asks, “Where did I come from?” Culturally, this is often represented as the parent reacting fraught with anxiety and discomfort (Dyson, 2010). Depending on intention, parents may attempt to answer this question with a multitude of different responses. Some parents may want to be honest but not share too much information. Others may be excited about grandchildren but not “too soon.” Many are not capable of providing an age, developmentally, and experientially appropriate response that is also scientifically accurate (Dyson, 2010). Despite planning, preparation, and anticipation, parents often do not feel ready when the time comes to answer children’s questions about reproduction. They may also feel disturbed, scared, and/or surprised that the child has asked at this time, under the circumstances, because of some event or trigger, or at all. Regardless of how uncomfortable a parent may feel they somehow manage to answer the question. Given the answer, messages are received and immediately processed by the young learner. Early sexual socialization provides the foundation upon which future reproductive decisions will be made.

Ecological models of health behavior emphasize the environmental and policy contexts of behavior. Social ecological models also incorporate social and psychological influences. This leads to the explicit consideration of multiple levels of influence, guiding the development of more comprehensive interventions. The purpose of an ecological approach is to inform the development of comprehensive interventions and approaches that can systematically target mechanisms of change at several levels of influence. Influences on behavior interact across the

different levels. Social ecological approaches that promote health should be behavior specific because interventions aimed at several levels of influence are the most effective at changing behavior.

According to the principle of reciprocal determinism, individual behavior both shapes and is shaped by the social environment (Stokols et al., 1996). Accordingly, healthy behaviors are thought to be maximized when environments and policies support healthful choices and individuals are motivated and educated to make those choices (McLeroy et al., 1988). To be effective, a program or intervention must demonstrate how a change in behavior will have a positive influence in many settings, not just one. An examination of sexuality education, pregnancy intention, and the economic cost and health consequences of unplanned pregnancy can reframe the reproductive narrative. To improve reproductive and sexual health there must be new methods of engagement in advocacy targeting people, programs, and policies.

Specifically, ecological perspectives provide two key ideas relative to the sexual socialization and education of young learners. As explained by Glanz et al. (1997), “behavior is viewed as being affected by, and affecting, *multiple levels of influence*” (p. 15). Originally outlined by McLeroy et al. (1988), these five levels of influence for health-related behaviors are:

1. Intrapersonal factors-characteristics of the individual such as knowledge, attitudes, behavior, self-concept, skills, etc. This includes the developmental history of the individual.
2. Interpersonal processes and primary groups-formal and informal social network and social support systems, including the family, work group, and friendship networks.
3. Organizational factors-social institutions with organizational characteristics, and formal (and informal) rules and regulations for operation.

4. Community factors- relationships among organizations, institutions, and informal networks within defined boundaries.
5. Public policy-local, state, and national laws and policies. (p. 355)

Each of these levels operate in influencing the timing, content, and quality of sexuality education.

### **School-Based Sexuality Education**

Public policy regarding reproduction in the United States has an inflammatory and controversial history. Whether it is the Adolescent Family Life Act (AFLA) of 1981, Title V abstinence-only-until-marriage program in 1996, or Community Based Abstinence Education (CBAE) in 2000 federal funding for abstinence education programs is nothing new.

The Adolescent Family Life Act (AFLA) was signed into law in 1981. The program aimed at reducing premarital sex and reducing teen pregnancy (McClelland & Fine, 2008; McClelland & Frost, 2014). Underlying the Adolescent Family Life Act (AFLA) was the public opinion that the government had provided too much funding to Planned Parenthood and other family planning providers, essentially endorsing a national “contraceptive mentality” (Saul, 1998). A different program was necessary to counter the spending allocated to the AFLA. Essentially, the new program banned funding for family planning services or the provision of any abortion-related information to AFLA program participants (Saul, 1998). In 1981 when the Adolescent Family Life Act was developed there was no existing evidence that abstinence-only (AO) education worked. The lack of evidence supporting the effectiveness of AO education remains true to this day.

The Temporary Assistance for Needy Families Act (TANF) was signed into law in 1996 and enacted Title V, Section 510(b) of the Social Security Act. TANF, better known as “welfare



reform,” created new federal funding for abstinence-only-until-marriage programs (McClelland & Fine, 2014). With the passage of the Title V abstinence-only program came a specific definition of “abstinence education” that all programs that receive Title V abstinence-only-until-marriage funds are governed by (McClelland & Fine, 2014). According to the specific eight-point definition “abstinence education” means an educational or motivational program which:

- A. has as its exclusive purpose teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
- B. teaches abstinence from sexual activity outside marriage as the expected standard for all school-age children;
- C. teaches that abstinence from sexual activity is the only certain way to avoid out of wedlock pregnancy, sexually transmitted diseases, and other associated health problems;
- D. teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of sexual activity;
- E. teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;
- F. teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child’s parents, and society;
- G. teaches young people how to reject sexual advances and how alcohol and drug use increase vulnerability to sexual advances, and
- H. teaches the importance of attaining self-sufficiency before engaging in sexual activity

Federal funding for abstinence-only education expired June 30, 2009. Despite this funding change, abstinence-based and abstinence-only education in the U.S. persists (Lindberg &

Maddow-Zimet, 2012; Panchaud & Anderson, 2016). Stanger-Hal and Hal (2011) found that abstinence-only education not only fails to reduce but has the potential to increase pregnancy rates. Comprehensive sexuality education that includes abstinence as an option rather than a directive was associated with the lowest teen pregnancy rates across states (Stanger-Hall & Hall, 2011).

There is intense debate around whether abstinence-only education should be taught in public schools or comprehensive sexuality education. The incidence of teen pregnancy and births is positively correlated to the degree of abstinence education occurring across states (Stanger-Hall & Hall, 2011). Richer states have higher populations of White students and teach abstinence less and consequently have lower rates of teen pregnancy. In contrast, poorer states have higher levels of both teen pregnancy and religiosity (Stanger-Hal & Hall, 2011). Thus, this funding stream continues to affect disparities directly related to age at first birth and number of children. One of the primary goals of the Healthy People Initiative is to eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all (U.S. Department of Health and Human Services, 2020). If the nation is truly working towards health equity and the elimination of health disparities, it is necessary to address the undeniable impact of inadequate sexuality education, with specific concern for certain populations.

The implementation of comprehensive sexuality education including birth control and contraceptives, as well as sexuality and sexual health, is a necessity. Sexuality education should include information on the different types of birth control that are available as well as the advantages, disadvantages, and effectiveness of each method. Sexuality education must provide individuals with the skills and knowledge necessary to make healthy and responsible decisions

about sex. Advocates and educators must work with parents to promote education beyond the teenage population to ensure individuals of every age have appropriate sexuality education. This would include decision-making around the intentions and timing of reproduction as they fit within an individual's values.

Comprehensive sexuality education can begin to reduce the failure rate of contraception as a result of consumer misuse. Elders (2011) asserted that "the best contraceptive in the world is a good education" (p. 249). Similarly, Satcher (2001) believed being sexually mature "includes the ability to understand and weigh the risks, responsibilities, outcomes and impacts of sexual actions and to practice abstinence when appropriate" (p. 1). Without proper education, one cannot properly understand sexual actions, as well as what any potential consequences may be.

Preferably, sexuality education should take place at home when children are young (Angera et al., 2008; Martino et al., 2008). The American Academy of Pediatrics suggests that pediatricians encourage parents to engage in reciprocal, honest, and open dialogue about sexuality with children beginning early in their child's life (Martino et al., 2008). A common theme with sexuality is that often it is not considered important enough to mention until puberty (Baldwin & Bauer, 1994). Walker (2001) found that many parents waited until children came to them with questions, while others felt sex education should be postponed until children were "old enough" or mature enough. Some parents felt that when children had questions, they were not ready for the information requested and the parents censored the information or did not tell them everything (Walker, 2001). Parents determine what is appropriate based on social norms or the sexuality education they received (Walker, 2001). If parents have confidence in the fact that their child is not sexually active, communication about sexuality will focus on parental values. However, if parents suspect or know their child has had sexual intercourse communication topics

tend to be more factual (Beckett et al., 2010). Whether a parent has a positive or a negative perception of providing sex education is affected by their past experiences with sex education (Angera et al., 2008). Health educators need to support parents in their role as primary sexuality educators for their children (Wilson, 1994).

Individuals have sex because of natural biological urges that occur before and during puberty and have nothing to do with communication or education about sex (C. L. Somers & Paulson, 2000). Sexuality education and informing young people about sexuality does not lead to increased sexual activity (C. L. Somers & Paulson, 2000; Walker, 2001). The inclusion of objectives focused on sexually transmitted diseases in the Healthy People 2030 campaign shows that progress is being made towards safer sex education. Specifically, Objective FP-04 aims to, “increase the proportion of adolescents who have never had sexual intercourse” while Objectives FP-05 and FP-06 focus on the use of effective birth control methods for both male and female adolescents (U.S. Department of Health and Human Services, 2020). According to the Department of Health and Human Service’s Healthy People 2030 the strength of the objectives is directly related to collaboration efforts and the utilization of public contribution. Unfortunately, progress is slow, and it is necessary to create objectives that focus less on secondary prevention and more on positive, healthy sexual development (i.e., primary prevention).

Sexuality education must take a proactive developmentally appropriate stance (Baldwin & Bauer, 1994). A prevention focus in sex education can unintentionally communicate harmful messages (Wilson, 1994). Some destructive messages associated with preventative sex education include: sex is more negative than positive, sex is dangerous, sex is unnatural and should be controlled, and that all romantic encounters are heterosexual (Wilson, 1994). Messages conveyed in sexuality education should be health positive and proactive. The education of young people

about sexuality especially needs to be more proactive and less reactive as this serves as a socializing agent around values and feelings related to sexuality. Parents and teachers need to talk to children early in life to prevent unhealthy decisions that can have a detrimental influence on them for the rest of their lives (Angera et al., 2008) as well as to help foster health positive attitudes and feelings regarding sexuality and sexual health.

Although children today have a slightly better grasp on human sexuality, fertility and reproduction than children of the past, the answer to the question “where do babies come from?” has become increasingly complicated (Dyson, 2010). Children at the preschool or early elementary age are likely to receive information or misinformation regarding reproduction (SIECUS, 1998). According to SIECUS and the Early Childhood Sexuality Education Task Force (1998) children at four years of age understand that a baby must be created and does not just appear out of nowhere. It is important to give accurate information that is developmentally appropriate and will not cause more confusion (SIECUS, 1998). As noted in the Right from the Start: Guidelines for Sexuality Issues for Birth to Five Years key messages regarding reproduction include:

- All living things reproduce by creating other living things that are “just like them”  
Examples include dogs having puppies, cats having kittens, and people having babies (p. 15);
- Both a man and a woman are needed to start a baby;
- Once a baby is born both men and women can care for the baby. (SIECUS, 1998)

Just as Healthy People categorized the population into definable groups based on age in 1979, the SIECUS Guidelines present developmental messages by age levels. The levels are broken down into four distinct categories which reflect distinct stages of development (SIECUS,

2004). According to the guidelines for children from birth to five years it is important to remember that children are extremely literal (SIECUS, 1998). When examining health issues related to early childhood Level 1 is of importance. Specifically, Level 1 includes middle childhood, ages 5 through 8 and early elementary school (SIECUS, 2004).

Early childhood is generally defined as birth to year 8 (U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, 2020). Correspondingly, the age levels presented in the SIECUS Guidelines reflect the age categories contained within the Healthy People 2030 Early and Middle Childhood Objective.

### **Parents as Educators**

Positive rather than fear-based sex education is what should be implemented in school and at home. The family as a venue for sexual health provision is somewhat neglected. Parents should play a fundamental role in teaching children about sexuality (Walker, 2001). Despite the lack of preparedness and awkwardness, in surveys children report recognizing their parents as main sources of sex education (Walker, 2001). Parents feel apprehensive about their abilities to educate their children about sexuality (Baldwin & Bauer, 1994; Wilson, 1994). Parental embarrassment or fear can stem from insecurities, lack of information, or general nervousness about the subject (Wilson, 1994). Some children do not ask questions about sexuality because they sense parents and other adults are unwilling or uncomfortable to answer. Parental discomfort can further increase children's anxiety and embarrassment about sexuality (Baldwin & Bauer, 1994; Haffner, 1995; Harris, 1994).

Parents are a child's first educator, whether intentional or not. Therefore, parents can play a fundamental role in the development and maintenance of their children's health (Turnbull et al., 2008). Particularly, the information parents give children about sexuality allows them to form

attitudes, beliefs, and values (Sieswerda & Blekkenhorst, 2006; Turnbull et al., 2008). Later in life these attitudes and values can shape a child's feelings and opinions (for good or for bad) about relationships and intimacy (Turnbull et al., 2008). Somers and Paulson (2000) found that most communication from parents tends to occur after rather than before sexual behavior begins.

Parents who notice children are becoming interested in sex or are already engaging in sexual intercourse may feel pressured into communicating about sexual topics with children. Somers and Paulson (2000) found that increased parental communication has the potential to decrease adolescent sexual behavior. Parents have been identified as the most important influence on the sexual decision making of youth. Effective parent-youth communication can be used to prevent early sexual initiation (Aspy et al., 2007; C. L. Somers & Paulson, 2000). Minimal communication about sexuality from parents is associated with unhealthy decision making among adolescents (C. L. Somers & Paulson, 2000). Having clear rules as well as openly communicating about sex with children are noteworthy predictors of abstinence (Aspy et al., 2007).

Sex education varies greatly even within similar geographical areas and is typically unplanned (Walker, 2001). Mothers tend to initiate sex education with children because mothers spend more time with children, have better interpersonal skills, and express intimacy better in relationships with children (Angera et al., 2008; Walker, 2001). Adolescents talk more to mothers than fathers about sexual issues. Emotional and physical availability of the mother could account for this, in that historically mothers were around more often because fathers were often working outside the home (Turnbull et al., 2008). In general, mothers in the household provide sex education to both male and female children (Angera et al., 2008; Walker, 2001).

An examination of parental attitudes towards sex education reveals a discrepancy in the way mothers and fathers communicate both with children and one another (Sieswerda & Blekkenhorst, 2006). Mothers believe they are the sole providers of sex education in the home, while fathers report it is a collaborative effort. Despite theoretical participation in the sex education of their children, when questioned, fathers state that delivery of sex education is the mother's responsibility (Sieswerda & Blekkenhorst, 2006). Fathers also found communicating about sexual topics difficult, resulting in mothers talking with children more (Sieswerda & Blekkenhorst, 2006; C. L. Somers & Paulson, 2000; Turnbull et al., 2008). Older females who were not close to their fathers and received more communication from their mothers reported more frequent sexual behavior (C. L. Somers & Paulson, 2000). Fathers are less likely to initiate sex education conversations and are less likely to engage in conversations with daughters. In general, when fathers provide sex education it is more often to sons than daughters (Angera et al., 2008).

Parents generally do not feel they are able to offer sufficient or adequate information when it comes to sexuality education. For example, Beckett et al. (2010) found that if parents have confidence in the fact that their child is not sexually active, communication about sexuality will focus on parental values. However, if parents suspect or know their child has had sexual intercourse communication topics tend to be more concrete (Beckett et al., 2010). Once again demonstrating that communication from parents often takes place after sexual initiation has already taken place. Sexuality is an important component of healthy development for young people and is necessary for mental and physical well-being (Shtarkshall et al., 2007). Sexuality education should and needs to be left to the professional health educators (Turnbull et al., 2008).



## Sexual Socialization

Sexuality is an important component of healthy development for young people. Healthy sexual development is necessary for mental and physical wellbeing. Although sexuality is important, it is also a controversial issue and one that unfortunately does not always get the attention it deserves. The work of Shtarkshall et al. (2007) highlighted some of the primary differences between sexuality education and sexual socialization. *Education* is intentional and meant to teach knowledge and provide skills. When done properly, education effects the developmental path of the individual. Programs designed to teach sexuality education should promote sexual literacy, providing knowledge as well as promoting skill development (Shtarkshall et al., 2007).

In contrast, sexual socialization is an involuntary process that occurs over time. Through this process an individual acquires an understanding and appreciation that allows them to form their own attitudes and opinions regarding sexuality. Socialization begins at home from the moment a child is exposed to beliefs and values. Specifically, parental communication about sex, love, affection, nudity, and modesty, will influence how children understand their own sexuality (Shtarkshall et al., 2007). Sexual socialization also takes place outside of the home as children start to notice social and cultural norms and get involved in the community. The media is also responsible for a substantial portion of the sexual socialization that occurs among adolescents.

As noted by Beckett et al. (2010), “talking about sex is not an all-or-nothing event” (p. 35). Talking about sexual topics often allows adolescents to feel comfortable and establish open communication with parents (Aspy et al., 2007; Beckett et al., 2010; Martino et al., 2008). Repeated communication is more effective in creating closeness among adolescents and parents when dealing with sexuality (Martino et al., 2008). Closeness of parent-child relationships also

has significant consequences for adolescent sexual health (Martino et al., 2008). Parents have been identified as the most important influence on youth sexual decision making (Aspy et al., 2007). Effective parent-youth communication can be used to prevent early sexual initiation. Having clear rules as well as openly communicating about sex with children is noteworthy predictor of abstinence (Aspy et al., 2007). Similarly, adolescents who reported a positive parent connection were less likely to initiate sex at a young age, and more likely to use protection. A positive parent connection also fosters good parent-adolescent sexual communication (Martino et al., 2008), an important task for future and ongoing sexual health needs of youth and emerging adults.

Sexual socialization occurs in all aspects of children and adolescent lives, and it occurs everywhere: home, school, media, and social media. Everywhere children are they are exposed to messages about sexuality (Angera et al., 2008; Shtarkshall et al., 2007). It is difficult for parents to be the primary educators of sexuality for children because in society individuals are bombarded with messages about sexuality (Baldwin & Bauer, 1994; Haffner, 1995). As discussed by Haffner (1995) sex is only one of many difficult topics that children will potentially have questions about. Unfortunately, many families are not discussing sexual health with children (Walker, 2001; Wilson, 1994). Unlike challenging questions about death, homelessness, or unnecessary acts of violence, many sexuality questions can be answered with facts (Haffner, 1995). Wilson (1994) found many parents want sex education for their children and parents prefer sexual health to be discussed within the school.

### **Children's Literature**

Among traditional methods and new technological techniques, one way to teach functional knowledge and skills to children is with literature. While reading to children is not a

replacement for life experience it can enrich learning immensely (Georgiou, 1969; L. Wagner, 2013). Parents who read to and are read to by their children increase connectedness which is linked to improved academic achievement as well as improved health outcomes (Blum, 2005). Children whose parents read to them often demonstrate early achievement in language development and literacy skills (L. Wagner, 2013). Using literature at home and in the classroom is also a way to teach values and expose a child to an experience that they may not have experienced otherwise.

Books can play a crucial role in exposing children to societal values and norms. The media plays a role in children's socialization and development from a very young age. In addition to images in advertisements and on television the images presented in books are also symbols that influence the way children see the world and respond to certain situations. As noted by Meganck (2010), "the medium of children's books serves as a socializing tool to transmit values from one generation to the next, and in turn, is a strong purveyor of gender role stereotypes" (p. 4). Informational books provide a break from textbooks and should allow children to form their own understanding of theories and concepts related to the subject in question (Manna & Symons, 1992). As discussed by Manna and Symons, an effective informational book keeps children engaged whether they are reading the words or looking at the illustrations that supplement the text. Well-written and scientifically accurate children's books can also offer a supportive framework for adults to convey important information while also allowing the flexibility for the adult reader to supplement the story with their specific family's values.

Children are innately curious and can ask as many as 30 questions an hour (Manna & Symons, 1992). As parents and educators, it is essential to give children accurate information. As noted by Manna and Symons, the

Amount and kind of information we share with children, as well as the words we choose and the examples we use to make concepts and ideas concrete and accessible for them, should be based on what we know about specific characteristics of their intellectual and personal development. (p. 163)

Teachers as well as parents should be prepared with the most current and developmentally appropriate information available when dealing with children (Manna & Symons, 1992).

Well-written and scientifically accurate children's books can also offer a supportive framework for adults to convey important information while also allowing the flexibility for the adult reader to supplement the story with their specific family's values.

Unfortunately, giving children a list of facts and answering questions in a straightforward manner will not always satisfy the natural wonderment that perplexes many young minds. It is essential to approach the questions from the perspective of the child (Manna & Symons, 1992). Books can be extremely effective tools in the socialization and guidance of children (L. Wagner, 2013). Specifically, a story that is about the topic in question can be particularly useful. Stories make facts and information "interesting, relevant, and significant" (Manna & Symons, 1992, p. 163). A large amount of education about health occurs within the family (Walker, 2001). Health information presented effectively through an informational book can reinforce facts children are already receiving from trusted adults and teachers (Manna & Symons, 1992).

## Picture Books

Reading comprehension and the ability to retain information are essential language skills that continue to develop throughout the school age years. Individuals remember organized stories more accurately and can make clear judgments about story organization. The inquisitive nature of children combined with a picture book can turn learning into an adventure. When comparing attention to text versus pictures pre-school aged children spend most time looking at pictures rather than text (Justice et al., 2005). Specifically, 2.7% of pre-school aged children's attention focused on print and 2.5% of their time was spent in regions of print (Justice et al., 2005). According to Justice et al., in this context, "children are viewed as active 'meaning-making' participants and adults are viewed as dynamic facilitators of children's literacy engagement" (p. 239). This not only applies to text but also illustrations.

It is also important to note that parents and the general public are using picture books and children's literature as instructional material. Picture books have the potential to inform and serve as social engagement and gateways of learning (Waxman et al., 2014). When selecting a book, the target audience and the goals and purpose of the author in writing the book should be considered. Author intention is specifically relevant when selecting children's books because they are often used as teaching tools (Georgiou, 1969; Meganck, 2010; L. Wagner, 2013). Parent intentions when selecting a book about reproduction are generally going to be to help them discuss this sensitive and potentially difficult subject with their child. Sexuality education and socialization are taking place both inside and outside of the home and school (Shtarkshall et al., 2007). It is the responsibility of health education specialists in schools to ensure that the quality of the information within the book is credible and represents the field of health in a reputable and factual manner. It is equally important to also support parents and caretakers in this regard as

they are typically lacking in ability to discern discipline-specific objectives, messages, and content.

Georgiou (1969) discussed six categories of children's literature: (a) picture books and storybooks, (b) poetry, (c) folktales, fairy tales, myth, legend, and fables, (d) historical stories, (e) realistic stories, and (f) informational literature. *Picture books* as defined by Georgiou (1969) are a highly specialized visual art form that ultimately uses the power of pictures to teach children the sounds and meaning of language (p. 62). They are a simple unit of text in comparison to *picture storybooks* that have more developed stories, complex text and include fewer pictures (p. 62). In addition, the Enoch Pratt Free Library (2022) defined a picture book as A book, most often written for children, in which the content, whether a story, an alphabet, or a nursery rhyme is conveyed through the use of words and pictures in combination or through pictures alone. A picture book differs from an illustrated book in that the pictures it contains form an essential part of the structure of the book.

Examples of types of picture books include:

- Board Books—Designed for the youngest learners (birth–2 years of age). Board books are made of cardboard and can endure ripping and tearing;
- Concept Books—Introduces children to a specific theme such as the alphabet, counting, or colors;
- Easy Reader—also known as Beginning Readers or Early Readers, uses a limited vocabulary and are structured as chapter books. Text blocks are large and organized into chapters while images function as illustrations rather than essential components of the story;
- Non-fiction—introduces new topics to children in an easy way; and

- Wordless Picture Books—stories in Wordless Picture Books are told entirely by illustrations (Enoch Pratt Free Library, 2022).

With the publication of “Children and Their Literature,” Georgiou (1969) attempted to create a reference for individuals interested in children’s literature. The text contained historical accounts of children’s books, analyses of existing children’s literature, as well as additional references and reviews. Georgiou also included criteria for evaluating picture books and picture storybooks. These criteria include: Theme, Plot, Characterization, Style, and Design (pp. 90–92). Georgiou presented conditions for evaluating the quality of picture books from a literary perspective. Through the publication of *Children’s Literature for Health Awareness*, Manna and Symons (1992) took evaluation of books a step further and presented information for educators in an attempt to expand health knowledge. As indicated by the title, the authors hoped to increase health awareness around health-related literature. The detailed information within the books allows teachers to connect health messages with children’s literature in a way that would supplement the material, being taught in the class. Specifically, Manna and Symons (1992) developed a checklist for evaluating informational books (pp. 172–173). The checklist is broken down into four main categories that include:

1. The Treatment of the Material,
2. Approaches to the Information,
3. Quality and Quantity of Information, and
4. Additional Considerations (Manna & Symons, 1992).

Under each category there are specific criteria and questions that the reader can ask as they are evaluating the quality of the book. For example, under “Quality and Quantity of Information” questions that should be asked include: “Are the authors’ qualifications made

known? Are there indications that the information is accurate and current?” (p. 173). Ultimately, the checklist helps educators determine if books contain quality health information and should be used in the classroom. Similarly, as a parent, the quality of information is important, and the checklist can be used for determining if books are useful. When presenting health information, the accuracy and validity of the content is of the utmost importance. Verifying the qualifications of the author is critical to validating the overall quality of an informational book. (For the original “Evaluating Informational Books” checklist see Appendix A.)

### **Reproductive Narratives in a Sample of Children’s Picture Books**

Human sexuality picture books tell a story and allow children to construct and develop personal understandings of the topic being presented. Relationships and family interactions presented in picture books can support the concept that sexuality education begins with parents and should take place at home. Sexuality is a part of our everyday lives, and using books allows children to understand and remember specific sexuality concepts in a more meaningful and concrete manner (Waxman et al., 2014).

Picture books are a unique form of art and are used every day in the lives of many children (L. Wagner, 2013; Waxman et al., 2014). Through interactive storytelling, picture books can capture a child’s attention and allow them to create a bridge from the story to the real world. In the case of human reproduction, children have the opportunity to see how the individuals in the story interact with one another. Unfortunately, as a society we often create a fairy tale around *normal* sexual reproduction when it is not the statistical norm at all. Normal is something defined as usual, standard, ordinary, or occurring often. The heterosexual and intentional version of reproduction often presented in children’s literature is trying to normalize something that is not typical (Esposito, 2009).



Though parents should be, and often want to be, the primary sexuality educators of their children, some parents are uncomfortable discussing sexuality (Dyson, 2010). Research by Walker (2001) revealed that some parents simply bought books and left them in the home for children to find. Utilizing books about sexuality was also used as a way to start the conversation and provide information (Walker, 2001). Picture books can bring security and a level of comfortability into sexuality education, a topic that can be somewhat difficult for parents to discuss with their children (Walker, 2001). The quality and accuracy of these books therefore is of the utmost importance. Currently a method of discerning the “better” books from the “bad” ones is absent among the literature. Books used effectively for sexuality education will present the facts directly as well as answer questions. Parents should be able to educate their children accurately and appropriately.

### **Content Analysis of Children’s Literature**

Content analysis is a research technique used to examine written communication (Neuendorf, 2002). It is used with existing material, information, or data in a finished form such as books, essays, news articles, speeches, or pamphlets (Mayring, 2014). Content analysis allows researchers to examine pieces of material culture with relative ease in a systematic manner (Taylor, 2003). The work of Taylor revealed that content analysis can be used to examine the objects of modern culture associated with social communication. Advantages of using content analysis include the provision of cultural insight as well as insight into language through analysis of texts over time (Weber, 1990). Content analysis as a research method can help identify misinformation and describe attitudes and psychological states (Weber, 1990). The use of both quantitative and qualitative operations offered by content analysis as well as the closeness to text can be extremely useful when looking at themes in children’s literature.

Children's picture books are a unique form of art incorporating various written and visual techniques (L. Wagner, 2013). Numerous studies have used content analysis to examine a variety of themes in elementary children's literature (Adams et al., 2011; Beach et al., 2009; Bickford & Rich, 2015; Roper & Clifton, 2013; Sandefur & Moore, 2004; Turner, 2006; L. Wagner, 2013). Researchers also have started to consider the role that children's literature plays in gender stereotyping and social sexualization (Crabb & Marciano, 2011; Gooden & Gooden, 2001; Hollis-Sawyer & Cuevas, 2013; Weitzman et al., 1972; Mathuvi et al., 2012; Meganck, 2010; Taylor, 2003; Weitzman et al., 1972). Simonds and Jungels (2014) specifically examined sexuality education books for children including books for older children as well as advice books for parents (Simonds & Jungels, 2014).

Despite the power literature can have on the development and socialization of children (Sandefur & Moore, 2004), existing research does not adequately address the themes found in contemporary books about sexuality that are currently in print. The increased popularity of content analysis in the world of children's literature has had limited influence on the knowledge base of sexual health and reproduction. To date, there are no published content analyses of children's picture books about reproduction, even though these studies can provide beneficial information about how picture books represent sexual health content.

In the United States, the topic of reproduction has historically been instilled with personal, familial, religious, political, and other social values that have sparked much controversy, particularly regarding educating children and youth. There is no evidence that other researchers have investigated the cultural and social messages about reproduction embedded in children's literature. This oversight in sexuality education can have health-negative consequences, among the children and youth receiving the messages, that extend well into

adulthood, especially if the information provided in these books is incomplete, inaccurate, or confusing. The way children's books present information has been shown to influence children's perceptions and attitudes (Lampert & Walsh, 2010; Roper & Clifton, 2013; Sandefur & Moore, 2004). During shared book reading adults rarely focus on the text within picture books and even when print is prominent, preliterate children seldom focus on text (Justice et al., 2005). Most children learn the necessary story telling skills from the stories they hear and even without formal preparation children will often learn to tell stories correctly and appropriately (Justice et al., 2005; L. Wagner, 2013).

As noted by Schussler (2008) trade books are defined as, "books that are marketed to a general audience and not created for a specialized or specific audience" (p. 1677). Trade books, including picture books, are being used in the elementary classroom more and more and are the second most popular among children, following fiction (Schussler, 2008). Specialized books include textbooks for schools and classroom instruction. Some classrooms only use trade books and no formal textbooks. The concern becomes what children are learning from picture books. Importantly, Schussler (2008) found that children could not tell the difference between fact and fiction in the books that they read. Without the appropriate intervention, students learn false information about the topic being presented. Though a checklist of criteria that teachers should be using when choosing books to include in the classroom do exist, many teachers either have little time to prepare lessons or have limited knowledge and background in children's literature (Schussler, 2008).

The purpose of this chapter was to review existing literature on reproductive norms, sexuality education, and the use of children's literature as a teaching tool. It is important for health and sexuality educators to participate in the evaluation of sexual health focused children's

literature. Understanding the value of reproductive narratives in children's literature is a task that requires a multi-faceted approach. Research methods of this study are addressed in the following chapter.

## **CHAPTER III**

### **METHODOLOGY**

The purpose of this study was to examine cultural narratives of human reproduction in children's literature. This chapter introduces and validates the use of content analysis as the research methodology for this study. The use of content analysis and emergent coding allowed for a deeper understanding of the cultural narratives of human reproduction that we tell children and provided a way to develop themes from the data. The applicability of content analysis and emergent coding are discussed at length in this chapter. The methodology, including the sampling procedure, data analysis, emergent coding process, and book evaluation criteria are also discussed in this chapter.

#### **Research Questions**

This study was driven by the following research questions: RQ1: What are the cultural narratives regarding reproduction within children's picture books? RQ2: How might these narratives contribute to or detract from sex/health positive development?

#### **Methodology Selected**

Content analysis is a complex qualitative methodology the definition of which has developed over time. Mayring (2014) defined content analysis "as an approach of empirical, methodological controlled analysis of texts within their context of communication, following content analytical rules and step-by-step models, without rash quantification" (p. 2). In this context, content analysis can be used to study written documents, television programs, photographs, magazines, music recordings, or children's books (Taylor, 2003). According to some, content analysis primarily is a quantitative research technique that stems from the

scientific method. Neuendorf (2002) defined content analysis as an analysis of messages that relies on the scientific method and is not restricted by the variables or the context in which the messages are created or presented (p. 10). To enhance certain studies, quantitative content analysis can be supplemented with qualitative methods in a mixed method approach to inquiry (Neuendorf, 2002).

A benefit of using this form of analysis stems from its meticulous nature and that the material is examined step-by-step, often multiple times. Content analysis is predicated on the notion that language is essential to communication thus highlighting the meaning of text. Schreier (2012) defined content analysis as “a method for systematically describing the meaning of qualitative material. It is done by classifying material as instances of the categories of a coding frame” (p.1). Importantly, Schreier noted that content analysis is systematic, flexible, and reduces data. The subsequent discussion includes suggested steps to take when conducting content analysis (Busch et al., 2005; Weber, 1990):

1. State research question—Clearly identifying the research question or questions provides focus for the study. It tells the researcher and eventually the reader what the intention is and why.
2. Select a sample—After establishing a clear research question for the study a sample must be selected. The texts that are selected must be large enough not to create bias but conservative, so the final sample is not overwhelming when it is time to code.
3. Examine data—Once the book sample has been selected for analysis the researcher must examine the data and determine the categories, themes, and relationships that exist.

4. Define unites of analysis/categories—The analysis of the data will lead to the emergence of themes and categories.
5. Code data—In qualitative research, coding can refer to various methods used to reduce or catalog data (Schreier, 2012).
6. Interpret findings—The significance and importance of each category is evaluated.

Using content analysis as organized by Schreier's suggested method (2012) this study analyzed the reproductive narratives in a sample of children's picture books. Research question one was explored through the implementation of content analysis. Coders read and reviewed books that aligned with the previously established criteria to determine what content is being represented. As outlined by Taylor (2003) content analysis can be used to analyze the items of contemporary culture associated with social communication. Advantages of using content analysis include the increased cultural awareness as well as insight into language through analysis of texts over time (Weber, 1990).

### **Sampling Procedure**

Children's books expressly written to teach about sexuality and sexual health make up an evolving genre of literature. For this study, the definition of a picture book was taken from the work of Jalongo (1988) who described a special category of children's literature in which illustrations and text are presented together to tell a story. Picture books tend to have simple plots and illustrations dominate the text or are equally important as the text (Jalongo, 1988).

### **Book Selection**

Taylor (2003) noted that previous researchers have used purposive sampling by including Caldecott Award winners or other award-winning books in their research. The Caldecott Award is given out annually to the artist of the most distinguished American picture book for children

(American Library Association, 2021). By way of example, Meganck (2010) used Caldecott winning books from 2000–2010 as well as non-award-winning books that were bestselling books as determined by the New York Times bestseller list. Notably, Meganck (2010) included bestselling children’s books in the study, “in order to draw from a large and representative sample of the books that are currently being read to children” (p. 11). In contrast to a mixed sample approach that can include both award winning and non-award-winning books, in their analysis of sexism in children’s literature, Kinman and Henderson (1985) sampled only award-winning literature, selecting books that had received the Newberry Medal Award. Using only award-winning literature creates an elite convenience sample with a bias that does not accurately represent the books presently being read to children (Adams et al., 2011; Anderson, 2011).

Due to the practical nature of this study, texts were drawn from a larger source than award winning picture books or books that have been rated as bestsellers. In this context, deciding to use award-winning versus bestsellers is not the only issue that can arise when conducting literature-based research. Other unique challenges arise when determining sample selection. For example, when purchasing books from a bookstore the researcher must take into consideration the number of books that are unavailable at a specific location or currently sold out (Anderson, 2011). When using a public library, there are unique issues to take into consideration such as books that are lost, checked out, on hold, or unavailable in the collection (Goins, 2004; Sandefur & Moore, 2004; Turner, 2006). Many researchers conducting analysis of children’s literature utilize one or more online distributors. Amazon.com, the leading online book seller, Barnes and Noble.com or a combination of both are used the most often (Bickford & Rich, 2015; Hollis-Sawyer & Cuevas, 2013; Lee et al., 2014; Phillips & Sturm, 2013; Roper & Clifton, 2013; Schussler, 2008).



Amazon.com Inc. officially was founded in 1994. Just one year later Amazon sold a book online for the first time, becoming an online bookstore (Resca & Spagnoletti, 2014). In 1999, Amazon created the Amazon review feature allowing customers to provide feedback about products purchased from the website (Kousha & Thelwall, 2016). Amazon also started to use the New York Times Best Seller list on the official website in 1999 (Bao & Chang, 2014). The combined use of both the Amazon review and the Best Seller List have enhanced sales and improved Amazon's overall performance over time (Bao & Chang, 2014).

Kousha and Thelwall (2016) were the first to examine the extent to which Amazon reviews were useful for research evaluation. Amazon reviews can be written by anyone and are not peer reviewed. According to Kousha and Thelwall (2016) because Amazon reviews can be edited by the public the reviews are not valuable for evaluation purposes. Despite some limitations, other researchers have found the use of Amazon.com and "best-seller" lists to be extremely useful in conducting research (Adams et al., 2011; Simonds & Jungels, 2014).

It is only appropriate when investigating available children's literature that Amazon, the world's largest online retailer would be used (Hof, 2006; Hyland, 2015). Therefore, books for this study were selected using the leading online book distributor in the world, Amazon.com (Lee et al., 2014; Roper & Clifton, 2013).

The sample for the study was selected from books meeting the following criteria:

1. Children's picture books published in English,
2. Children's picture books that tell the story of reproduction in some capacity,
3. Children's picture books that are currently in print available on Amazon.com, and
4. Children's picture books written for PreK–2nd grade.

Books in the sample were selected from a key word search conducted on Amazon.com. Key words and phrases for the search included: reproduction for children, illustrated books about reproduction, reproduction, sex, baby, making a baby, and where did I come from. The search was conducted using the following steps:

1. Go to [www.amazon.com](http://www.amazon.com)
2. Select *Books* from the drop-down menu, click search icon
3. From the Books Department under *Category* select *Children's Books*
4. On the right side of the screen under
  - a. Book Type check *Picture Book*
  - b. Language check *English*
  - c. Availability un-check *Include out of Stock Books*
5. Search Term *Reproduction* (over 2,000 results)
6. Narrow search to only include *Children's Books—Science, Nature and How it Works: Anatomy and Physiology* (45 results)

The sample size was based on an examination of other content analyses focusing on children's books as well as the outcome of the described selection process. Other researchers have used samples that varied greatly ranging from as small as one book (Beach et al., 2009) to 14 books (Simonds & Jungels, 2014) or as large as 60 books (Adams et al., 2011). Within the current selection protocol, not all identified books were chosen for study inclusion. For example, books that did not appear to be or did not say explicitly that they were written for children within the specified age category of PreK–2nd were excluded. Similarly, books that were not expressly used to teach reproduction were removed from the sample as well as any books that were not written in English. Other books that were not selected included those that were unable to be

purchased on Amazon.com, as well as E-books or any books that were only available online. E-books were excluded because they are restrictive in their use and not appropriate for the kinesthetic needs of the PreK–2nd population (Anderson, 2011).

The resulting book titles and descriptions were read and evaluated for inclusion in the study. Books that did not meet the specified criteria were immediately eliminated. Some books were eliminated quickly because they did not meet the five necessary selection criteria for the study. Books exclusively about sexual intercourse, puberty and menstruation, textbooks, and selected books that appear again in a language other than English (Spanish editions) were also eliminated. Amazon sponsored books were also eventually eliminated. Amazon sponsored products are available for a variety of professional sellers and vendors. To increase sales ads often appear right where customers will see them, such as the first page of search results and product pages. The Amazon sponsored books were not related to the content area and often repeated multiple times within one search result. Once a book was selected it was added to the selection list. Books can often appear in multiple Amazon categories but were only included in the final sample one time.

A snowball technique was used while searching key words until theoretical saturation occurred. According to Schreier (2012), saturation requires that “each subcategory is used at least once during the analysis, i.e., that no subcategory remains ‘empty’” (p. 77). Specifically, when material does not produce any new insights, and does not lead to the creation of new categories this is when the criteria for saturation have been achieved (Schreier, 2012). Using the snowball technique ensured that other suitable and appropriate books about reproduction were included in the sample. Specifically, the Amazon website provides a “Customers who bought related items also bought” feature on the website (Resca & Spagnoletti, 2014). The Amazon

customer monitoring service essentially provides a built-in snowball sample generator. A total of five Amazon key word searches combined with the use of the “Customers who bought related items also bought” feature was used to reach theoretical saturation.

Ultimately, 46 books were initially identified as meeting the selection criteria. Further review of the final list revealed that three of the 46 books were not available in print and could only be purchased via Kindle e-books. These three books were eliminated from the final sample. Once the final list of 43 books had been selected, hard copies of each book were purchased from Amazon. Upon arrival each book was informally read and discussed by the primary researcher and one of the coders. After the initial review, one book was eliminated because it did not meet the designated age requirements set forth for the study, resulting in a total of 42 books to be analyzed in this study. The complete book list can be found in Appendix B. After the preliminary reading, each book was scanned and distributed among the researcher and coders.

### **Data Analysis**

The nature of content analysis requires a closeness that can be used to interpret texts for purposes such as the development of expert systems (Schreier, 2012). Coders read the entire set of books many times over the course of the study and copies were available for everyone involved in the study. In addition to the primary researcher there were two additional coders. The supplementary coders were selected for their expertise in the field of health education and promotion, sexual health, qualitative research and content analysis, and children’s literature.

### **Emergent Coding**

According to Schreier (2012) in qualitative research coding can refer to any number of different procedures. In content analysis, coding generally is used to reduce or index data (Weber, 1990). There is currently no existing codebook used for analyzing reproductive

narratives in children's literature, therefore, a codebook was created. Coding involves establishing units of meaning into defined categories. Especially with conceptual categories, it is imperative to clearly define the rules for what will and will not be included to ensure consistency among coders (Schreier, 2012).

As discussed by Schreier (2012) the early stages of qualitative data analysis can be overwhelming and confusing. There are three units specifically important with qualitative content analysis: units of analysis, units of coding, and context units (Schreier, 2012). Units of analysis describe each case on which qualitative content analysis is conducted. For the current study each of the 42 children's picture books are considered a unit of analysis, henceforth defined as books. Correspondingly, units of coding are elements that can provide details to assigned categories within the coding frame. The units of coding are relative to the study categories and not defined in absolute terms (Schreier, 2012). Context units include any material surrounding a unit of coding that facilitates the understanding or meaning of the material. In this analysis, this might include the words or topic on the page relative to the illustrations or drawings provided for example.

Establishing a coding frame around units of coding provides order and structure to the data analysis process. Coding in this study was not blind as the researcher and the coders knew the research questions prior to reading the books. Therefore, an emergent coding process was used to generate the codebook. As implied by the name, emergent coding allows the code to emerge naturally throughout the process. The emergent coding process allows researchers to read the books and record themes within the stories as they develop. Williams (2008) noted that emergent themes must be observed firsthand in the data as well as theoretically connected to the broader investigative framework. When using open coding, individuals read the books and

record patterns, themes, irregularities, and inconsistencies within the stories as they appear (Bickford & Rich, 2015).

The sample for this study consisted of picture books, and common themes and findings, also known as units of coding, arose naturally. Illustrations in children's books work together harmoniously to contribute to the meaning of the story (L. Wagner, 2013). The researcher and coders took notes on themes as well as details related to language and illustrations. The definition and distinction of coding units is essential for the inter-subjectivity of qualitative research, especially when inter-coder reliability tests are intended (Weber, 1990).

Prior to creating the final coding instrument, a practice reading was conducted for the first research question using a selection of three books from the 42 children's books available. Coding rules are especially important if multiple researchers are involved and identifying and solving problems early is essential to the success of the research (Anderson, 2011; Schreier, 2012). The books represented three of the four types of books included in the study based on content and included:

1. For Mommy So Loved You
2. Where Did I Come From?
3. The Amazing True Story of How Babies are Made

During the trial reading each person (the researcher and both coders) read through the three books independently and recorded themes, concepts, and ideas related to reproduction. Coders were instructed to read and re-read if necessary as well as examine illustrations throughout the process. The trial provided a way for the individuals to determine how they would process the data for the remainder of the study. Consensus after examining the books individually provided structure and the organization needed to manage the emerging themes. The

primary researcher assessed the recurring themes and created a set of primary topics that would ultimately be the framework for the Visual Organizer (VO) or coding frame, that was used to manage data during the study.

The following 15 themes were prominently identified throughout the sample and used as the coding frame:

1. Who does it?
2. How it is done/Mechanics
3. How “sex” as an act is discussed
4. Fetal growth and development
5. Talk of sex/gender of the baby
6. Birth
7. Ingredients/recipe
8. Presence of animals
9. Wishful/magical thinking
10. Anthropomorphism of human parts
11. Plants/animals as analogies
12. Talk about the body
13. Other versions of the story
14. Slang or inappropriate language
15. Why it is being done

Once these units of coding were identified and agreed upon by the research team, the three books were re-read and coded using the new VO to verify its appropriateness and exhaustiveness.

When all three coders were confident in the utility and completeness of the VO, it was then used as the coding frame to collect and analyze data for the remainder of the study (see Appendix C).

### **Validity**

By design, qualitative content analysis provides built in reliability verification (Schreier, 2012). Specifically, researchers often collaborate with other individuals to have material coded by an outside source, creating intercoder reliability. After the initial trial and the creation of the coding frame VO, all three coders began the process of reading the books and entering data into the organizers. The intention was for data to fit into the organizer naturally, meaning, every theme would not be present in every book. Lincoln and Guba (1985) argued that the same elements used in quantitative research do not transfer to qualitative research. Consequently, they presented their notion of trustworthiness to establish a more relevant system for evaluating qualitative research.

The next step was conducted to establish and maintain inter-rater reliability. Coders met regularly to review certain areas of the coding frame and discuss specifically challenging material. After the data had been entered into the VO, the coders met to discuss findings and determine what categories within the frame needed to be reviewed and which stood out the most. Consensus was reached on most categories, but discrepancies were recorded and reviewed. After evaluation, if a discrepancy existed, coders went back, checked the data again, and made the appropriate corrections. Uncertainties and questions about the VO were also discussed during the meeting. There were questions regarding VO categories that could be interpreted the same way but have different meaning in the context of this research; For example, “How ‘sex’ as an act is discussed” versus “How it is done/Mechanics.” While both categories are discussing sexual intercourse, the former category is asking for the lens through which society views or “talks



about” sex in the story. In contrast, the latter is asking about the process, and how the action of sexual intercourse is described. For example, the lines “a tiny piece of mommy and tiny piece of daddy joined in special dish” and “doctor put sperm inside mother” were both originally coded by one coder into “How ‘sex’ as an act is discussed.” Further analysis revealed that these statements are about reproduction and the process of becoming pregnant, and did not reflect the social perspective on sex.

After each coder had entered data from all 42 books into the VO the next phase of data analysis began. The raw data were combined by the primary researcher into one central file referred to as “Visual Organizer for Book Content COMPLETE SET.” Eventually the data would be condensed and merged but in this preliminary stage the data was unedited and color-coded to maintain separation: Primary researcher—black, coder one—blue, coder two—pink. When the VO had been combined into one file consolidation and analysis of themes began. An individual Word document was created for each of the 15 categories of the VO. Each Word document was simply titled Draft #1. Next, the material from the corresponding box in each VO for all 42 books was directly cut and pasted into the Word document. At this point in the analysis nothing had been edited or removed from the original data and the words were still color coded according to who entered the information. Each Draft #1 contained the data from all 42 books and data from all coders.

The next phase in the data analysis allowed the narrative to start taking shape. As previously mentioned, the first step was to move material to the appropriate VO Draft if it was not meant to be in the category in which it was originally placed. For example, the phrase “ducks hatch wearing bow ties and bows” was moved from “Birth” to “Talk of sex/gender of the baby” during this phase. The second phase consisted of material from Draft #1 being copied, counted,

and tallied in a Word document entitled Draft #2. Once the material had been read and verified, it was crossed off and added to a separate Word document entitled Draft #3 to keep track of themes as they began to emerge. Each theme was listed as it appeared and represented by the frequency of its appearance in parentheses. Unnecessary data, or what would be classified as outliers, were removed during this phase of analysis.

After editing and consolidating material in Draft #3 the emergence and analysis of themes began. It is worth noting that “How it’s Done/Mechanics” presented the most difficulty in this stage of the analysis and was saved until the end. It was one of the lengthiest content areas included in the VO, and ultimately is the central question the books should be addressing. This topic was approached differently than the other categories and was broken down even further before being analyzed further in later drafts. Specifically, within “How it’s Done/Mechanics” two categories were created, “Traditional Methods” and “Non-Traditional Methods.” Within the subcategories any statement that was considered traditional (i.e., reproduction through intercourse) was placed there and all non-traditional methods (i.e., IVF/egg & sperm donation/IUI, Adoption/Foster Care, Surrogacy, Gestational Carrier/Surrogate Mother, Single Parent) were placed under non-traditional. Each category would then subsequently be broken down in Draft #4.

Aside from analysis of the most repeated ideas and concepts, the transition from Draft #3 to Draft #4 was also a time to determine themes that could be combined and merged for the final analysis. This stage in the analysis was a transition from simply tallying words and phrases into the evaluation of themes present in the story. The thoughts and comments of the primary researcher were included along with the data in Draft #4.

The final phase of the analysis for the first research question occurred in Draft #5. During this stage certain VO categories that could be combined were merged into one category.

Examples include *presence of animals* and *plants and animals as analogies*, this was the only VO category that was condensed into one. After merging into one group (Presence of Animals/Animals and Plants as Analogies) the following 14 categories remained in Draft #5:

1. Who Does it
2. How it's Done
3. How Sex as an Act is Discussed
4. Fetal Growth and Development
5. Discussion of Sex/Gender of the Baby
6. Birth
7. Ingredients/Recipe
8. Presence of Animals/Animals and Plants as Analogies
9. Wishful and Magical Thinking
10. Anthropomorphism of Human Parts
11. Other Versions of the story
12. Talk about the Body
13. Slang/Inappropriate Language
14. Why it's Being Done

In Draft #5 themes within the VO were consolidated for the final time. Each VO category was randomly assigned a color and the Draft #5 data set was printed on matching color-coded paper for visual analysis. Each VO category title was similarly printed on the corresponding color, laminated, and cut out. The color-coded cards were used to create an open outline format

or scaffolding visually and physically for the reproductive narrative that is being told by the books used in this sample. Analysis revealed five primary reproductive narratives with the children's picture books that are discussed in Chapter 4. The five primary themes include:

1. The prevailing narrative
2. The traditional narrative
3. The non-traditional narrative
4. The least common narrative
5. The absent/invisible narrative.

### **Book Evaluation**

The second research question continued to examine children's picture books asking how reproductive narratives can contribute to or detract from sex- and health-positive development. Research question two was assessed using an instrument created by adapting the Manna and Symons (1992) *Checklist for Evaluating Informational Books* (see Appendix A). Created in 1992, the original checklist was broken down into specific categories (i.e., treatment of the material, approaches to information, quality and quantity of information, and additional considerations) that include detailed criteria and questions for the reader to ask when evaluating the quality of a book. For the present study, questions were turned into indicators and formatted into a 5-point Likert scale (Appendix D). The Likert scale ranges from: *Strongly Disagree* (0), *Disagree* (1), *Neither Agree/Disagree* (2), *Agree* (3), and *Strongly Agree* (4). It was hoped that the Likert scale would allow the researcher and coders to equate a score to measure the quality of the books selected for the study.

Questions that did not pertain to the research questions (e.g., the author discusses the effects of the subject on institutions) or that were not relevant to sexual health (e.g., the author is

enthusiastic about the subject) were removed. Some of the questions from the original checklist were multi-faceted in nature and therefore were separated to focus on one issue per question. For example, the third question in the original checklist asked, “Do the author’s style and tone demonstrate a respect for the child’s intelligence, awareness, and experience? Will the information, and the concepts it supports, be understood by the children for whom the book was intended?” (Manna & Symons, 1992, p. 172). This one question became two individual indicators in the adapted instrument: *The material presented is developmentally appropriate*; and *The information will be understood by the children for whom the book was intended*. Each indicator was also worded to ensure that it was appropriate to the current study. For example, questions about *adequate representation of race/gender/age* became *adequate representation of racial and ethnic diversity, sexual identity, and family structures*. Like the original checklist, the current instrument had four sections: *The Treatment of the Material* (seven indicators; scored 0–35), *Approaches to Information* (one indicator; scored 0–5), *Quality and Quantity of Information* (seven indicators; scored 0–35), and *Additional Considerations* (two indicators, scored 0–10). Section two included space for up to three additional indicators (each scored 0–5) that may have needed to be added once the original content analysis was completed and important indicators identified. Ultimately, this allowed the researcher (and potentially parents and teachers in the future) to determine if books contain accurate health positive information and should be used when teaching children about reproduction.

As discussed by Goins (2004), in her research on plant-centered children’s books, the checklist did not produce dichotomous ratings for every book with regard to high/low or good/bad quality. The checklist was intended to determine the overall quality of the books based on various standards and guidelines. Each book is a unique product written with a specific

intention by the author and every book in the sample does not meet every category in the checklist. Like the trial reading before coding books for the first time the checklist required editing and adjustments before it was finalized and ready for use.

The purpose of this chapter was to describe the research methods of the current study. The methods of this study were designed to best evaluate the current research questions. Specifically, content analysis was used to determine the reproductive narratives told to young children through the use of children's literature. Additionally, a checklist adapted from Manna and Symons (1992) was utilized to facilitate an evaluation of the sex-positive and health-positive nature of these stories. Analysis and interpretation of the findings of this study are addressed in the chapters that follow.

## CHAPTER IV

### ANALYSIS OF THE FINDINGS

The purpose of this study was to analyze cultural narratives of human reproduction in children's literature. This chapter introduces the fundamental themes and narratives that emerged in a sample of contemporary children's picture books.

#### Data Analysis

The research was conducted in two parts. The first was a content analysis of children's picture books to determine what cultural narratives about reproduction are included within these stories. Books that met the following criteria were included in the first part of the research:

1. Children's picture books published in English,
2. Children's picture books that tell the story of reproduction in some capacity,
3. Children's picture books that are currently in print or available on Amazon.com, and
4. Children's picture books written for Pre-K–2nd grade.

The second portion of the research addressed the question, how might these narratives contribute to or detract from sex/health positive development? Using an instrument created by adapting the Manna and Symons (1992) *Checklist for Evaluating Informational Books* (see Appendix D), questions were turned into indicators and formatted into a 5-point Likert scale (0–4) to assess the quality of the books as educational teaching tools.

#### Content Analysis

Through content analysis, the use of emergent coding allowed themes to occur naturally and without restrictions or bias. Analysis of themes revealed five reproductive narratives prominently told within children's picture books:

1. The prevailing narrative
2. The traditional narrative
3. The non-traditional narrative
4. The least common narrative
5. The absent/invisible narrative

Each narrative includes stories and themes specific to that category. It is pertinent to note that segmenting material prevents overlap and allows each unit to fit into a category of the coding frame (Schreier, 2012). In this study, segmentation allowed for the development of the coding frame, 14 distinct units of coding, and ultimately produced the subsequent reproductive narratives. While each narrative is unique in the way it describes reproduction, they share commonalities in that they were created using data from the coding frame.

Reading books to children is an essential component of their development, both emotionally and academically. In the early 1950s Rand McNally Publishers joined forces with the National College of Education to create a series of small, illustrated hardback books for young readers. The series, known as the junior elf books or start-right elf books, were designed to educate and entice young readers (D. P. Wagner, 2005). Examples of books in the series include *Sleeping Beauty*, *Noah's Ark*, and *Snow White and the Seven Dwarves*. On the inside cover of *Sleeping Beauty* a message for parents and teachers from the National College of Education reads,

Each [book] has been carefully selected according to criteria developed by early childhood specialists on staff at the National College of Education. These books are factual, fanciful, humorous, questioning, and adventurous. A library acquired in this way will provide many hours of pleasurable and profitable reading for parents and children.



One concern arises from the word factual being used to describe a story that begins with the words “ONCE UPON A TIME.” Unfortunately, it is what follows these four words that is even more troublesome. In the story of Sleeping Beauty there is something far more manipulative that has been overlooked as a mere fairy tale when it is the central part of our cultural narrative. The opening line reads, “Once upon time, there lived a King and a Queen who grieved because they had no child” (p. 2). With this first sentence the story supports the cultural imperative of reproduction, enforcing the idea that individuals who are unable to have children must grieve as if it is a loss. Despite being published 70 years ago this book still represents the current narrative being told again and again in children’s picture books.

### ***The Prevailing Narrative***

The first narrative was the prevailing or dominant narrative. This was the story told the most often within each book. The dominant narrative did not separate out traditional versus non-traditional versions of the story and looked at how often a specific theme was referenced throughout each book.

*Everyone all humans and people and plants and animals have babies. Making love or having sex feels good and bodies are made to fit together to make babies. You need a sperm and an egg to make a baby and women or moms make the special baby making eggs. The sperm race to meet the egg. Often you wish and dream and pray for the baby to come because not having a baby makes you sad. Babies grow in someone’s belly and sometimes a doctor is involved who puts the sperm and egg together outside of the body. The baby grows for 9 months and sometimes animals like storks deliver babies but usually when a baby is too big or ready to leave the womb it is born. The first thing people ask is “is it a boy or a girl?”*

One persistent theme throughout the prevailing narrative was the idea that everyone, all living things, reproduce and have babies. Within the sample there were 42 noted occurrences highlighting the fact that everyone has babies. This included the key phrases all humans, plants, animals, people, grownups, and every individual. Examples of this theme can be seen in *The Amazing True Story of How Babies are Made*, “Babies, babies, everywhere . . . every animal makes babies” (p. 2) as well as *Where do Babies Come From?* “Nature has given every living thing a way to make a baby” (p. 1). Aside from simply reproducing, all living things are also making babies that look just like them, in *What’s the Big Secret*, By Laurie Krasny Brown, Ed.D. “all living things—plants, animals, and people—make other living things that are just like them” (p. 20). The idea of all parents producing babies to make families physically identical to themselves is also shown in *And Tango Makes Three*, where each specific animal ranging from red pandas to toucans and cotton-top tamarins are making families of their own.

Another recurring theme found in many books but most notably in the prevailing narrative is women as passive birth vessels. This can be seen in *What’s in There* by Robie Harris, “when a baby is ready to be born, it’s mommy’s muscles squeeze and push the baby out of her uterus” (p. 23). In this example the baby determines the time of birth and the mother’s muscles simply push the baby out. The passive mother also appears in *Where Did I Come From?* by Peter Mayle: “The baby is now ready to come out, and nature starts things moving in the right direction” (p. 36); and *How Babies are Made* by Andrew Andry and Stephen Schepp: “after nine months you were ready to be born” (p. 73). The following page contains the lateral view of a pregnant body, displaying the fetus in utero and further supports the passive mother narrative stating, “the muscles in your mother’s body helped you go out through her vagina” (p. 75). In *Made with Love* by Kate Petty, “the mum’s muscles work hard to push the baby out of her

womb” (p. 20). Finally, in some stories like *Miracle* by Jason Pinter, and *Miracle Baby* by Jennifer Bennett the birth happens, and the baby arrives with no discussion of the mother at all.

An additional theme throughout the prevailing narrative was the unhappiness that a life without children creates. Overwhelmingly, individuals pursuing parenthood in the dominant narrative are motivated by the sadness they feel because they do not have children. This theme is clearly demonstrated in *Hope and Will Have a Baby* by Irene Celcer. Hope and Will are childhood sweethearts who have tried very hard to have a baby, “after some time they both felt disappointed because no baby grew in Hope’s special place” (p. 10). The story goes on to discuss the difficulty associated with waiting for something you want and how important it is to be patient, yet “Hope and Will felt sad and did not eat ice cream in chocolate cones, or go to the park, or look at the stars. They were grumpy too!” (p. 11). Not only are the characters sad and disappointed without a baby, but they also no longer find happiness in activities they previously enjoyed, a symptom of depression. Comparably, in *The Kangaroo Pouch*, the Bouncing-Hopsalots, “don’t have any babies hopping around their home. This makes them very sad” (p. 3) while Merle and Pearl in *Miracle* are surrounded by happy couples with babies; “they tried to stay strong, and tried not to pout, but wherever they went they were feeling left out” (p. 10). The couple in *Sophie’s Broken Crayons* demonstrates similar feelings, “they always wanted to have a baby, but Mrs. Johnson’s belly was broken. This made them very sad” (p. 10). Correspondingly are the characters featured in *The Super Special Panda Egg*, *Little Treasure*, and *The Very Special Duckling* are visibly unhappy and distraught without a child to look after.

A persistent theme throughout many of the books included in the sample was the importance of revealing a new baby’s sex. Discussion of the sex of a baby was noted 34 times either by the direct statement or the question “is it a boy or a girl?” or by the indirect use of

identifying gender pronouns “he/she” or clothing (bows, ribbons) and colors (pink/blue). In *Before I was Born*, “the doctor says, ‘It’s a boy!’ or ‘It’s a girl!’ How do you think the doctor knew?” (p. 36). The question is a rhetorical one to initiate conversation between the reader and the child. Aside from being revealed by the doctor, it is also revealed through conversation and dialogue between family and friends. In *What’s the Big Secret*, after the doctor holds the baby and states, “it’s a girl,” the father declares, “another beautiful daughter!” (p. 29). Similarly, in *What’s in There*, grandparents and siblings are anxiously awaiting the birth and receive a phone call telling the reader, “Daddy’s on the phone! Our new baby’s been born! It’s a boy!” (p. 26).

On the topic of sex of the baby, of the 42 books included in the sample only three appeared to avoid the discussion. In *What Makes a Baby* the story discusses bodies that have sperm, and bodies that have eggs, and babies that can be made but never discusses men, women, or sex. The illustrations in the book are equally vague featuring characters with purple, green, and blue skin and amorphous bodies that leave much to the reader’s imagination. In *The Birds and the Bees*, the birth is briefly discussed, and the baby is referred to as “it” the entire time. The corresponding illustration does not show traditional gender indicators, and the baby is wearing a red onesie. Stan and Jan Berenstain also decided to leave sex out of the narrative. In *The Birds, the Bees, and the Berenstain Bears*, the authors seem to intentionally leave the reader wondering about the sex of the newborn. After months of anxiously awaiting a new sibling Sister and Brother Bear are eager to know if the baby is a boy or a girl but they receive no answer. Despite the absences of a formal reveal (“it’s a boy/it’s a girl”), the Berenstain Bears continue to present conventional gender norms associated with biological sex through the internal dialogue the siblings have as they wonder what their new sibling might be: “Sister was hoping for a sister that she could play dolls and stuff with. Brother, on the other hand, wanted a brother to make model

airplanes and stuff with” (p. 26). In the end the baby is shown in a white shirt and a name and sex are never revealed to the reader.

Another theme present throughout the narratives was the use of wishful thinking or magical practices as a logical way to obtain children. Behaviors invoked by characters within the sample indicated that wishing, hoping, and praying for a baby were the logical next steps in the process of reproduction. In the sample there were 56 documented occurrences of characters dreaming, wishing, or praying for a baby, and 29 instances referencing magic or miracles.

*Untraditional You* tells the story of a couples invitro journey to parenthood. According to the back cover of the book, “they will stop at nothing to make their wish of having a baby come true. With the help of science and invitro fertilization, they will finally receive the miracle they’ve always wanted.” Examples of wishful and magical thinking are also prevalent in the titles of many books as shown by *Little Treasure*, *Miracle*, *Miracle Baby*, and *Wish*. The back cover of *Miracle* states, “sometimes finding your dream takes a miracle” while *Wish* uses the power of repetition with the phrase “we wish you were here” throughout the story.

Books in the sample also instill other fairy tale qualities into reproductive narratives. Aside from willing children into existence, future parents also inexplicably look, explore, and search everywhere for the baby that is missing in their lives. In *The 2 Boys who Wanted to become Daddies*, the main characters “went in search of two other treasures. After months of adventure, they arrived in a cold country covered in snow.” The idea of parents without children searching for a child who is missing is also shown in *Wish* and *Miracle* where couples are shown searching the oceans, climbing the highest mountains, and traveling the world looking for a child.

Love as a prerequisite, or compulsory element of reproduction was another common theme throughout the prevailing narrative. Reproduction is also a way for parents to receive or give love. Authors found many creative ways to describe and occasionally illustrate what someone would need if they wanted to make a baby. In the sample there were 26 references to love as a social construct and something necessary to make a baby. The need for love when making a baby is deeply imbedded in *Before I Was Born*, a story centered around marriage letting the reader know a husband and wife, “promise to love and take care of each other as long as they both live . . . God made their bodies so that they fit perfectly together. And together they can make a baby” (pp. 24-27). Author L.L. Bird puts love front and center in her book, *It Takes Love (and some other stuff) to Make a Baby*. Aside from a misleading title *It Takes Love* uses confusing illustrations to support inaccurate content; “when your parents decided to have a baby they needed three things: a sperm, an egg, and some love” (p. 4). The illustration accompanying the text shows an equation that includes a sperm, a chicken egg, and a generic heart. The information is incorrect and the mathematical equation both oversimplifies and complicates the process of conception. Furthermore, the illustration obscures the message by showing chicken eggs.

### ***The Traditional Narrative***

The second most common narrative was identified as the *traditional* narrative. The story told in the traditional narrative represents the conventional nuclear family. Generally, the traditional narrative features cisgender heterosexual couples as they attempt to expand their family unit. Perhaps it should be acknowledged that cisgendered heterosexual intercourse is the predominant mechanism of reproduction in the United States. This narrative emerged after excluding all non-traditional data from the assessment.

*Men and women and moms and dads have babies. Making love or having sex feels good and bodies are made to fit together to make babies. You need a sperm and an egg to make a baby and women or moms make the special baby making eggs. The sperm race to meet the egg and they join together to make a baby. Often moms and dads wish and dream and pray for the baby because they have always wanted one or are ready to be parents. The baby grows for 9 months and sometimes animals like storks deliver babies but usually when a baby is too big or ready to leave the womb it is born. The first thing people ask is “is it a boy or a girl?”*

The first noticeable distinction between this narrative and the prevailing story is demonstrated in who engages in the behavior. Unlike the previous narrative that included all humans, the traditional story had 63 occurrences emphasizing the fact that men and women or moms and dads have babies. This included the key phrases men, women, moms, dads, husband/wife, and man/wife. This is shown in *Where Did I Come From?* “Babies are made by grownups. One of them must be a woman, and one a man” (p. 6). The implicit heteronormative ideal of a man and a woman having a baby is shown throughout the traditional narratives in books such as, *The Amazing True Story of How Babies are Made*, “for an egg and a sperm to get together, a man and a woman need to get together” (p. 21) as well as *It’s Not the Stork: A Book About Girls, Boys, Babies, Bodies, Families and Friends*, stating almost exactly the same thing “to make a baby, a sperm from a man’s body and an egg from a woman’s body must get together” (p. 10). While explaining conception and fetal development *It’s Not the Stork* continues to use man/woman to describe the characters. However, the story quickly transitions to mommy/daddy asserting that this is the correct way to bring a baby into the world. Other stories highlighting the fact that you need a mom and a dad to make a baby include *The Baby Tree*, *How Babies are Made*, and *Where do Babies Come From?*

An additional theme throughout the traditional narrative when compared to the prevailing narrative was the motivation to have children. Unlike the sadness that motivated couples in the prevailing narrative, individuals pursuing parenthood in traditional stories do so because they have always dreamt of or wanted a baby and are ready to be parents. It is in this narrative that the reproductive imperative is most clear. There were 31 recorded incidences of characters indicating they wanted a baby or were ready to have a baby within the traditional narrative. This included the key phrases they wanted a baby, they wanted to be parents, I wanted to be a mommy, and this was all done for you. The fundamental urge to become a parent is clearly shown in *Incredible You* by Hilary Louvar by the mommy and daddy who, “always knew they wanted a baby. In fact, they talked about it for a long time before they were even married” (p. 2). The desire for children is also demonstrated in *Hope and Will Have a Baby*, “when Hope and Will looked up at the stars, they wished for a baby to love and kiss and pamper” (p. 9). According to *Made with Love*, by Katy Petty, “when a dad and mum love each other and want to make a baby, they make love” (p. 6). As well as in *First Comes Love*, by Jennifer Davis, where “once people are adults and fully mature, and know without doubt that their love will endure, it’s babies some couples dream of creating” (p. 27). Notably, this narrative does not address any decision-making or reasoning characters do about reproduction thus enhancing the compulsive nature of parenthood.

### ***The Non-Traditional Narrative***

The third most present narrative was identified including the various forms of reproductive technology. This *non-traditional narrative* eliminated conventional or traditional data from the assessment and examined the topics and themes that emerged. The first obvious distinction between this story and the traditional story is shown by who is engaging the behavior.



Unlike the previous narratives that included everyone (prevailing), or men and women (traditional), the non-traditional narrative goes a step further to include single people, gay and lesbian couples, and those who remain childfree.

*Moms, Dads, and single people with the help of doctors and donors have babies. You need a sperm and an egg to make a baby and women or moms make the special baby making eggs. Often moms and dads wish and dream and pray for the baby because they are unable to have a baby on their own because something doesn't work or is broken. Babies grow in someone's belly and sometimes a doctor is involved who puts the sperm and egg together outside of the body. The baby grows for 9 months and every so often animals like storks deliver babies. Usually when a baby is too big or ready to leave the womb it is born but occasionally, they are delivered by cesarean section. The first thing people ask is "is it a boy or a girl?"*

Within the sample there were 40 noted occurrences highlighting the fact that not only moms and dads, but also single people with the help of doctors and donors have babies. Within the non-traditional narrative the concept of who is engaging in the behavior was broken down further into sub-categories. The first sub-category included the key phrases mothers, a single woman who wants to be a mom, and someone single with no partner. Within the sample there were 13 recorded occurrences of women who wanted to have a baby without a partner. In *For Mommy So Loved You* and *Little Treasure*, both female characters embark on difficult and confusing journeys to find people who can help them conceive.

Pursuing the help of outsiders for conception and reproduction ties directly into the next subcategory of the non-traditional narrative looked at the phrases: mommy and doctor, mom, dad and doctor, sperm donor, and egg donor. Within the sample there were 11 recorded occurrences of characters seeking help from doctors and donors. In *The Pea that was Me*, a mommy and

daddy unable to have a child “went to a doctor, who had a wonderful idea! The doctor found a very kind lady, who had lots of extra eggs” (p. 12). In *George and Will Have a Baby* the couple is able to have a child with the help of their very special friend Rainbow and Dr. Quest, “an expert in helping grown-ups make babies,” (p. 11), while the parents in *Miracle Baby* “decided to see a special doctor named Dr. Gary” (p. 11). Similarly, many nontraditional parents find they need help from both doctors and donors as evidenced in *For Mommy So Loved You, It Takes Love to Make a Baby*, and *Little Treasure*.

The next non-traditional sub-category examined the phrases: two dads, married men in love, two men, and boys. There were 11 noted cases of male same-sex couples who wanted to be parents within the sample. There were no books that told the story of a single man who wanted to have a child. Examples of male same-sex couples can be found in *George and Will Have a Baby*, *The Pea that was Me and Me and Me*, *And Tango Makes Three*, and *When Two Boys Want to Become Daddies*. Another sub-category in the non-traditional narrative looked at same-sex couples that included two women who wanted to have a baby and included the phrases: two women, two moms, and lesbians which was recorded 5 times. Same-sex female couples were evaluated separately from the incidences of single women and mothers who wanted have children without partners.

The last sub-category in the non-traditional narrative focused on the rarely discussed concept of remaining childfree. This included any reference to individuals who consciously decided not to have children. The book, *Birds and Bees and More*, has a single sentence referencing a childfree lifestyle. It is important to mention that prior to discussing a childless/childfree lifestyle the story mentions, “they [childfree couple] like to spend time with me and my brother, and that is enough for them. They have us to play with!” (p. 26) emphasizing

the role that children play in the lives of adults. Although the couple decided that they did not need to have children, the reader is clearly aware that they have children they care about, essentially rationalizing the decision to remain childfree by presenting surrogate children via the niece and nephew. Another reference to a childfree lifestyle is found in *Let's Talk About the Birds and Bees*; under the heading "Is a baby made every time a man and woman have sex?" the author noted that, "sex is not just about making babies . . . they [men and women] don't always want to make a baby when they have sex" (p. 26). This is an indirect reference to a childfree lifestyle and the only book to discuss sex for pleasure and not simply for reproduction.

Another distinguishing theme of the non-traditional narrative is the conspicuous absence of sexual intercourse. Unlike the couples in previous versions of the tale couples and individuals featured throughout this narrative "try to have a baby" with little to no discussion of intercourse. This occurs in *Grown in Another Garden*, *Incredible You*, and *Sophia's Broken Crayons*. In many of the non-traditional narratives including *The Pea that was Me and Me and Me* and *Untraditional You*, the theme of wishful thinking replaces the discussion of sexual intercourse as couples simply "wish and they wish with all of their might" (p. 4) and continue to hope that a baby will come until they eventually decide to seek help from an outside source. Though it is most likely that all of these couples have sex, their sexual behaviors may not be those that lead to pregnancy either because of the anatomical nature of the couple (i.e., between two cisgendered women) or due to infertility issues. These stories could choose to still include sexual behavior as part of the conversation, especially to be sex-positive; however talk about sexual behavior is also not necessary to "tell the story," so to speak, about their reproduction.

Sex as an act is also notably absent from the non-traditional narrative when the character trying to have a baby is single or in a same-sex couple. In the sample of 42 books, 18 were

classified by the researcher as non-traditional versions of the story. Included in the 18 there are markedly no books featuring single men trying to have babies and only two feature single women. Both stories featuring single women who want to be mothers rely heavily on wishful and magical thinking. In *For Mommy So Loved You*, the main character dreams of her unborn child long before they are born and searches high and low for the perfect donor and doctor to help her. The search includes inappropriate tasks such looking under the bed, or in the park for sperm, and putting up wanted posters on telephone poles for a donor and doctor. Similarly, in *Little Treasure* Natalie wakes up after dreaming of a treasure she did not have but knew existed. She also embarks on a hunt to find what is missing in her life visiting the grocery and a bakery. Both women ultimately utilize the help of “special doctors” who introduce sperm and egg to make a baby.

The nontraditional narrative is also unique when compared to other versions of the reproductive story in the motivation behind having a child. The nontraditional characters are the only individuals to be described as broken or having a body part that does not work properly. This is seen in *Incredible You*, where the only way for the couple to have a baby, “was to find a lady whose tummy wasn’t broken” (p. 4) and by the couples in *Sophia’s Broken Crayons* who, “always wanted to have a baby but Mrs. Johnson’s belly was broken. This made them very sad” (p. 10) and *Grown in Another Garden*, “his mom could not grow a baby in her belly because her belly was broken and this made them very sad” (p. 17). The tummies are not the only part of the body that is negatively affected by infertility. As demonstrated by *The Pea that was Me: An Egg Donation Story*, “sometimes the eggs don’t work right, and when that happens you can’t make a baby” (p. 10). *The Amazing True Story of How Babies are Made* also discusses “problems with the mother’s eggs.” Like being broken, the discussion of infertility as a sickness or something

that needs to be cured is another theme of the non-traditional narrative. In *Hope and Will Have a Baby*, “Hope swallowed many tablets and pills and got a few shots too! Will had to take his own special remedy” (p. 13). Similarly, in *Birds and Bees and More*, “sometimes a woman needs to see a doctor to get medicine that will help her release an egg” (p. 11). Couples are given “special medicine” or treated by “special doctors” throughout the non-traditional stories including *For Mommy So Loved You*, *Miracle Baby*, and *Untraditional You*. Though it is ultimately true that something is “not right” when infertility is experienced, there is likely a more health-positive way to communicate this.

### ***The Least Common Narrative***

Once the above narratives were separated from the data, the least common narrative, or the story told the least within each book, emerged. The least common narrative should not be confused with the invisible narrative which is completely absent from the story and not discussed at all. On the contrary, the least common is the story told at least once within a book included in the sample. Analysis for the least common narrative did not differentiate between traditional and non-traditional versions of the story. Rather, the narrative arose from analyzing themes and topics that occurred the least throughout the stories.

*Once upon a time, genderless people of all colors were having babies. You need marriage to have a baby and people have babies because it was God’s plan. All bodies change and grow but a girls’ changes are more important because now she can make a baby. Girls grow to be women like their mothers and boys grow to be men like their fathers. Daddy’s tube goes into mum’s tummy through a little hole and the egg there is already a baby. Family pets are in the room and watch during sex. Sometimes babies come from an unknown source but during birth a husband is there, so the wife is not afraid.*

The first distinction in the least common narrative appeared in the category of who is having babies. In the sample of 42 books there is one book, *What Makes a Baby*, by Cory Silverberg where genderless people of all colors are the ones having babies. This is the only time among all the books used in this study that there is no distinction of male or female, marital status, or race. Though it was likely done to allow for completely diverse understanding, it ultimately creates a strange version of the story that requires a significant amount of additional explanation on the part of the reader.

An additional theme throughout the least common narrative was evident in the motivation to have children. There are three noted occurrences of individuals having babies because it was a part of God's plan. Specifically, the book *Before I was Born*, by Carolyn Nystrom states, "God has a special gift for new husbands and wives too. It is called sex. God's rules say that only people who are married to each other should have sex . . . this is the way babies are made" (p. 27). The least common narrative also included abstract elements and ingredients that are necessary for successful reproduction. According to the least common narrative you need marriage, God, and a heart of gold. The two characters in *The Two Boys Who Wanted to Be Daddies*, learn that when they "wish to have a baby it takes a fabulous recipe and three treasures: a magical seed, a wonderful egg, and a heart of gold" (p. 8).

Predictably, the themes included in the least common narrative are drawn from a small number of books. The primary books referenced in the least common narrative include *Before I was Born*, *The Two Boys Who Wanted to be Daddies*, and *What Makes a Baby*. The polarizing differences in the three books should be noted as a valuable lesson. *Before I was Born* is a book in the God's Design for Sex series and won the Christian Book Award. The perspective is extremely heteronormative, Christian, and traditional. On the contrary, as the title implies, *The*

*Two Boys Who Wanted to be Daddies* is about two “boys” who must find magical seeds and a woman with a heart of gold. Finally, *What Makes a Baby* is written by a sex educator and aims to be inclusive and expansive taking diversity to the extreme with genderless people of all colors that make the story strange and confusing. Despite an author’s intentions or attitudes the story will always be interpreted by the reader. The themes of the least common narrative show how difficult it is to write accurate stories of reproduction that are both health and sex positive.

### ***Invisible Narrative***

After accounting for all the main narratives, an obvious vacuum was observed by the researcher. Identified as the *invisible narrative*, this final narrative serves as a bridge into Chapter 5 which examines the significance of the research findings as well as discusses the content that was not present in any of the books from the sample.

*Anyone can have a baby and many people do not have babies. Babies can be the product of incest, molestation, or even rape because all you need are a sperm and an egg to make a baby. Sometimes people have babies and don’t know why, others feel like it is what they are supposed to do. Not everyone who has a baby wanted to have a baby, and not all parents love their babies. Occasionally, people who love each other but are not ready for a baby become pregnant because they were careless or under the influence of alcohol or other mind-altering substances. If a baby is not wanted a woman can have an abortion or give her baby up for adoption. Labor can last hours or days and when the baby is delivered there can be a lot of discomfort for the mother and several options and/or techniques for pain management. Some women and babies or both can die during childbirth, and some babies are born with birth defects or other serious health issues.*

It could be argued that due to the delicate nature of some topics (i.e., rape, miscarriage), these subjects are not age and/or developmentally appropriate for the selected audience or just do

not need to be told to children at all. The rebuttal to this would be that there are hundreds of children's books currently available that cover a variety of difficult and sensitive subjects ranging from bowel movements to divorce and death and that this is a real element of the real story of reproduction. Choosing not to include at least a mention of these circumstances further highlights the cultural ostracism people who experience these versions of reproduction and can add to the shame and guilt felt in the experience.

### **Evaluating Informational Books**

The second research question examined how the narratives of reproduction told in children's picture books could contribute to or detract from sex-positive and health-positive development. Using an adapted version of the Manna and Symons (1992) *Checklist for Evaluating Informational Books* (see Appendix D), questions were turned into indicators and formatted into a 0–4 Likert scale to assess the quality of the books as educational teaching tools. The goal of the checklist was to evaluate the overall quality of children's picture books about reproduction.

The tool is broken up into specific focal points that include the treatment of the material (i.e., health positive, sex positive, developmentally appropriate, understood by target), approaches to the information (i.e., distinguishes between fact, theory, and fiction), quality and quantity of information (i.e., author qualifications identified and appropriate, information adequate, information scientifically accurate, racial/ethnic diversity, sexual identity diversity, and family diversity). As discussed by Goins (2004) in her research on plant-centered children's books, the checklist did not produce dichotomous ratings for every book with regard to high/low or good/bad quality. The checklist was intended to determine the overall quality of the books based on various standards and guidelines. Each book is a unique product written with a specific



intention by the author and every book in the sample does not meet every category in the checklist. Similar to the trial reading, prior to scoring books the checklist required editing and adjustments before it was finalized and ready for use.

Throughout the book evaluation process discrepancies arose between the coders. When inconsistencies appeared, the primary researcher reviewed the book in question and read through the checklist to determine if adjustments were necessary. After every book had been individually read and rated using the checklist the scores were compiled and reviewed. Areas of consensus among the readers as well as disagreements needed to be resolved. To establish and maintain inter-rater reliability the coders met to review and discuss areas of the checklist that needed further clarification and seemed to create confusion. Specifically, the conversation focused on unclear checklist categories that could be misinterpreted or viewed as subjective by the rater.

The checklist was used by the reviewers to score each element of the book individually, and then mean composite book scores were factored. The possible checklist scores ranged from 0–68; however, books in this study had mean composites scores between 20 (*Part of My Heart*) and 63 (*It's Not the Stork*;  $x = 37.5$ ). Mean scores were also created for individual elements of the checklist which is discussed later. The top 10 books identified by the reviewers are listed in Table 1 and the bottom 10 books are listed in Table 2.

**Table 1***Composite Scores of Top Ten Books*

Book	Mean Score
<i>It's Not the Stork!: A Book About Girls, Boys, Babies, Bodies, Families and Friends</i>	63.66667
<i>Birds and Bees and More: How Babies are Made and Families Form</i>	59
<i>It Takes Love (and some other stuff) to Make a Baby</i>	58.6667
<i>Let's Talk About the Birds and the Bees: Starting conversations about the facts of life</i>	57
<i>What's the Big Secret?: Talking about Sex with Girls and Boys</i>	53.33333
<i>What's in There?: All About Before You Were Born</i>	51.3333
<i>The Amazing True Story of How Babies are Made</i>	50.66667
<i>George &amp; Will Have a Baby: The Gift of Family</i>	48.33333
<i>Miracle Baby: How Babies Are Made The IVF Way</i>	46.66667
<i>Hope &amp; Will Have a Baby: The Gift of Egg Donation</i>	46

**Table 2***Composite Scores of Bottom Ten Books*

Book	Mean Score
<i>The Birds, the Bees, and the Berenstain Bears</i>	30
<i>Little Treasure</i>	28.66667
<i>More and More Rabbits</i>	27.3333
<i>The Very Special Ducklings: A Very Simple Story About Egg Donation</i>	27
<i>Untraditional You: An IVF Story</i>	26
<i>For Mommy So Loved You: IVF Conception</i>	25.3333
<i>Wish</i>	22.3333
<i>The 2 Boys Who Wanted to Become Daddies: A Surrogacy Story</i>	22
<i>The Super Special Panda Egg</i>	21.66667
<i>Part of My Heart</i>	20.66667

The first element of the checklist examined the treatment of the material. Specifically, the intention is to identify the extent to which the content is health positive, sex positive, developmentally appropriate, and would it be understood by the target audience. Though the second research question for this study was regarding the health positive and sex positive nature of the books, these two indicators in the checklist were insufficient on their own in evaluating this question.

Overall, 23 of the 42 books were identified as health-positive with four books receiving a mean score of 4/4 (see Table 3). Eleven books scored as health-negative, less than 2, with the lowest three receiving a score of 0.6.

**Table 3**

*Concepts That Emerge From the Author's Perspective are Health Positive*

Book	Mean Overall Score	Mean Health + score
<i>More and More Rabbits</i>	27.3	0.6
<i>Sophia's Broken Crayons: A Story of Surrogacy from a Young Child's Perspective</i>	33.6	0.6
<i>The Super Special Panda Egg</i>	21.6	0.6
<i>The Amazing True Story of How Babies are Made</i>	50.6	4
<i>It's Not the Stork!: A Book About Girls, Boys, Babies, Bodies, Families and Friends</i>	63.6	4
<i>Let's Talk About the Birds and the Bees: Starting conversations about the facts of life</i>	57	4
<i>What's the Big Secret?: Talking about Sex with Girls and Boys</i>	53.3	4

Concerning the sex-positive nature of the books, 17 of the 42 books were identified as being sex-positive with five books receiving a mean score of 4/4 (see Table 4). Over half of the

sample (25 books) were scored as sex-negative, less than 2 with 11 books receiving a score of 0/4.

**Table 4**

*Concepts That Emerge From the Author's Perspective are Sex Positive*

Book	Mean Overall Score	Mean Sex + score
<i>The Birds, the Bees, and the Berenstain Bears</i>	30	0
<i>The Kangaroo Pouch: A story about surrogacy for young children</i>	33.3	0
<i>Part of My Heart</i>	20.7	0
<i>The Pea That Was Me (An Egg Donation Story)</i>	30.3	0
<i>Sophia's Broken Crayons: A Story of Surrogacy from a Young Child's Perspective</i>	33.7	0
<i>And Tango Makes Three</i>	37.3	0
<i>Untraditional You: An IVF Story</i>	26	0
<i>The Very Kind Koala</i>	30.3	0
<i>The Very Special Ducklings: A Very Simple Story About Egg Donation</i>	27	0
<i>What Makes a Baby</i>	33.7	0
<i>You Were Meant to Be</i>	31	0
<i>The Amazing True Story of How Babies are Made</i>	50.6	4
<i>It's Not the Stork!: A Book About Girls, Boys, Babies, Bodies, Families and Friends</i>	63.6	4
<i>What's the Big Secret?: Talking about Sex with Girls and Boys</i>	53.3	4
<i>Where Did I Come From?: A Guide for Children and Parents</i>	41.3	4
<i>Where Did I Come From?-African American Edition: A Guide for Children and Parents</i>	42.3	4

The next step is the assessment of material to determine if it is developmentally appropriate. Age and developmentally appropriate content are important elements of the SIECUS guidelines as well as the sexuality standards. Although an operational definition of developmentally appropriate content is included in Chapter 1, differing scores arose in the evaluation of, “will the information be understood by the children for whom it was intended?” When answering this question, it was important to specify that the rating was referring to the book as a teaching tool about reproduction. Developmentally appropriate is defined as, learning activities developed to respond to the age-appropriate characteristics of learners and the individually appropriate characteristics of learners. Although there are various ways to become pregnant, noted in the Invisible narrative is the absence of the unpleasant, uncomfortable, and sometimes violent ways in which babies are conceived. In the 42 books included in the sample there is no discussion of conception because of rape or incest. Similarly, no authors discuss the possibility of pregnancies having complications that end fatally for the baby or the mother. Despite the grim reality of conception and delivery for some women, including these topics in stories for a K–2 audience is not developmentally appropriate.

In contrast, including graphic inaccurately drawn sexual positions would be considered developmentally inappropriate. In a vain attempt to educate the parents on how babies are made, the children in *Mummy Laid an Egg* create diagrams that depict outlandish sexual positions. The sexual gymnastics drawn by the children are further complicated by the accompanying text. The characters begin by describing the eggs “inside mummy’s tummy” and daddy’s “seeds in seed pods outside his body” (pp. 17-18). The children go on to describe how the seeds come out of a tube and the tube can fit into a hole in mummy’s tummy, the seeds find their way by swimming and using their tails. Aside from being incorrect and confusing, the accompanying pictures are

inappropriate for the intended demographic. Upon revealing that a mummy and daddy can fit together the children draw stick figures in a variety of bizarre and acrobatic sexual positions. The positions include, on a skateboard, with the mother balancing on her head and the father wearing a clown nose and hat, in the air with balloons tied to their arms and legs, and atop the “space hopper” (a children’s toy). Presenting the physical aspects of sexual reproduction is necessary for children to understand the process. However, the nature of the stick figure illustrations combined with the incorrect information is an example of developmentally inappropriate content.

An important category to health education specialists with specific regard to health literacy, especially in the age of the infodemic, is how the author approached the information to determine if the author distinguished between fact, theory, and opinion. After the initial scoring, the highest discrepancies occurred in this category. It was necessary to discuss how each coder had interpreted the statement before revisions could be made. As with other categories that needed editing, the description of what constituted “distinguishing between fact, theory, and opinion” left room for interpretation. According to Manna and Symons (1992), authors must clearly separate their personal beliefs from facts, allowing the reader to see “what is known, what is unknown, and what needs to be known about a subject.”

There are various ways authors can differentiate between proven facts and educated guesses or personal opinions. One effective method for distinguishing between fact, theory, and opinion is clear language. The use of words such as “possibly,” “sometimes,” or “perhaps” are mild indications to the reader that the author is speculating rather than presenting facts (Manna & Symons, 1992). In *It’s Not the Stork: A Book About Girls, Boys, Babies, Bodies, Families and Friends*, Robie Harris lets her reader know potential observable behavior of a fetus in the womb: “sometimes, you can feel or see the fetus punch or kick. Sometimes, you can even see the fetus’s

body move or turn around” (p. 39). Though these actions on the part of the fetus are scientifically accurate, the author still includes this language of uncertainty. In contrast, when discussing birth Harris stated, “each year on your birthday, everyone loves to sing ‘Happy Birthday!’ to you because they are so excited and happy that you were born” (p. 45). Importantly, this assertion is not factual but an ideal representation in that not all births or birthdays of a child are celebrated.

Comparably, in *Before I was Born*, the author describes that during the final stages of pregnancy,

The mother is tired a lot, but she is excited, too. She knows that soon she will see her baby. The father stays close to home. If he has to go away, he takes a cell phone so the mother can call him. He knows the baby will be born soon and he doesn’t want to miss it. (p. 35)

The information is presented as fact, when the author is making assumptions about the emotions and behaviors of soon-to-be parents. Whether these values are intentionally promoted as part of the cultural narrative is discussed further in Chapter 5.

Ironically, one of the most problematic areas to score in the picture books chosen for this study concerned the illustrations. Two areas of the checklist regarded illustrations. The first aims to evaluate whether the “illustrations and other graphic elements support textual information” while the second focuses on whether the “illustrations enhance comprehension.” Images that support the text may or may not also increase comprehension. Supporting textual information refers to the capacity of the images to replicate or match what is written on the page. If a reader had to rely solely on the illustrations would the key elements of the story be preserved?

Additionally, illustrations can be both beneficial and detrimental to the quality of a children’s book depending on the content the images are supporting. Examples of both helpful and harmful illustrations are presented in *The Baby Tree*. In the first few pages the protagonist

has introduced his parents, his pet, and taken the reader on a journey through his morning routine that ends with him being walked to school. The reader learns, “I [main character] like Olive because she’s a teenager and she knows lots of stuff and she doesn’t make me hold her hand unless I want to, but I usually want to” (p. 8). The illustration paired with this text depicts a female with headphones around her neck wearing a backpack, walking, and holding the hand of a smaller, younger boy also wearing a backpack. These images obviously and accurately support the corresponding text. *The Baby Tree* also includes examples of illustrations that support the text but are a detriment to the overall understanding of health and reproduction. The same page that includes the previously mentioned example features the line, “I ask her if she knows where babies come from. And she says, ‘Sure. You plant a seed and it grows into a Baby Tree’” (p. 9). The next page features an amalgamation of a cherry blossom tree and swaddled newborns in various stages blooming. This imagery supports the text but does not increase accurate understanding of reproduction. Further discussion of the detrimental consequences of illustrations that support inaccurate and misleading health information is discussed in Chapter 5.

The final issue regarding illustrations stems from the phrase “illustrations enhance comprehension.” As noted by Manna and Symons (1992) the words and illustrations of a valuable children’s book work together to convey the books meaning. Focusing on comprehension goes beyond reflecting the words that are written on the page. Illustrations that enhance comprehension contribute to learning and allow the reader to process new information and make the details concrete (Manna & Symons, 1992). Examples of illustrations that enhance comprehension are shown in *The Amazing True Story of How Babies are Made*. The section discussing sex and making a baby state, “the man slides his penis into the woman’s vagina and their bodies fit together, rather like a puzzle.” The use of figurative and metaphorical language



(i.e., fitting together like a puzzle) is a common technique implemented in children's literature that allows information to be relatable to young children (Manna & Symons, 1992). Two illustrations accompany the text. The first depicts a naked man and woman intertwined with the woman on top in a rare depiction of a female dominant position. The illustration supports the text while also contributing additional information that is not directly discussed in the story. The second image is focused in on the midsection of the couple and shows an internal representation of intercourse, including sperm traveling from the penis as well as a uterus, ovaries, and fallopian tubes. In contrast, books like *Incredible You, It Takes Love (and some other Stuff) to Make a Baby*, and *Untraditional You: An IVF Story* talk about the oocyte as an egg but then include the visual representation of chicken eggs, even including them in an egg carton. Textual discussion of the oocyte as an egg can be helpful for young children unable to developmentally understand the scientific terminology. The inclusion of chicken eggs placed in a carton obscures the message being delivered. Ultimately, discussions about illustrations allowed the coders to examine fundamental concerns around the use of playful images that distract or confuse the reader.

A Core Ethical Expectation of health education specialists is that Health Education Specialists are truthful about their qualifications and the qualifications of others whom they recommend. Health Education Specialists know their scope of practice and the limitations of their education, expertise, and experience in providing services consistent with their respective levels of professional competence, including certifications and licensures. (Coalition of National Health Education Organizations [CNHEO], 2020)

When assessing the quality of information presented in a publication utilized for educational purposes, it is imperative to determine the qualifications of the author. Comparably,

when reviewing the quality of children's books that will be used as teaching tools the significance of the author's qualifications cannot be underestimated. First, it is necessary to determine if the author's qualifications are made known. The current study included 42 books and 37 authors. The number of authors differs from the number of books included in the sample because some books have multiple authors and authors who have published numerous books on reproduction were only tallied one time. Of the 37 authors included in the study only 17 include any information concerning their background, training, or any credentials that would make them qualified to write a children's book about reproduction.

Examining the qualification of the authors is vitally important to the process of selecting a quality children's book. A surprisingly small number of authors held qualifications that reviewers indicated were appropriate or relevant to the field of health education and promotion. Of the 17 authors who provided information, 6 included the fact that they were authors of other books. Some author biographies mentioned the phrases "best-selling" and "New York Times Best-selling author" while others described the number of books written. Four authors included that they were parents, mothers, or surrogates. It is important to note the diversity of the author qualifications, as it is likely they resulted in intentional or unintentional bias in the perspective. Books written by authors writing from personal experience with surrogacy, for example, told stories that were heavier on subjective emotional experiences that might not represent collective experiences. Authors listed qualifications ranging from illustrators, educators, former medical doctors, and social workers. A complete list of author qualifications when available is located in Appendix E.

Aside from author qualifications the quality of information is evaluated by the level of scientific accuracy. After the initial scoring it was necessary to discuss the extent to which

precision and correctness would be evaluated. It is important to keep in mind that the stories are being told in the realm of children's literature, which does require the reader to suspend reality to a certain degree. For example, many books included in the sample feature animals and use anthropomorphism to tell the story. Differentiating between creative freedom and scientific inaccuracies is an important part of the evaluation process. For example, in the foreword of *The Super Special Panda Egg* the book is marketed as a story that "navigates the surrogacy journey using creative characters and a familiar environment relatable to young readers" (p. 4). Despite this heartfelt review, in *The Super Special Panda Egg* an infertile panda couple that is unable to conceive on their own have a panda child with the help of a zippy ostrich named Sandy and her ostrich egg. Although the story is advertised as teaching about surrogacy, the information is not presented in a clear way that can be understood by the intended audience (i.e., an ostrich egg would not hatch a panda bear). However, animals as main characters allow readers to create distance when the lesson is something intense or emotional (Burke & Copenhaver, 2004). In this situation, discussing surrogacy with a child could be an emotionally difficult topic that a panda and ostrich create a safe space to discuss.

### Summary

This purpose of this chapter was to introduce the fundamental themes and narratives that emerged in children's literature. Content analysis uncovered five reproductive narratives prominently told within contemporary children's picture books: the prevailing narrative, the traditional narrative, the non-traditional narrative, the least common narrative, and the absent/invisible narrative. Books included in the study were also examined to determine how the narratives of reproduction told in children's pictures books could contribute to or detract from

sex-positive and health-positive development. Results of the study, conclusions, and suggestions/implications for future research are discussed in the final chapter.

## **CHAPTER V**

### **DISCUSSION, IMPLICATIONS, AND RECOMMENDATIONS**

The purpose of this study was to analyze cultural narratives of human reproduction in children's literature. Content analysis was used to gain an understanding of the stories we tell children regarding reproduction and parenthood. Aside from content analysis an adapted version of the *Checklist for Evaluating Informational Books* (Manna & Symons, 1992) was used to see how the current narratives of reproduction could contribute to or detract from sex and health positive development. This chapter discusses the significance of the research findings, identifies limitations that arose during the investigation, and suggests recommendations for future research.

Five reproductive narratives were identified within the children's picture books included in this study. These included the prevailing narrative, the traditional narrative, the non-traditional narrative, the least common narrative, and the absent or invisible narrative. Themes are included within each that are particular to that version of the story.

#### **Health and Sex Positive**

The Code of Ethics for health education specialists clearly states that, Health Education professionals are dedicated to excellence in the practice of promoting individual, family, group, organizational, school, community, public, and population health. Guided by common goals to improve the human condition, Health Education Specialists are responsible for upholding the integrity and ethics of the profession as they perform their work and face the daily challenges of making ethical decisions. Health Education Specialists value equity in society and embrace a multiplicity of approaches in

their work to support the worth, dignity, potential, quality of life, and uniqueness of all people. (Code of Ethics for the Health Education Profession, 2000)

As such, messages presented in sexuality education and health education need to be both health positive and sex positive. In particular, the education of young people about health and sexuality should be proactive rather than reactive. Good, quality health education is focused on improving health literacy and empowering people to make informed health decisions, based on their own values, informed by factual, scientifically accurate information which support movement towards health (i.e., health-positive) and are absent of shaming, forcing conservative values, and other sex-negative constructions. Taken at large, destructive messages embedded in American sex education often include highlighting the negative consequences and dangers of sex, describing sex as unnatural and something that must be controlled or stifled (Wilson, 1994). Historically, these messages have been used to control people's personal decisions and affect their individual perceptions of the sexual self. The children's books used in this study quite clearly illuminated the reproductive directive inherent in our culture. The inaccuracies and fallacies identified in these picture books are likely to promote misconceptions about the process of reproduction, encourage and promote limited moral imperatives about reproductive choices, while creating a vacuum with respect to informed decision-making about reproduction. Use of these books can detract from healthy behaviors because in some instances the information is unclear, uses slang, or is simply incorrect. Though the storylines of these books were slightly different, the essential story they told was the same: reproducing is something that everyone wants and does unless they are broken, or something is wrong with them. This position is neither sex-positive, nor health-positive. Picture books that perpetuate stereotypes prevent children from connecting with people (Jalongo, 1988). One would think this connection is especially necessary

in reproduction that generally involves at least two people coming together with varying values, needs, desires, and expectations regarding at what point and with what circumstances reproducing is appropriate for them. Children also need to receive accurate and correct information early in life to prevent the formation of unhealthy beliefs and attitudes that can have a harmful effect on them for the rest of their lives (Angera et al., 2008). The evaluation of the picture books in this study clearly represented health and sex negative representations of reproduction that stand in violation of the professional code of ethics.

The picture books currently available for children about reproduction do not accurately represent the conditions and parameters of reproduction in the United States and create expectations that can be health and sex negative. When a child is exposed to a situation for an extended period (e.g., repeated narrative) it becomes familiar, and the child can develop a preference for what is familiar, as well as a bias about what is real/accurate because there are limited inaccurate options available. If a child does not have access to quality literature they may prefer what is readily available (Jalongo, 1988). Over time, stories perpetuate myths which can cause long-term damage to those who do not fit into the traditional ideals being presented as well as encouraging behaviors that aren't normative or personal to the individual. Aside from the pervasive theme of compulsory, reflexive reproduction, many narratives make the connections between love, marriage, and reproduction seem obvious and necessary. This connection is more accurately a belief bias perpetuated by Christian values that are not universally shared though they were used to create the abstinence only curriculum that has been detrimental to the health of those subjected to it (Stanger-Hall & Hall, 2011). In a culture that purports to respect individual values and a separation of religious values and laws, this seems inappropriate and discriminatory. Additionally, it is a violation of the code of ethics of health education which clearly states that,

Health Education Specialists are conscious of and responsive to social, racial, faith-based, and cultural diversity when assessing needs and assets, planning, and implementing programs, conducting evaluations, and engaging in research to protect individuals, groups, society, and the environment from harm.

The inherent need and/or implicit desire for offspring is a central theme within the reproductive narrative. Many of the books included in the study support the cultural imperative of having children simply for the sake of procreation. The picture books included in the study represent the narratives about reproduction that are being told to children in the United States. It appears that although many changes have occurred and different versions have been released the underlying message is clear, everyone has a baby, everyone should have a baby, everyone wants to have a baby, and if you do not have a baby, you are either sad and lonely or broken. Despite the obvious fault in this story, it is perpetuated in children's literature again and again.

Given the stigma and pressure associated with being childfree, many couples experience intense pressure to reproduce (M. D. Somers, 1993). Opinions on parenthood reinforced through reproductive narrative strengthen the belief that all people should eventually become parents. The pressure often falls disproportionately on women because women can physically become pregnant and have children, and it is only natural that they should do so. Consequently, pregnancy and reproduction can become a social status attached to women who are conditioned to internalize the belief in motherhood as master feminine status. The reproductive narrative presents motherhood as a natural component to womanhood, while becoming a father is something that is optional, and must be learned (Woollett & Marshall, 2001).

The additional pressure placed on individuals who are unable to conceive naturally is evident in the dramatic increase of reproductive technology as a theme in children's literature



over the last decade. Books such as *Miracle Baby: How Babies are Made the IVF Way* and *The Pea That Was Me (An Egg Donation Story)* tell children that everyone, even those with fertility issues can create a family. At the same time, the stories are reinforcing the narrative that has been told for years in America, that everyone *should* have a baby. Throughout the non-traditional narrative, when the character trying to have a baby is single or part of a same-sex couple. In the sample of 42 books, 18 were classified as non-traditional versions of the story. Included in the 18 there are notably no books featuring single men trying to become parents while two books have single women as the main character. It is also important to mention that more women than men regard infertility and the inability to have children as socially unacceptable for women (Schmidt, 2006). Overwhelmingly books in the sample encourage reproduction simply for the sake of reproduction, with no logical explanation why. For both mothers and fathers the social pressure to reproduce can be detrimental to those individuals who do not follow the socially accepted rules of parenthood (Woollett & Marshall, 2001).

The social expectation of pregnancy runs the risk of alienating and ostracizing couples who are unable to become pregnant (Remennick, 2000). For those cisgender heterosexual couples who are incapable of having children in a natural way, reproduction becomes a double-edged sword. People must deal with the stress of infertility or risk being further stigmatized if they do not have children. This is less true for LGBTQ+ couples for whom a use of reproductive technological assistance is assumed and reproductive choice more universally operationalized. Reproductive narratives indicate that individuals should have children because the ability to reproduce is there. Similarly, the increased availability of reproductive technology adds to the pressure felt by couples experiencing infertility. In the sample of 42 books, 18 were classified as non-traditional because the character trying to have a baby is single or in a same-sex couple. The

fact that nearly half of the children's books available on reproduction cover non-traditional methods such as invitro fertilization, surrogacy, and sperm donation is a testament to the increased availability of reproductive technology as well as the diversity in books with the popularity of self-publishing. Unfortunately, infertility and the treatment associated with it can result in depression and lower levels of satisfaction and happiness for many couples (Schmidt 2006). Additionally, not all people or families have coverage for or the resources to engage with reproductive technology creating an economic disparity. Couples without children are often barraged with the availability of treatment options and can be made to feel unnatural or defective (Letherby, 2002). Throughout the nontraditional narratives characters are described as broken or having a body part that does not work properly. Stories feature broken tummies, and eggs that will not work as well as very sad women upset about the failure of their bodies to produce children. Aside from being damaged infertility is often described as a sickness or something that must be cured and treated with special medicine or pills from a magic doctor. In her research Letherby (2002) found evidence that women without children are seen as genetic failures. As one respondent stated, "People can tell by looking at me that I'm handicapped. A failure to womankind . . . I feel like half a woman" (Letherby, 1999, p. 363).

All of these narratives expressly exclude that reproduction is ultimately a choice. Whether or not a person or a couple chooses to reproduce can be affected not only by infertility, but also by personal, spiritual, physical, emotional, mental, financial, and other factors. Whether or not a person wants to, is capable of, should, is left out of the narrative. Additionally, the timing, spacing, circumstances, number of children, financial resources, beliefs about contraception and many other factors that realistically affect these choices are all ignored in the

cultural narratives. As such, it is not surprising that Americans are universally unsure about the actual “right” reasons to make any of these choices.

It is not surprising that many of the stories told to children are laden with our cultural beliefs. Unfortunately, the narrative does not support reality and many of the values are rooted in explicitly heteronormative and monogamous values that are prevalent in and outside of the classroom. As discussed in Chapter 2 of this study, sexuality education that involves the promotion of marriage, generally known as abstinence-only-until-marriage, maintains the delusion that marriage is effective prevention against unintended pregnancies and HIV/STIs, or worse, that pregnancy and reproduction are compulsive expectations of marriage. According to this, a logical conclusion is that individuals who want children should be married. This creates stigma for married couples who become pregnant unintentionally, married couples who choose to remain child-free, couples who struggle with fertility, and anyone who does not follow the “proper” path to parenthood.

As discussed in Chapter 2, SIECUS is the only single-issue non-profit organization in the United States focusing on factual and appropriate sexuality education from birth to adulthood (Future of Sex Education Initiative, 2020). It appears that the reality of reproduction is missing from many (if not most) of the children’s books available. How and why individuals decide to become parents is an essential component of the reproductive story. Unfortunately, there is no discussion of reproductive intention included in the SIECUS guidelines. Under the Key Concept: Relationships, Topic 6: Children, the guidelines state, “many people want to be parents, raising children can be a wonderful experience . . . parents who adopt, love their children as much as biological parents love theirs” (SIECUS, 2004). There is no discussion of the fact that some people do not want to become parents, or that some biological parents may not love or care for

their children. As our society struggles with issues of ethics, religion, and policies related to sexuality and sexuality education, reproduction can become an obligation and a consequence rather than a thoughtful and planned decision.

When parents and educators take on the task of explaining reproduction, it is imperative to examine the narratives in children's picture books that are being told. Health Education uses planned learning experiences to provide individuals, groups, and communities the opportunity to acquire information and skills needed to make quality health decisions. One such skill needed to make quality decisions about one's health is health literacy. As the name implies, health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions (Report of the 2011 Joint Committee on Health Education and Promotion Terminology, 2011). A primary focus of the Healthy People 2030 agenda is increasing healthy literacy. Examination of the initiatives goals clearly shows this: "eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all" (U.S. Department of Health and Human Services, 2020). As discussed in Chapter 4 the current narratives about reproduction that are being told are an assault on health literacy and appear completely disconnected from the field of health education and promotion.

One way to teach functional knowledge and to cultivate a repertoire of essential skills in children is through an exploration of developmentally appropriate literature. While reading to children is not a replacement for life experience, it can enrich learning immensely. Books are an opportunity to provide parents and teachers with an effective way to educate children. Teachers as well as parents must be prepared with the most current and developmentally appropriate information available. Findings emphasize the importance of ensuring that children's books are

accurate and factual, specifically when used as a teaching tool in the classroom (Schussler, 2008). Health educators have a professional responsibility to provide children with accurate and appropriate information, especially when it comes to something as significant as reproduction.

As experts, health educators must take control of our cultural narrative rather than allow a myth to continue uninterrupted. Information has power, the proof of this is manifested in the national statistics that show nearly half of all pregnancies in the United States are unplanned. The need for planned, clear, and direct sexuality education is also evident in the attitudes expressed by individuals who become pregnant (Kaye et al., 2009). The inconsistent and/or non-existent use of contraceptives by sexually active individuals is clearly connected to the theme of wishful and magical thinking found within the reproductive narratives told in children's picture books. Sexuality and reproduction must not be ignored or discussed quietly behind closed doors but should be pulled into the public domain. People need to be aware of the effects reproduction can have on their lives, as well as the lives of others. At its core, education has a fundamental obligation to dispel the myth, impart knowledge, and create well-informed citizens. Children who receive appropriate education will be capable and empowered to make critical life choices based on the best evidence available.

Stories that relied the most heavily on wishful thinking featured couples experiencing infertility or a non-traditional couple (single or same sex) who wanted to become parents. Characters who decide to have children using non-traditional methods are described as broken or having a body part that does not work properly. Infertility is presented as a sickness or something that needs to be cured. Often the main characters dream of an unborn child long before they are born. Dreams, turn to prayers and wishes that ultimately end with a child. Although the magic is being used in these stories to create a child it does not change the fact that it begins a pattern of

thinking for the child at a very young age, that wishing, and praying are logical ways to make a baby. It is not surprising that when individuals do not receive appropriate sexuality education in adolescence and into adulthood these false beliefs continue. In their research, Kaye et al. (2009) found that many unmarried young adults claim, “it doesn’t matter whether you use birth control or not; when it is your time to get pregnant it will happen” (p. 6). Sadly, this sentiment appears to be bolstered by the current cultural narrative in the books identified in this study.

Health educators need to step up and take an active role in the creation of children’s picture books about reproduction. The involvement of certified health education specialists in the field of children’s literature can happen in a variety of ways including editing and consulting or writing and illustrating. Regardless of how health educators are involved it is painfully evident that the field and the qualifications of members who belong to it must be included in the process of creating children’s books. As experts in the field health educators need to take control of the story that is being told and put an end to the theme that has gone uninterrupted for decades. Information is power and information has power and continues to poison the minds of individuals who are spoon fed the fairy tale that everyone must have a child or be sad and lonely.

Just as the current reproductive narratives are laden with religious and moral values health education is founded on specific values and standards that should be included in children’s books. Unlike the cultural values that are rooted in conservative political and religious beliefs the National Sexuality Education Standards are based on a theoretical foundation drawn from several Health Education theories. Components of social cognitive theory, social learning theory, and the social ecological model have been used in the framework for the Sexuality Standards (Future of Sex Education Initiative, 2012). Education provided by a certified health education specialists is

mindful of the audience and presents information that is scientifically and culturally accurate, and age and developmentally appropriate.

Comprehensive sexuality education is a foundation of knowledge and skills that should begin in kindergarten and continue through 12th grade (Future of Sex Education Initiative, 2012). When written correctly, children's picture books about reproduction can be used to facilitate a conversation between the child and the caregiver or teacher. Just as effective sexuality education builds upon the knowledge and skills that were taught previously, the conversation with children about sex and reproduction is ongoing. It is naive to believe that such critical information could be obtained and understood in one conversation. Books should intentionally be structured to start the conversation and leave the dialogue open. As children age and acquire more information more questions will arise, and books can be revisited and more can be added to the collection.

According to SIECUS (2004), everyone deserves comprehensive sexuality education that, "addresses the socio-cultural, biological, psychological, and spiritual dimensions of sexuality by providing information; exploring feelings, values, and attitudes; and developing communication, decision-making, and critical-thinking skills." The goal of comprehensive sexuality education in schools should be to create programs that are developmentally appropriate and respect the diversity of learners needs (SIECUS, 2004).

### **Author Qualifications**

It is the professional and ethical responsibility of health education specialists to provide evidence-based information. There is a need for certified health education specialists to write and/or consult with the authors and illustrators of children's books intended to be used for education. At a minimum, books should be labeled more appropriately as entertainment rather

than education. Many of the authors included in the study are not certified health education specialists or even health educators with health education and promotion focus. The fact that these authors are dispensing health information and asserting qualification is disrespectful to the profession and can have damaging consequences on the children who are exposed to these stories. More importantly, health education is not simply dispensing information and should be left to certified professionals. When given properly, appropriate, and meaningful health education can raise awareness and empower the individual to make healthier decisions and can improve quality of life. Certified health education specialists understand the importance of health literacy and have been trained to develop health literacy in others (Checkley & Kelly, 1999).

### **Implications for Future Research**

Improvements in healthy comprehensive sexuality education can always be made. Future research can be influenced by the findings presented in this study to delve deeper into the unintended consequences of projecting a false narrative of reproduction. The issue with many books in the study does not stem from the fact that they encourage reproduction. Rather, the concern is the lack of rational explanation or justification for engaging in the behavior. The books are marketed as educational literature on reproduction, yet many of the books fail to teach about reproduction at the basic level. Considering most of the books included in the study were written by individuals who were not qualified to teach health education this is not surprising. Most significantly, parents and educators are exposed to misinformation and false narratives. When determining what the reproductive narrative should be creating a system that allows health educators to assist in determining what books are health and sex positive would be an improvement over the current system. In the absence of a perfect scenario, the ability to assist parents as they search for information is a step in the right direction.



A system that allows parents and educators to understand what books will be beneficial and how these books can and should be used with children. It is extremely important to consider how each book is being used. As the research indicates, picture books are considered visual art forms (Georgiou, 1969; Jalongo, 1988). As artists, authors and illustrators have the right to produce and disseminate unique art to the public. Labeling children's books as Fiction/Art could help to reduce the confusion and misinformation that occurs when stories like *Wish* or *A Part of My Heart* are described as "perfect for explaining to children the emotional truth of how a new baby is made and what it means to be new parents." Specifically, implementing a classification system for children's books would force authors to address critical questions such as what is the book's intention and why was it written. Books that are expressly written to tell one unique reproduction story should be labeled as such. Labeling a book as art or fiction is something that can help differentiate between an educational book and a fictional story meant to welcome a new sibling home. To put it simply, educational content can be used to tell a story, but not all stories are educational.

The purpose of this study was to examine cultural narratives of human reproduction in children's literature. An investigation of available research confirms the notable absence of inquiry into the significance of children's literature about reproduction. Content analysis was used to analyze a sample of 42 books to discover the reproductive narratives told to young children with children's literature. The study found that five main reproductive narratives are told within contemporary children's picture books: the prevailing narrative, the traditional narrative, the non-traditional narrative, the least common narrative, and the absent/invisible narrative. In addition to the narratives, many children's books about reproduction are written by

unqualified authors and can present messages that are both sex and health negative. This chapter analyzed and interpreted these findings and highlighted suggestions for future research.

## **APPENDICES**

## **APPENDIX A**

### **ORIGINAL EVALUATING INFORMATIONAL BOOKS CHECKLIST**

## **Appendix A**

### **Original Evaluating Informational Books Checklist**

#### **I. The Treatment of the Material**

1. Do clear concepts emerge from the author's presentation of the material?
2. Is the author enthusiastic about the topic? Does the author use a fresh, inviting writing style that makes the writing experience interesting?
3. Do the author's style and tone demonstrate a respect for the child's intelligence, awareness, and experience? Will the information, and the concepts it supports, be understood by the children for whom the book was intended?
4. Does the organization of the material enhance comprehension? When appropriate, are significant organizational aids included?
5. Do illustrations and other graphic elements support textual information? Do they enhance comprehension?
6. Does the author involve readers by providing them opportunities to solve problems, weigh decisions, and consider alternative points of view? Is independent thinking encouraged?

#### **II. Approaches to the Information**

1. If appropriate, does the author demonstrate methods of scientific investigation?
2. Does the author distinguish between fact, theory, and opinion?

3. Does the author make an effort to show how the information is relevant to everyday life and how it affects the quality of life? Does the author discuss the effects of the subject, and the issues raised by it, on individuals and institutions?

### III. Quality and Quantity of Information

1. Are the authors qualifications made known? Are there indications that the information is accurate and current?
2. Does the author establish a clear focus for the presentation? Is the author's point of view easily detected?
3. Does the reader gain an understanding of significant information about the topic?
4. If appropriate, does the author include significant controversies about the topic?
5. Does the book contain an adequate representation of gender, race, and age in both the writing and illustrations? Are stereotypes and gross generalizations avoided?

### IV. Additional Considerations

1. Will the book encourage interaction among children and between children and adults?
2. Does the book stimulate the reader to want to pursue the topic further? Are additional resources suggested?

**APPENDIX B**  
**COMPLETE BOOK LIST**

## Appendix B

### Complete Book List

#### Book Title and Author

1. *The Amazing True Story of How Babies are Made*, Fiona Katauskas
2. *The Baby Tree*, Sophie Blackall
3. *Before I Was Born: God's Design for Sex*, Carolyn Nystrom
4. *Birds and Bees*, Sue Baker
5. *The Birds, the Bees, and the Berenstain Bears*, Stan and Jan Berenstain
6. *Birds and Bees and More: How Babies are Made and Families Form*, Sandra Caron
7. *First Comes Love: All About the Birds and the Bees--and Alligators, Possums, and People, Too*, Jennifer Davis
8. *For Mommy So Loved You: IVF Conception*, Leigh James
9. *George & Will Have a Baby: The Gift of Family*, Irene Celcer
10. *Grown in Another Garden*, Crystal A. Falk
11. *Hope & Will Have a Baby: The Gift of Surrogacy*, Irene Celcer
12. *How Babies are Made*, Andrew C. Andry & Steven Schepp
13. *Incredible You*, Hilary Louvar
14. *It's Not the Stork!: A Book About Girls, Boys, Babies, Bodies, Families and Friends*, Robie H. Harris
15. *It Takes Love (and some other stuff) to Make a Baby* (Paperback), LL Bird
16. *The Kangaroo Pouch: A story about surrogacy for young children*, Sarah A. Phillips



17. *Let's Talk About the Birds and the Bees: Starting conversations about the facts of life*, Molly Potter
18. *Little Treasure*, Anat Gregory
19. *Made With Love: How Babies Are Made*, Kate Petty
20. *Miracle*, Jason Pinter
21. *Miracle Baby: How Babies Are Made the IVF Way*, Jennifer Bennett
22. *More and More Rabbits*, Nicolas Allen
23. *Mummy Laid an Egg!*, Babette Cole
24. *Part of My Heart*, Mike Sundy
25. *The Pea That Was Me: An Egg Donation Story*, Kimberly Kluger-Bell
26. *The Pea That Was Me & Me & Me: How All Kinds of Babies Are Made*, Kimberly Kluger-Bell
27. *Sophia's Broken Crayons: A Story of Surrogacy from a Young Child's Perspective*, Crystal A. Falk
28. *The Super Special Panda Egg*, Allison McWood
29. *And Tango Makes Three*, Justin Richardson
30. *The 2 boys who wanted to become daddies: A surrogacy story*, Sylvain Pappalardo & Pascal Kerbel
31. *Untraditional You: An IVF Story*, Mallory Bellville
32. *The Very Kind Koala*, Kimberly Kluger-Bell
33. *The Very Special Ducklings: A Very Simple Story About Egg Donation*, Wava Cirisan
34. *What's in There?: All About Before You Were Born*, Robie H. Harris

35. *What's the Big Secret?: Talking about Sex with Girls and Boys*, Laurie Krasny Brown & Marc Brown
36. *What Makes a Baby*, Cory Silverberg
37. *Where Did I Come From?*, Peter Mayle
38. *Where Did I Come From?-African American Edition: A Guide for Children and Parents*, Peter Mayle
39. *Where Do Babies Come From?: Our First Talk About Birth (Just Enough)*, Dr. Jillian Roberts
40. *Where Willy Went: The Big Story of a Little Sperm*, Nicholas Allen
41. *Wish*, Matt Cordell
42. *You Were Meant to Be*, Sherry Keen

## **APPENDIX C**

### **VISUAL ORGANIZER FOR BOOK CONTENT**

## Appendix C

### Visual Organizer for Book Content

	<b>Who does it?</b>	<b>How it's Done/Mechanics</b>	<b>How "Sex" as an act is discussed</b>
	<b>Fetal Growth and Development</b>	<b>Talk of Sex/Gender of baby</b>	<b>Birth</b>
	<b>Ingredients/Recipe</b>	<b>Presence of Animals</b>	<b>Wishful/Magical thinking</b>
	<b>Anthropomorphism of human parts</b>	<b>Plants/Animals as Analogies</b>	<b>Other versions of the story</b>
	<b>Talk about the body</b>	<b>Slang or Inappropriate language</b>	<b>Why it's being done</b>

## **APPENDIX D**

### **CHECKLIST FOR EVALUATING INFORMATIONAL BOOKS**

## Appendix D

### Checklist for Evaluating Informational Books

<b>I. The Treatment of the Material:</b>	Strongly Disagree 0	Disagree 1	Neither Agree/ Disagree 2	Agree 3	Strongly Agree 4
Concepts that emerge from the author's presentation of the material are health positive.	0	1	2	3	4
Concepts that emerge from the author's presentation of the material are sex positive.	0	1	2	3	4
The material presented is developmentally appropriate.	0	1	2	3	4
The information will be understood by the children for whom the book was intended	0	1	2	3	4
The organization of the material enhances comprehension.	0	1	2	3	4
Illustrations and other graphic elements support textual information.	0	1	2	3	4
Illustrations enhance comprehension.	0	1	2	3	4
<b>II. Approaches to Information:</b>	0	1	2	3	4
The author distinguishes between fact, theory, and opinion.	0	1	2	3	4

(additional question from 1 <sup>st</sup> content analysis may be added here)	0	1	2	3	4
(additional question from 1 <sup>st</sup> content analysis may be added here)	0	1	2	3	4
(additional question from 1 <sup>st</sup> content analysis may be added here)	0	1	2	3	4
<b>III. Quality and Quantity of Information:</b>	Strongly Disagree 0	Disagree 1	Neither Agree/Disagree 2	Agree 3	Strongly Agree 4
The author's qualifications are made known.	0	1	2	3	4
The authors qualifications are appropriate and relevant to the content	0	1	2	3	4
The information in this book is adequate	0	1	2	3	4
The information in this book is scientifically accurate	0	1	2	3	4
The book contains an adequate representation of racial and ethnic diversity in both the writing and the illustrations.	0	1	2	3	4
The book contains an adequate representation of sexual identity in both the writing and the illustrations.	0	1	2	3	4
The book contains an adequate representation of family structures in both the writing and the illustrations.	0	1	2	3	4

<b>IV. Additional Considerations:</b>	0	1	2	3	4
The book encourages interactions between children and adults.	0	1	2	3	4
Additional resources suggested.	0	1	2	3	4



**APPENDIX E**  
**AUTHOR QUALIFICATIONS**

## Appendix E

### Author Qualifications

<b>Book Title</b>	<b>Author/Qualifications</b>
<i>The Amazing True Story of How Babies are Made</i>	<b>Fiona Katauskas</b>
<i>The Baby Tree</i>	<b>Sophie Blackall</b>
<i>Before I Was Born (God's Design for Sex)</i>	<b>Carolyn Nystrom</b> /author of over 80 books; mother of four children
<i>Birds and Bees</i>	<b>Sue Baker</b>
<i>The Birds, the Bees, and the Berenstain Bears</i>	<b>Stan and Jan Berenstain</b>
<i>Birds and Bees and More: How Babies are Made and Families Form</i>	<b>Sandra Caron</b> /Professor of Family Relations and Human Sexuality; AASECT & SSSS member
<i>First Comes Love: All About the Birds and the Bees--and Alligators, Possums, and People, Too</i>	<b>Jennifer Davis</b> /mother of four
<i>For Mommy So Loved You: IVF Conception</i>	<b>Leigh James</b>
<i>George &amp; Will Have a Baby: The Gift of Family</i>	<b>Irene Celcer</b> /degrees in psychology, holistic psychology, and social work; Specializes in infertility, third party reproductive assistance and eating disorders
<i>Grown in Another Garden</i>	<b>Crystal A. Falk</b> /surrogate, mother, author, and illustrator of books on "tough topics"
<i>Hope &amp; Will Have a Baby: The Gift of Surrogacy</i>	<b>Irene Celcer</b> /degrees in psychology, holistic psychology, and social work; Specializes in infertility, third party reproductive assistance and eating disorders
<i>How Babies are Made</i>	<b>Andrew C. Andry &amp; Steven Schepp</b>
<i>Incredible You</i>	<b>Hilary Louvar</b>
<i>It's Not the Stork!: A Book About Girls, Boys, Babies, Bodies, Families and Friends</i>	<b>Robie H. Harris</b> /Former college instructor; Award winning Author
<i>It Takes Love (and some other stuff) to Make a Baby Paperback</i>	<b>LL Bird</b> /former family doctor; mother
<i>The Kangaroo Pouch: A story about surrogacy for young children</i>	<b>Sarah A. Phillips</b> /studied journalism; writer; surrogate
<i>Let's Talk About the Birds and the Bees: Starting conversations about the facts of life</i>	<b>Molly Potter</b>
<i>Little Treasure</i>	<b>Anat Gregory</b>
<i>Made With Love: How Babies Are Made</i>	<b>Kate Petty</b>
<i>Miracle</i>	<b>Jason Pinter</b> /author; parent; owns a publishing company
<i>Miracle Baby: How Babies Are Made the IVF Way</i>	<b>Jennifer Bennett</b> /Doctor of Clinical Psychology with a focus on children and families; Wife and mother
<i>More and More Rabbits</i>	<b>Nicolas Allen</b>
<i>Mummy Laid an Egg!</i>	<b>Babette Cole</b> /degree in animation; illustrator
<i>Part of My Heart</i>	<b>Mike Sundy</b> /author and screenplay writer

<i>The Pea That Was Me (An Egg Donation Story)</i>	<b>Kimberly Kluger-Bell</b> /Licensed Marriage and Family Therapist specializing in reproductive psychotherapy
<i>The Pea That Was Me &amp; Me &amp; Me: How All Kinds of Babies Are Made</i>	<b>Kimberly Kluger-Bell</b> /Licensed Marriage and Family Therapist specializing in reproductive psychotherapy
<i>Sophia's Broken Crayons: A Story of Surrogacy from a Young Child's Perspective</i>	<b>Crystal A. Falk</b> /surrogate, mother, author, and illustrator of books on "tough topics"
<i>The Super Special Panda Egg</i>	<b>Allison McWood</b>
<i>And Tango Makes Three</i>	<b>Justin Richardson</b>
<i>The 2 boys who wanted to become daddies: A surrogacy story</i>	<b>Sylvain Pappalardo Pascal Kerbel</b>
<i>Untraditional You: An IVF Story</i>	<b>Mallory Bellville</b>
<i>The Very Kind Koala</i>	<b>Kimberly Kluger-Bell</b> /Licensed Marriage and Family Therapist specializing in reproductive psychotherapy
<i>The Very Special Ducklings: A Very Simple Story About Egg Donation</i>	<b>Wava Cirisan</b>
<i>What's in There?: All About Before You Were Born</i>	<b>Robie H. Harris</b> /New York Times best-selling author
<i>What's the Big Secret?: Talking about Sex with Girls and Boys</i>	<b>Laurie Krasny Brown</b> /author, educator, parent <b>Marc Brown</b> /creator of Arthur book series
<i>What Makes a Baby</i>	<b>Cory Silverberg</b>
<i>Where Did I Come From?</i>	<b>Peter Mayle</b> /“bestselling” author
<i>Where Did I Come From?-African American Edition: A Guide for Children and Parents</i>	<b>Peter Mayle</b> /“bestselling” author
<i>Where Do Babies Come From?: Our First Talk About Birth (Just Enough)</i>	<b>Dr. Jillian Roberts</b>
<i>Where Willy Went: The Big Story of a Little Sperm</i>	<b>Nicholas Allen</b>
<i>Wish</i>	<b>Matt Cordell</b>
<i>You Were Meant to Be</i>	<b>Sherry Keen</b> /mother

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