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Assessing Middle School Sex Education Programs

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Assessing Middle School Sex Education Programs

By

Lamar T. Collins

An Applied Research Project
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Abstract

Purpose: The purpose of this research is three-fold. First, this research will develop a model middle school sex education program. Next, this model will be used to assess existing middle school sex education programs. Finally, recommendations will be made to improve grant funded middle school sex education programs. The model is organized into four categories which include:

- preparing for productive futures
- healthy relationships
- idle time engagement
- comprehensive approach

Methods: Survey research is used to assess the existing middle school programs. Survey questions correspond to the categories of the previously developed model. Surveys were sent to thirty grant funded middle school abstinence education organizations.

Findings: Many abstinence organizations focus on "abstinence only". A successful sex education program focuses on more than abstinence. The literature revealed four categories that promote an abstinent lifestyle.

A model was developed based on the literature and revealed that all assessed programs fell short of educating students on all element of the model; however, because of the low number of respondents, the findings are inconclusive.

About the Author

Lamar Collins was born in Norfolk, Virginia. He joined the military after high school and was assigned to Fort Hood Texas. After he was honorably discharged from active duty service he became a teacher and coach in the Killeen Independent School District. After four years of teaching and coaching, he was asked by Scott and White Healthcare (www.worththewait.org) to join their efforts to reduce teen pregnancy in Bell county. He worked as a program educator for three years. In those three years, he moved from speaking to youth in Bell county to speaking nationwide (through www.collinseducationgroup.org) to health care professionals, teachers, and students in areas associated with the at risk teen population. He hosts a weekly talk show (www.mykiss1031.com), tours the country speaking to audiences of students and educators, and directs a family medicine clinic for Scott and White Healthcare in Bellmead, Texas. He can be reached online at coach@collinseducationgroup.org.

http://www.youtube.com/watch?v=yLmd830PpJw
Watch Coach Collins on www.youtube.com

Table of Contents

Abstract…….……2
About the Author…….……..3
List of Tables……..……...……6
Chapter One: Introduction……..……..……7-9
Setting the stage……...……..7
Policy response…….…….……7
Research purpose…….……..……...….9
Chapter summaries…….…….....…….….9
Chapter Two: Problems of adolescent sexual activity…….……..9-13
Chapter purpose…….…….……10
Consequences to the children born to teens…….…...10
Consequences to the children……..…….……...……12
Consequences to society…….……...……12
Government's response……..……..13
Chapter Summary……..……..13
Chapter Three: Setting……..……14-19
Chapter purpose……...……...……14
History of abstinence funding……...……...……14
The Adolescent Family Life Act of 1981…….……...…15
Welfare Reform Act of 1996……...16
SPRANS-CBAE of 2001……17
Shift in Political Climate……..18
Chapter Summary……...…….……19
Chapter Four: Model middle school sex education program…….….…20-34
Chapter purpose……...……..……..20
Preparing for productive futures……...……..……20-22
Career planning……...……..……21
Academic achievement……..……..……..22
Healthy relationships……..……..……..23-26
Friends……...……..……...25
Family……..……..……26
Caring adults……..27
Idle time engagement…….……..…….…28
Religious values…….……... 29
Extracurricular activities…….…..…..……..…….29
Comprehensive approach.……..……..…….….30
Risk removal (abstinence). ……..…….….30
Risk reduction (contraception)..……..…….……..……..…… 32
Conceptual Framework……..……...…….… ..34
Chapter Summary.…….……..…….…35
Chapter Five: Methodology. …….…….…….….**36-43**
Chapter Purpose. …….……...…….….36
Operationalization …….36
Operationalization Table……37
Research Technique……...40

Units of analysis…….…..……...……..…..…..40
Population…….…..……...……....40
Human Subjects…….……...……42
Statistics……...……..43
Chapter Summary……..…….....……43
Chapter Six: Results……..44-51
Chapter Purpose……44
Productive futures..……...……44
Healthy relationships…….……46
Idle time engagement…….……48
Comprehensive approach……..……50
Chapter Summary……..……51
Chapter Seven: Conclusion and Recommendations……..52-54
Chapter Purpose…….……52
Summary of Research…….…….……..52
Recommendations.....53
Future Research…….54
Bibliography……..……..55-59
Appendix A: Survey……..……..……..……..…60
Appendix B: Letter to Organization..…….…….……64
Appendix C: Letter to Organizations…..…….……58

List of Tables

Table 2.1	Federal Definition of Abstinence	14
Table 3.1	Abstinence funding	19
Table 4.1	Sexual activity among high school students	32
Table 4.2	Conceptual Framework	34
Table 5.1	Operationalization Table	37
Table 6.1	Preparing for Productive Futures	45
Table 6.2	Healthy Relationships	47
Table 6.3	Idle Time Engagement	49
Table 6.4	Comprehensive Approach	51

Chapter I
Introduction

Setting the stage

At a school assembly in central Texas, a sixteen year old tells the motivational speaker she wished someone would have talked to her about the dangers of sexually transmitted infections earlier, because she has herpes. She thought that using condoms would keep her from getting infected. Now she cries because she has a sexually transmitted infection which can be treated but not cure. At another central Texas school a young man asked the same speaker how long he will have to suffer financially? He fathered a child at fourteen and the judge told him that he could either get a job and pay child support, or go to jail. He elected to get a job, but told the speaker that six dollars an hour does not supply all the baby's needs. He thought if a girl was taking birth control pills, there was no way she could get pregnant[1]*. Both are now dealing with the realities of adolescent sexual behavior.*

These students are examples of how adolescent sexual activity can result in life limiting consequences. Unfortunately, these and similar problems are all too common. The decisions of when and with whom to have sex are some of the most important decisions teenagers will make. Middle school sex education and abstinence programs are designed to help teens make better, healthier choices.

Policy response

Students usually learn about their changing bodies and sexual choices in middle school. Historically, the responsibility to teach children about this uncomfortable subject fell to school districts and parents. Hence, approaches to middle school sex education were varied based on school district preferences. It should be noted that conservative and

[1] I learned of these stories during student assemblies in 2005.

liberal administrators often have different approaches to sex education. Conservatives often favor abstinence, whereas liberals generally prefer programs educating teens about birth control and ways to prevent sexually transmitted diseases.

In 1981, during the Reagan administration, the federal government became involved abstinence education when Congress passed the Adolescent Family Life Act (Howell 2007, 3), authorizing $11 million dollars for abstinence education. Abstinence education has continued to account for increasing amounts of the federal budget. In 2008, the U.S. Congress is deliberating Senate Bill 1719-2008, which includes $115 million dollars for abstinence education. By 2007, through three different programs, the federal government had already devoted $176 million dollars to abstinence education (see table 3.2). This money was allocated primarily to grant funded non profit organizations that provided abstinence education in schools.

Community groups across the country differ on the proper approach to sex education. There has been wide debate between those who advocate an abstinence-only approach and those who favor a more comprehensive approach. Abstinence only sex education advocates believe abstinence is the best and moral approach. Abstinence only programs emphasize abstinence as the only way to avoid the consequences of adolescent sexual activity. In general, these programs do not discuss contraception. Their focus is *risk removal*. Comprehensive sex education advocates believe it is unrealistic to leave contraception out of sex education. Their focus is on *risk reduction.* These programs generally promote condom use and have a minimal abstinence component. For example, *Making Sense of Abstinence* (Taverner, 2005), an abstinence curriculum supported by Planned Parenthood, discusses abstinence but not in a “best idea” way, but in an “until

your ready" approach. The majority of *Making Sense of Abstinence* is focused on reducing the risks of sexual activity.

Differing views surrounding sex education have stimulated heated debate. Financially, the abstinence only group has prevailed (e.g., $176M in abstinence funding) in public schools. There is evidence that abstinence only programs are not working as they are, and conservative dominance is waning, indicating that it is time to explore new best practices in middle school sex education.

Most groups that weigh in on the efficacy of these programs agree that abstinence is a worthy goal. However, research and the new political environment suggest a more practical orientation. This approach would focus on healthy choices and lifestyle; where abstinence is emphasized but birth control is not ignored. This project addresses what this program would look like.

Research Purpose

The purpose of this research is threefold. First, this research will develop a model middle school sex education program. Next, this model will be used to assess existing middle school sex education programs. Finally, recommendations will be made to improve grant funded middle school sex education programs. The model is organized into four categories which include:

- preparing for productive futures
- healthy relationships
- idle time engagement
- comprehensive approach

Chapter Summaries

Chapter Two examines the problems and consequences of teen sexual activity. Chapter Three explores the policy history of sex and abstinence education. Chapter Four describes the model middle school sex education program. Chapter Five examines the methodology used to assess middle school sex education programs. Chapter Six presents the results, and chapter Seven summarizes the research and makes recommendations to improve middle school sex education programs and makes suggestions for further research on this topic.

Chapter Two

Consequences of Adolescent Sexual Activity

Chapter purpose

The purpose of this chapter is to describe how adolescent sexual activity impacts different sectors of society. The chapter examines the consequences of teen sexual activity to the teens themselves, their children, and society as a whole. Sexually active teens often deal with sexually transmitted infections, pregnancy, legal issues and depression. In addition, the children of sexually active teens are more likely to suffer from health and academic problems. Society, through taxes, funds programs such as Medicaid, WIC (Women, Infants and Children), and TANF (Temporary Assistance for Needy Families). These programs help meet teen parents' needs, since most teens are unable to assume the financial burden of children. According to Patricia Sulak, M.D., (2006, 31), "teen pregnancy is directly associated with adverse socioeconomic issues that have an impact on the family, community, and society at large, including welfare dependency, poverty, lack of educational preparedness and inadequate workforce training."

Children's bodies begin to change in middle school. Middle schoolers are typically eleven to fourteen years of age. Instilling in them the importance of postponing sexual initiation and/or using contraception is likely to lead to positive outcomes for all students, their eventual children, and society as a whole.

Consequences of adolescent sexuality on teens

Sexually transmitted infections are problematic in the young adult population. Of the 18.9 million cases of sexually transmitted infections, the highest rates are for

individuals between fifteen and twenty four (CDC 2004, 43)[2]. Compared to adults, sexually active teenage girls are much more likely to contract a sexually transmitted infection (Brown 2006, 1019)[3] because they have more partners, more high risk partners, and an immature cervix[4]. The possible effects of sexually transmitted infections include severe pain, infertility, and death (CDC 2005, 53). Although these problems usually begin in high school (most students are in high school at age fifteen), it is important to prepare students to deal with their sexuality in middle school.

Teenage pregnancy is another problem associated with adolescent sexual activity. It is estimated that 750,000 teenagers became pregnant in 2004 (Guttmacher Institute 2006), with close to 422,000 giving birth[5] (Sulak and Herbelin 2006, 1545). Teen mothers often start their families alone and disadvantaged. Only thirty percent of teen mothers will graduate high school (or complete graduate equivalent work) by age thirty (Sulak and Herbelin 2005, 31). Typically, the less education a person has, the lower the individual lifetime income, which increases the likelihood of living in poverty (Breheny and Stephens 2007, 334).

Other consequences of adolescent sexual activity include legal problems and depression. All states have laws regarding sexual activity. For example, in Texas it is a felony to have sex with anyone under fourteen. Anyone over fourteen found guilty of having sex with someone under fourteen can be prosecuted and labeled a sex offender for the rest of their lives[6]. Hence a fifteen year old boy having sex with a fourteen year old girl can face prison and a lifetime status of sex offender. Sexually active teens often

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[2] African American girls contract HIV at a greater rate than all other demographic groups, and are disproportionately affected by teen pregnancies (Brown 2006, 1019).
[3] This study focused on sexually transmitted infections in teenage females. One in two sexually active teens will contract a sexually transmitted infection (Brown 2006, 1019).
[4] The female cervix does not mature until approximately age twenty-five. The immature cervix is much more susceptible to infection by a sexually transmitted disease (Sulak and Herbelin 2006, 33).
[5] This data is based on 2002 statistics.
[6] See Texas Penal Codes 21.07, 21.08, 21.11, 22.011, 42.01, and 43.24.

report depression (primarily females). Jocelyn Lehrer led a triphasic study exploring the relationship between depression and sexual activity. In the first wave, the researchers asked preteens if they were depressed and/or sexually active. The overwhelming majority answered no to both questions. In the second phase, during early teenage years, they found that some respondents were depressed and some were sexually active. In the third phase, they found that the majority of the depressed teens were the sexually active teens. These findings suggest that sexual activity in teens may lead to depression (Lehrer 2006, 189).

Consequences of adolescent sexuality on their (the teenagers) children

Children born to teenage mothes feel the effects of their parents' choices. These children are more likely to be premature, have a low birth rate, have academic problems, and become societal problems (Sulak and Herbelin 2006, 31). These children are also more likely to have intellectual, social, and emotional problems (Breheny and Stephens 2007, 334). Incidences of child abuse and neglect are also much higher (Breheny and Stephens 2007, 334). The sons are more likely to be imprisoned and the daughters are more likely to become teen mothers (Sulak and Herbelin 2006, 31). They are also at greater risk for growing up in single parent homes and being raised in poverty (Breheny and Stephens 2007, 334).

Consequences of adolescent sexuality on society

"Sexually active teenagers are a huge economic burden" (Sulak and Herbelin 2005, 1945). The government pays for services (healthcare, rent, food, and others) when the teenage parent cannot afford them. These services are often provided through non profit family planning organizations. H.R. 1074 has been proposed that allocates $311

million dollars in Title X funds[7] to help such student-parents (H.R. 1074, Title X Family Planning Services Act, 2007). Many school districts take on the expense of day care centers and classes (even buildings in some school districts) for the use of teen parents and their children. Teen parents also look to government programs such as TANF[8] (Temporary Assistance for Needy Families) for monetary assistance, which often offers support during the child's school age years.

To combat the consequences of teenage sexual activity, the federal government has provided funding for abstinence education[9]. The federal government's guidelines give a tremendous amount of latitude to the educator. However, the guidelines restrict programs from discussing certain topics, such as contraception education and religion. Unfortunately, recent research suggests (Borowsky 2001 and Brown 2006) contraception education and religious involvement serve as protective factors in a teen's decisions about sexual activity, and should be included in education programs.

Chapter summary

This chapter presented the consequences of adolescent sexual activity. The chapter focuses on the consequences to the adolescents, the children of the adolescents, and to society as a whole. The next chapter further examines the legislation and government funding of sex education.

[7] H.R. 1074- Title X Family Planning Services Act of 2007 provides grants for education to prevent teen pregnancy, reduction abortion needs and parental support. Congress approved close to $283 million dollars for the family planning activities.
[8] One of the goals of TANF funds is to reduce the rate of out-of-wedlock pregnancies. These programs are aimed largely at teens (the Policy Page 1997, http://cppp.org/files/3/pp44.pdf).
[9] The federal government's guidelines are listed in appendix A.

Chapter III
Setting

Chapter purpose

The purpose of this chapter is to detail the federal government's response to adolescent sexual activity; specifically what funding sources were implemented to address the problem. This chapter will provide a history of funding legislation and conclude with an assessment of the effectiveness of the governmental legislative response.

History of abstinence funding

The funding for abstinence-only education began in 1982 with the Adolescent Family Life Act (AFLA). Through a religious framework, the AFLA promoted abstinence as the only option for teens. In 1996 the funding for abstinence only programs increased dramatically under a wave of welfare reform (P.L. 104-193). Title V of the Social Security Act released close for $50 million dollars per year to abstinence only education. The Maternal and Child Health[10] block grant articulated abstinence education guidelines through the eight point definition found in table 3.1. All federally funded abstinence grantees must comply with the federal definition of abstinence education. The definition, known as A-H, found in the social security act 510(b). The definition reads as follows:

[10] The Welfare Reform Act addressed abstinence education through Title V of the Social Security Act, and the Maternal Child and Health block grant developed the standards by which the grants were measured.

Table 3.1

THE FEDERAL DEFINITION OF ABSTINENCE-ONLY EDUCATION
An eligible abstinence education program is one that:
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 human sexual activity;
E) teaches that sexual activity outside 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.
Source: U.S. Social Security Act, §510(b)(2).

In 2001, the Special Project of Regional and National Significance-Community Based Abstinence Education Program (SPRANS-CBAE) authorized an additional $20 million dollars for abstinence education. That number increased yearly until 2006, when it allocated $113 million dollars to abstinence education organizations.

As of 2008, the organizations funded by SPRANS-CBAE are still the primary federal funded sources for abstinence education. These sources supplied close to $176 million dollars in 2007[11] to abstinence education grantees.

The Adolescent Family Life Act of 1981

In 1982, the Adolescent Family Life Act (AFLA), known as “The Chastity Act”, in the Office of Adolescent Pregnancy Programs under Title XX of the Adolescent

[11] See table 3.2

Family Life Demonstration Projects provided four million dollars for abstinence education. This money was released as a "response of conservative administration to the problems of adolescent sexuality" (Young and Bailey 1998, 207). The major purpose was to find effective means to reach adolescents within the family context (Young and Bailey 1998, 207). The funds were designed to educate pregnant and parenting teens. This abstinence grant supported pregnant and parenting to reduce the likelihood of another pregnancy.

Although counseling and educational services organizations were involved, the majority of the grantees were religious and charitable organizations. This led to scrutiny, by organizations such as the Americans Civil Liberties Union (ACLU), who filed a lawsuit accusing (Young and Bailey 1998, 210) the AFLA of medical inaccuracy and of using government funds to advance religion (Donovan 1984, 224). The AFLA funds were granted to religious organizations that desired change, but lacked the education and professional background needed for program success. The lawsuit was settled out of court in 1993, and lawmakers acknowledged the need for more stringent guidelines (Young and Bailey 1998, 208).

Welfare Reform of 1996

The insufficient guidelines of the AFLA were not adequately addressed until the Welfare Reform Act of 1996[12]. When the Welfare Reform Act was enacted in 1998, the AFLA funding was to follow the eight point abstinence definition (table 3.1). The guidelines require abstinence programs to focus on these eight points exclusively to qualify for a portion the $50 million government funds. The guidelines made it more difficult to qualify for the grant, and Congress made the AFLA grantees adhere to these guidelines as well. Beginning in 2007, all abstinence funding grantees, adhered to the

[12] The abstinence funding is found in Title V, Section 510 of the Social Security Act.

"A-H definition". The A-H guidelines were to be used as a model, addressing the following issues (Young and Bailey 1998, 209):

1. out of wedlock pregnancies
2. out of wedlock births
3. number of adolescents participating in sexual activity, and
4. sexually transmitted diseases in teenagers.

The Welfare Reform Act did not require that each point of A-H be covered equally, nor did the act prohibit contraceptive education or promote abortion (Young and Bailey 1998, 209).

SPRANS-CBAE of 2001

The SPRANS-CBAE funding initially provided $20 million dollars to abstinence education. This amount increased yearly until 2006, when $113 million was distributed. The purpose of the additional funding source was to ensure that more teens received the message that abstinence is the best option for avoiding unintended pregnancies and sexually transmitted diseases.

This increased funding was accompanied by increased accountability and rigidity, sometimes containing ambiguous terminology. For example:

- abstinence- voluntarily choosing not to engage in sexual activity until marriage
- sexual activity- any genital contact including, but not limited to sexual intercourse
- marriage- legal union between one man and one woman as husband and wife

Furthermore, in an effort to increase medical accuracy the SPRANS-CBAE grant required that materials used contain references for factual information. Grantees must express that, "the best life outcomes are more likely obtained by individuals abstaining until marriage. Practicing abstinence also increases the probability of a happy, healthy

marriage." The grant prohibits grantees from referring to contraception, and requires the grantees to target twelve to eighteen year olds. To date, a total of $1.1 billion dollars (table 3.2) has been spent on abstinence education.

Table 3.2	Funding by fiscal year ($ in millions)												
Program	1982-96	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	TOTAL
AFLA	$4	$9	$9	$10	$10	$10	$12	$12	$12	$13	$13	$13	$127
Welfare Reform			$50	$50	$50	$50	$50	$50	$50	$50	$50	$50	$500
CBAE						$20	$40	$55	$75	$104	$113	$113	$520
TOTAL	$4	$9	$59	$60	$60	$80	$102	$117	$137	$167	$176	$176	$1,147

(Howell 2007, 2)

Shift in Political Winds

In recent years, abstinence education has come under much public scrutiny. According to congressional testimony, these programs often "contain false, misleading, or distorted information about reproductive health" (Waxman 2004, 4). In addition, some abstinence only curricula are accused of being medically inaccurate, religious based, and encourage female stereotypes of women (Waxman 2004, 4).

In 2006 the republicans lost control of congress, and Representative Henry Waxman (D-Ill) began a special investigation targeting abstinence education. His study concluded that eleven of the thirteen programs studied contained the following errors[13]:

- one curriculum stated that some sexually transmitted diseases are small enough to pass through the pores of a condom (Waxman 2004, 12)[14]
- another curriculum stated that five to ten percent of women will never again be able to get pregnant after having a legal abortion (Waxman 2004, 14)[15]

[13] The programs studied in the Waxman report are listed in appendix B

[14] The CDC found that latex condoms provide an essentially impermeable barrier to particles the size of STD (www.CDC.gov/std).

[15] "Concerns about infertility as a result of induced abortion seem largely unfounded, except for the rare severe complication managed by hysterectomy." (Cunningham and Gabbe 2002).

- many curricula also blur the lines between religion and science, proclaiming that sex in the context of marriage is the expected standard of human sexuality (Waxman 2004, 15)

Agreeing with Rep. Waxman is John Santelli, MD. Dr. Santelli, in a testimony before the Committee on Oversight and Government Reform, voiced concerns regarding the funding of abstinence only curricula. Dr. Santelli supported his request for comprehensive funding with research revealing that ninety-five percent of Americans have intercourse prior to marriage. This data also showed that many abstinence only programs decreased teenagers' confidence in condoms and other forms of contraception.

Chapter summary

The report by Representative Waxman and the testimony by Dr. Santelli show that, although a lot of money has been invested in abstinence education, it has not consistently yielded amenable results. The government has spent over one billion dollars in the abstinence movement in three government funded sex education programs. The teen pregnancy rate has gone down, but data from both Representative Waxman and Dr. Santelli show the results may have as much to do with better contraception than abstinence. This data suggests that the sex education guidelines should be revisited by lawmakers to ensure best practices are implemented.

Chapter IV

Model Middle School Program

Chapter purpose

The purpose of this chapter is to identify and describe the components of a model middle school sex education program. Research suggests abstinence only sex education may not be meeting the needs of today's teenagers (Bearman and Bruckner 2001, 861). Program requirements should be restructured based on scholarly literature. There are four components that programs should include to help reduce adolescent sexual activity. The organization of the components lends itself to the practical ideal type microconceptual framework[16], because surveyed organizations will be compared to the standard (Shields and Tajalli, 2005). The components are:

- preparing for productive futures
- healthy relationships
- idle time engagement
- comprehensive approach

These four categories appear repeatedly throughout the literature.

If middle school sex education programs are to be effective, they should include these components. The remainder of the chapter draws from the literature to develop a model middle school sex education program drawing from the literature.

Preparing for productive futures

The first category in the model is "preparing for productive futures." This category emphasizes the future and builds (or creates) the students' desire for a

[16] A conceptual framework is a way of classifying pragmatic experimentation (Shields, 1998).

productive adult life, by outlining lessons and activities that promote productive futures[17]. Career planning and academic achievement are the elements that define this category.

Career Planning

Career planning is the first element in the "preparing for productive futures" category. Career planning includes the identification and development of skills and abilities. Recognizing skills and abilities and developing them builds self-esteem in students (Cohen 2002, 68). When students have self-esteem and recognize their skills and abilities, they are more likely to participate in activities and join groups that will occupy their time and surround them with people that believe in them (Cohen 2002, 68). Skill development, as a part of the solution to risky behavior, positively affects student behavior.

Kenneth Ginsburg's (2002, 1136) study of students in Philadelphia found that students are much more likely to have successful careers when introduced to supportive solutions (such as getting involved in afterschool and recreational activities) than when told to stay away from at-risk. This suggests it is much more beneficial to promote positive activities (skill identification and development) than to talk about the ills of negative behavior. Deborah Cohen's 2002 study found a strong positive correlation between self-esteem and recognition of talent (Cohen 2002, 68). A separate study found that students with low self-esteem engaged in riskier sexual behavior. These individuals were more likely to engage in sexual activity and less likely to use contraception (Commendader 2007, 621) [18].

[17] For additional information on preparing students for success futures, Texas State University Applied Research Project, see Howard-Watkins (2006)/

[18] Bonnie Neuman's article also confirm the relationship between self esteem and poor decision making (Neuman 1989, 247).

Career planning exercises help students understand the connection between career choices and lifestyle. For example, one exercise should include students using real estate magazines and newspapers to pick out a house to live in, a car to drive, and furnishings. The students should then learn about different professions (physicians, teachers, plumbers, mechanics, carpenters, real estate agents, insurance salespersons, cosmetologists, etc). They should also meet actual professionals who discuss their educational experiences and how those experiences affected their lives. The students should then pick a possible career field for themselves. Next, the students should research online to determine the education needed and expected salary of their chosen profession. They should then compare the salaries of their chosen profession to the lifestyle they chose for themselves to see whether they are compatible. If necessary, they should amend their lifestyle in accordance with the approximate salary of their chosen career. Finally, the students should then try to budget their chosen lifestyle on the earning potential of a high school drop out[19]. The class would then discuss the value of an education[20] and plan for their future careers.

Academic achievement

Academic achievement is the second element of the "preparing for productive futures" component. Not only are students that perform well in school much less likely to be at risk for pregnancy and sexually transmitted infections, those that perform poorly in school are most likely to be sexually active (Bailey 2008, 574). Students who achieve academically are more likely to resist peer pressure and abstain from sexual activity[21]. In a study of 4,932 eighth graders, the department of Preventative Medicine at the

[19] The students could find average salaries through online references.
[20] All students will be encouraged to get an education through college, trade school, technical school, apprenticeship, job corps or military.
[21] Academic achievement is defined as passing all subjects.

University of Southern California found that latchkey students[22] were more likely to engage in risky behavior (including sexual activity) when they performed poorly in school and missed days (not due to illness) (Richardson 1989, 561). Performing well in school is a source of self-esteem which often leads to good decisions.

To promote academic achievement[23], a model program should include a lesson that educates students on study skills and tutoring times offered by the school. The program should also educate the students on the organizations in the community that offer academic help. This could be beneficial to struggling students, as they can learn good study habits and organizational skills which could lead to academic achievement.

Healthy Relationships

The second component in the model middle school sex education program is an emphasis on healthy relationships. This includes the students' relationships with his/her families, friends[24], and other caring adults. Studies show that while families and friends are two of the most influential components in an adolescent's life, there is no substitute for the communication between a parent and child[25]. When families are educated on the risks of adolescent sexual activity and share expectations of abstinence with their children, that child's risk for early debut of sexual activity decreases (Sulak and Herbelin 2006, 1549).

Another reason family and friends are influential to the adolescent is brain development. Neurological research shows that the adolescent brain is still developing, specifically the prefrontal cortex. The prefrontal cortex allows the brain to distinguish

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[22] This article defines latchkey students as those that care for themselves for at least eleven hours per week.
[23] For additional information on increasing academic achievement, Texas State University Applied Research Projects, see Zarate (2007) and Michie (1993).
[24] Poor relationships with family and friends can lead to depression. Depression is a risk factor for sexual activity (Lehrer 2006, 189).
[25] Playing with friends and family has a positive effect on the emotional well being of youth (Ginsburg 2007). Dysfunctional parenting can lead to increased depression (Breheny and Stephens 2007, 334).

between cause and effect and influences rational decision making. Because the prefrontal cortex is not fully developed, when an adolescent makes decisions, the impulse is diverted from the prefrontal cortex to the amygdale (Chugani 1998, 1225). The amygdale is the seat of emotions in the brain, which says "if it feels good, do it" (Chugani 1998, 1225). Under these conditions, a lack of support, guidance, or direction from parents and/or caring adults may result in poor decision making on the part of the adolescent[26].

Supportive parents and adults act as the prefrontal cortex for the adolescent, by setting boundaries, rules and standards. When boundaries, rules and standards are encouraged, teens are less likely to find themselves in compromising situations. For example, if a parent sets a curfew, the teen will more likely be at home instead engaging in risky or sexual behavior elsewhere. In this way, parental influence helps keep the teen safe.

Furthermore, in the absence of supportive parents, friends and caring adults, teens are more susceptible to the media's influence[27]. The media, which is saturated with sexual content, often stimulates the adolescent amygdale and encourages poor choices (Hamann 2004, 414).

Friends

Teenagers are also influenced by their friends. A Columbia University study found that teenagers with friends involved in sexual activity were two and one half times more likely to use alcohol, five times more likely to get drunk, four and one half times

[26] This is likely because the impulse for decision making is deferred to the amygdale, and there are minimal parental consequences for poor decision making.
[27] Video games are a common media influence. It has been shown that twenty minutes of playing video games related to sex and violence desensitizes kids in the short term (Walsh 2006, 10).

more likely to use marijuana, and two and one half times more likely to smoke (CASA 2004, 5).

A model sex education program includes a lesson on helping teenagers identify the characteristics of a good friend. The instructor should ask the teenagers to describe the qualities of a good friend. When the class has compiled a list of qualities, each student should list their best friends on a separate sheet of paper. The students should then list which characteristics their friends have, list which characteristics they themselves have, and evaluate the quality of their friends and their friendliness towards others. The instructor should encourage the students to use this list of characteristics both to choose friends and as a guide for their own behavior.

Finally, students in elementary school, generally befriend those who are their same gender and in the same grade. When they move to middle school, friends become heterogeneous and older (Cooksey 2002, 121). This is also the time when many students begin to appreciate the opposite sex. Heterogeneous friendships eventually lead to dating. Teenage girls who date older boys may put themselves at risk to become pregnant (CASA 2004, 5). Teenagers also cite dating violence as a risk factor for sexual activity (Kreiter 1999, 1287). Because manipulation and intimidation may lead to sexual activity, the list of "good friend" characteristics becomes particularly important, especially during the middle school years.

Family

Parents are the single most important influence on an adolescent's decision about sex[28]. When parents fail to create a running dialogue about adolescent sexual activity, youth may turn to the media for sex education (Brown 2006, 1019). Furthermore, when

[28] The biggest factor in a teenager's decision about risky behavior leading to depression and suicide is the relationship with their parents (Borowski 2001, 486).

parents exhibit risky behavior, teenagers may conduct themselves in the same fashion. There is a positive correlation between teenage risky behavior and parental risky behavior (Richardson 1989, 561). To reduce the chance of risky behavior, protective factors must be implemented. Three preventative factors that encourage adolescent abstinence are 1) good relationships with their mothers, 2) hands on parenting, and 3) parental disapproval of sex in high school outside of marriage (Brown 2006, 1023). One hands on parenting approach includes eating together as a family (CASA 2004, 6). When families eat together, families talk to each other in a non-threatening environment (Resnick 1997, 823). Parents can share their morals and values during this time and teenagers often actively listen[29].

Parental involvement is the cornerstone of a model middle school sex education program. The program should incorporate parent and encourage them to talk to their child(ren) about sex, risky behavior, expectations, and career goals. One strategy to accomplish this in middle schools is to host parents night throughout the year[30] so educators may share talking tips with parents.

Another suggestion for educators to send home handouts about the topics discussed in class, which the parents then sign and return. Parents would be asked to share their opinions about the handout topics with their child(ren) .

Caring adults

Finally, teens benefit from healthy relationships with caring adults, including teachers, coaches, physicians, youth leaders, and others who express a desire to influence healthy decision regarding sex. Caring adults provide support and supervision. When parents are busy or working, these adults may spend time with students, develop

[29] For more information on positive parental involvement, Texas State University Applied Research Project, see Chaney (1998).
[30] One parent night per nine weeks is suggested.

relationships, and hold students accountable for their actions. For example, when physicians talk to sexually active youth about the importance of birth control, youth are more likely to use condoms (Boekeloo 1999, 111). Caring adults may also include public servants and business people who frequent schools, discussing their profession. When caring adults share information about their profession, students become interested in positive options for the future. Adults who discuss positive options are more likely to persuade youth to abstain from sexual activity than those who discuss the negative consequences of sexual activity (Ginsburg 2002, 1136). When youth are with these adults, they are much less likely to participate in risky behavior, including sexual activity (Cohen 2002, 66). An ideal program encourages caring adult participation by inviting business leaders and professionals to come and speak to students about their careers and the importance of early decision making. The social influence of caring adults weigh heavily on the shaping of a child's character (Richardson 1989, 557).

The lesson associated with this element includes adult involvement by coaches, club leaders, and business leaders. The lesson encourages these adults to use their influence to promote positive behavior among youth and asks them to volunteer as speakers, mentors, and tutors. Program leaders can often find caring adults through Rotary, Kiwanis, and Lions Clubs, and also through the Chamber of Commerce.

Idle time engagement

Students often become sexually active when school is out and they have little to do, and no supervision (Cohen 2002, 66). Thus, the third component of the model program would include ways students can avoid the dangers of idle time. Many parents work during the hours immediately following school. Extracurricular activities, can serve as both a baby sitter and a motivator to make good decisions and get good grades.

Appropriate activities may include athletics, fine arts, or others. It is important that teenagers are busy, doing things that occupy their time and meet people that will encourage them to make good life choices. Boredom puts teenagers at risk of becoming sexually active (CASA 2004, 6). Students involved in activities are much more likely to refrain from risky behavior. Examples of idle time engagement include extracurricular activities and religious involvement[31].

Religious involvement

Religious involvement and/or identity may play a protective role in students refraining from sexual activity[32]. Many religious organizations have youth groups that participate in productive activities and encourage healthy relationships. Religious groups also encourage students to think about the consequences of their actions. Although sex education programs in schools do not encourage specific religious organizations, the programs can encourage moral and ethical treatment of others. The lesson should include advocating youth programs offered by all types of religious organizations. This will introduce teenagers to groups that teach skills that lead to self respect, the respect of others, and encourage teenagers to abstain from sexual activity. A study of 210 college females at a public university found that "females with strong religious beliefs are less likely to have sex and to drink" (Poulson 1998, 227); drinking is also a risk factor for adolescent sexual activity (Poulson 198, 227). Religious events can also fill idle time.

Extracurricular activities

Extracurricular activities such as athletics and fine arts are a way for teens to spend time productively. Most middle schools have extra curricular opportunities for

[31] For additional information on effective idle time involvement opportunities (specifically in the hip-hop teen culture), Texas State University Applied Research Project, see Cordero (2008).
[32] Many studies support the importance of religion as a protective factor (Borowski 2001, 486), (Brown 2006, 1022), and Sulak (2006).

students. Extra curricular opportunities are also found in the community. Recreation centers have programs for youth, such as playing games and doing crafts, as well as paid activities, such as music lessons, dance lessons, or gymnastics. Regardless of the activity, the key is to involve the youth in something positive and occupy their time. A study of eighth graders revealed that those not involved in an after school/extracurricular activity had a greater likelihood of taking risks (Richardson 1989, 559).

A model middle school sex education program should encourage various extracurricular activities offered at school and in the community. Educators should ask students which extracurricular activities fit their skills and interests. The teachers should also provide sign in forms from the community recreation center for the students to take home and discuss with their parents.

Comprehensive approach

To remove and/or reduce the consequences of adolescent sexual activity, a model program should include lessons with both an abstinence focus and contraceptive education. While abstinence is the goal, there are students that will be sexually active, and these students need contraception education (Felice 1999, 1162). The program would stress abstinence as the primary goal; while providing contraception information.

Abstinence focus (risk removal)

Most adults, including teachers, agree that abstinence should be emphasized in middle school (Forrest 1989, 65). Abstinence is the only way to completely avoid the risks of pregnancy and sexually transmitted infections. Early sexual activity is a risk factor for pregnancy and sexually transmitted diseases, and has also been shown to decrease marital stability, decrease adult happiness, increase maternal and child poverty, and increase marital depression (Rector 2003, 17). Videos exist that contain student

testimonies about decisions regarding sexual activity. Schools should invest in these videos, which contain messages are from teenagers to teenagers. The peer to peer message may have a positive impact. Another effective tool is guest speakers that discuss the importance of decision making, explaining that sexual activity can have life limiting consequences.

Not all sexually active students become pregnant or acquire a sexually transmitted infection, so it could be beneficial for some speakers to discuss the emotional benefit of abstinence[33]. For example, a social worker could discuss the relationship between sexually active students and increased likelihood of teen depression (O'Connor 1998, 97). The students should also learn that sexually active teenagers are much more likely to perform poorly in school and engage in other risky behavior (O'Conner 1998, 97).

Finally, many who support contraception sex education complain about the amount of money spent on abstinence education. In actuality, more money has been spent on contraceptive education than has been spent on abstinence education. Contraceptive programs have long been funded through Medicaid and TANF (Temporary Assistance for Needy Families). The Medicaid program is the largest source of public funds for family planning services and supplies (Frost 2004, 207). In 2002, Medicaid, TANF, and other state and federal sources released $653 million to contraception programs (U.S. Department of Health and Human Services 2002, tables A-C). In 2002 the government allocated $653 million to contraception programs and $102 million to abstinence only programs. In 2002, the spending was $12 to $1 in favor of contraception education (Pardue 2004).

The government funds both contraceptive education/supply and abstinence education. Based on spending, the government focus is on abstinence for teenagers while

[33] Abstinence keeps students from dealing with the emotional issues associated with sex (Billy 1988, 191).

they attend school. However, if they become sexually active there are provisions that educate them and supply them with contraceptive devices at family planning and pregnancy centers. Providing contraceptive organizations with a portion of the abstinence allocated funds would increase the division between abstinence and contraceptive funding.

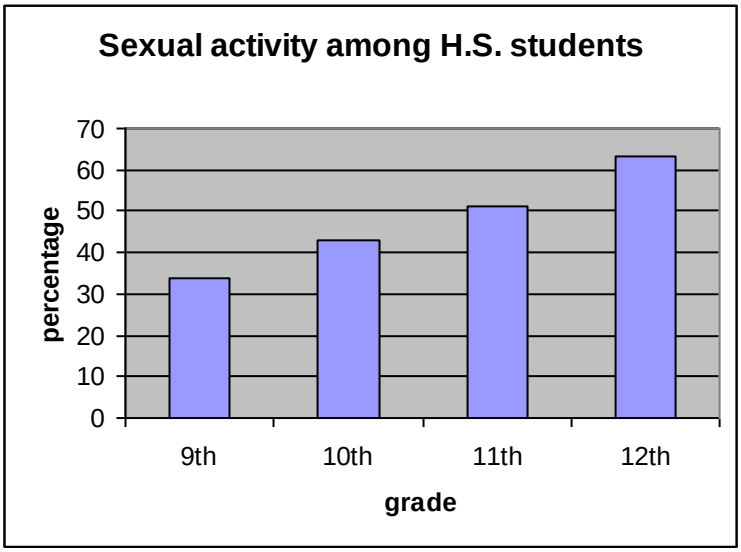
The argument is not over funding, but what should be taught in middle schools. Based on the above research, the answer is clear, but the methodology is not. That fact makes this research even more important.

Contraception education (risk reduction)

Although controversial, contraception education is necessary because many students engage in sexual activity regardless of the consequences (Klein 2007, 1135). The average age of sexual initiation is 16.4 (Upchurch 2004, 78). Consequently, by the time teenagers graduate from high school at least sixty three percent have had sex at least once (CDC 2006, 852)[34]. According to table 4.1, over 60% of seniors have had sex.

[34] The majority of 9th and 10th graders have not had sex, while the majority of 11th and 12th graders have had sex (CDC 2005).

Table 4.1



(CDC 2006, 852)

Because so many are sexually active, teenagers need to know about contraceptive measures and withholding this information could potentially decrease usage (Kaestle 2004, 851). Contraception education means discussing the benefits and limitations of contraception. The lesson will alert students that, although contraceptive devices can reduce the risk of pregnancy to varying degrees, most do not provide protection from sexually transmitted infections. The lesson would also include the failure rates of the different contraceptive methods[35] for pregnancy prevention and protection from sexually transmitted infections. Finally, the lesson would encourage sexually active teenagers to consider renewed abstinence; however, if they choose to remain sexually active, use contraceptive methods to reduce the risk of pregnancy. The lesson should especially encourage condoms because they are the only common contraceptive device that reduces the risks of sexually transmitted infections.

Finally, to encourage renewed abstinence to previously sexually active students and those considering sexual activity, the lesson would explain that approximately half of

[35] The lesson would include methods such as birth control pills, patches, rings, IUDs, implants, and condoms.

teenage pregnancies occur within six months of a female's sexual debut; approximately one fifth occur in the first month (Felice 1999, 1161). The lesson[36] would also make known that teenage moms are 500 times more likely to have another child outside of marriage than nulliparous teenage girls (Key 2006, 232)! The conceptual framework (table 4.2) shows the literature supporting the four categories.

[36] This lesson, as well as others, may take more than one class session.

Table 4.2

Model category	Source		
Preparing for productive futures			
Career planning	Ginsburg 2002 Commendador 2007	Cohen 2002 Neuman 1989	
Academic achievement	Borowski 2001 Ginsburg 2007	Kaplin 2007 Commendador 2007	Richardson 1989
Healthy Relationships			
Friends	CASA 2004 Ginsburg 2007	Poulson 1998 Kreiter 1999	Cooksey 2002
Family	Richardson 1989 Brown 2006 Cohen 2002	Walsh 2006 Byrd 1994	Resnick 1997 Chugani 1998
Caring adults	Boekeloo 1999 Cohen 2002	Ginsburg 2002 Sulak 2006	Richardson 1989
Idle time engagement			
Extracurricular activities	Cohen 2002 Ginsburg 2002	Richardson 1989	CASA 2004
Religious activities	Borowski 2001	Poulson 1998 Sulak 2006	Kuhn 2007 Brown 2006
Comprehensive approach			
Abstinence focus	Brown 2006 Forest 1989 Felice 1999	CDC 2005 Key 2006 Kaplin 2007	Billy 1998 O'Connor 1998
Contraceptive devices	Boekeloo 1999 Brown 2006 Upchurch 2004	CDC 2006 DiClemente 1996 Guttmacher 1996	Klein 2007 Felice 1999 Key 2006

Chapter summary

The literature strongly suggests middle school sex education programs include four categories. The categories are: preparing for productive futures, healthy relationships, idle time engagement, and comprehensive approach. Educating and empowering teens with the knowledge and skill set contained in these categories and their corresponding elements will likely to encourage them to delay sexual activity.

Chapter V
Methodology

Chapter purpose

The purpose of this chapter is to describe the assessment tool used to gauge the effectiveness of the thirty sex education programs studied. The survey is designed to test the elements of a model middle school sex education program that emphasize abstinence. In addition, the research will discuss the strengths and weaknesses of the survey. Information about current sex education programs are obtained by surveying managers of existing programs.

Operationalization

The operational relationship between the conceptual framework and the survey is detailed in Table 5.1. The research constructed questions using the previously designed model. In the "preparing for productive futures" component of the model, three questions dealt with career planning and four questions asked how programs encouraged academic achievement. The other components are addressed similarly.

Operationalization table

Table 5.1 Categories of a model middle school sex education program

Ideal Type Category	Question
Preparing for productive futures	
Career planning	1. The program includes a lesson on the importance of goal setting
	2. The students write down career goals and plans
	3. The program helps students to identify strengths
Academic achievement	4. Students discuss the relationship between academic achievement and monetary gain
	5. The program encourages the student to seek tutoring for difficult subjects
	6. Students discuss study skills with each other (habits they use that help themselves)
	7. The program identifies tutoring programs spnsored by the school and the community
Healthy relationships	
Friends	8. The program discusses the influence of friends
	9. The students are able to identify qualities of good friends
	10. The program encourages students to be good friends to their siblings, family, and friends
	11. The students assess their friends to see if they possess the stated qualities of a good friends
Family	12. The program discusses the importance of the parent/child relationship with adults
	13. The program helps students identify positive adult role models
	14. The program has events after school for parents and studetns to participate in together

	15. The program offers parent education classes
Caring adults	16. The program encourages students to talk to coaches, physicians, and/or other caring adults 17. The program encourages students to be caring adults when they get older 18. The program invites community leaders in to talk to students
Idle time engagement	
Religious activities	19. The program identifies different faith based religious organizations (including all religions and denominations) and what they offer
	20. The program explains the relationship between religious involvement and student behavior
Extracurricular activities	21. The program discusses the benefits of extracurricular activities
	22. The program encourages the students to get involved in extracurricular activities that coincide with their identified strengths
	23. The program discusses extracurricular activities available at the students' school
	24. The program discusses the extracurricular activities available in the community
	25. The program discusses the relationship between extracurricular activity and goal setting
Comprehensive approach	
Abstinence focus	26. The program discusses abstinence as the best method of contraception
	27. The program reinforces the importance and effectiveness of abstinence (in addition to abstinence being listed as the best method of contraception)
	28. The program discusses the emotional consequences of adolescent sexual activity

Contraceptive education	29. The program discusses what contraceptive devices can and cannot do in regards to pregnancy and STI's
	30. The program discusses the vulnerability to STI's of adolescent girls

Research technique

The study will use a survey to assess existing middle school sex education programs. This provides the researcher with the degree to which the programs meet the assessment model's criteria. This is an ideal method because it is unobtrusive, easily distributed, and can be completed at the leisure of the respondent. The question items are short, unambiguous and concise, to avoid long complicated answers (Babbie 249). If the program managers have not returned the survey by the due date, the researcher will follow up by phone and send another survey. This will be done twice, to capture as many surveys as possible.

There are weaknesses in using the survey method. Validity may be at risk, because answers are based on recall. Additionally, poor participation may produce data that is not truly representative of the population.

Unit of analysis

The units of analysis for this survey are the program managers for the grant funded abstinence education grants. The researcher will contact each program manager and send a survey. Program managers are an excellent choice because they have a working knowledge of abstinence education, grant funding, and reporting.

Population

The population for the surveys is the program managers of abstinence grantees[37]. Grantees for the abstinence education grant are located across the country. The list has been obtained from the Community Based Abstinence Education Program (CBAE). The

[37] The list of CBAE grant recipients are listed in appendix B.

researcher chose this population[38] because they are the most knowledgeable group and are most likely to reply. A survey of this population should show how close the existing programs were to the model. The participants requested are listed below:

List of CBAE CFDA #93.010 grantees to be given surveys

Organization	Location
1. Crittention Youth Services	Mobile, Alabama
2. Earle School District	Earle, Arkansas
3. Reality Check, Inc.	Lowell, Arkansas
4. Arizona Youth Partnership	Tucson, Arizona
5. Free To Be	Santa Rosa, California
6. Trinity Church, Inc.	Miami, Florida
7. Switchboard of Miami	Miami, Florida
8. Crowned for Victory, Inc.	Marietta, Georgia
9. Bethany Christian Services	Orange City, Iowa
10. Caris Prevention Services	Chicago, Illinois
11. PATH, Inc.	Valparaiso, Indiana
12. Morning Star Baptist Church	Cantonsville, Maryland
13. YMCA of Metropolitan Detroit	Detroit, Michigan
14. About Our Kids, Inc	Lamar, Missouri
15. Youth Opportunities Unlimited	Lambert, Mississippi
16. Father Flanagan's Boys Home	Boys Town, Nebraska

[38] The thirty grant funded organizations to be contacted are listed in appendix C.

17. Columbus Hospital	Newark New, Jersey
18. Niagra County	Niagara Falls, New York
19. Community Matters, Inc.	Brandon, Mississippi
20. The RIDGE Project, Inc.	Defiance, Ohio
21. La Salle University	Philadelphia, Pennsylvania
22. People for People	Philadelphia, Pennsylvania
23. Rappahannock TAP	Fredericksburg, Virginia
24. Worth the Wait, Inc.	Amarillo, Texas
25. Families Under Urban Attack	Houston, Texas
26. Lighthouse Outreach, Inc.	Hampton, Virginia
27. Southwest Community EDC	Fort Worth, Texas
28. High Expectations, Inc.	Beaver Dam, Wisconsin
29. Clarendon School District 2	Manning, South Carolina
30. Roasalie Manor C&FS	Milwaukee, Wisconsin

Human subjects

All survey responses are protected. There are no risks to any respondents. Each program manager/director of the participating organizations was provided information on the research topic with their survey, and was assured their responses would be confidential. Only the researcher has the password to the surveys on www.surveymonkey.com. The Texas State Institutional Review Board has reviewed the research topic and found it to be exempt. This research does not harm any participating organization, individual, or Texas

State University. The Texas State Institutional Review Board exempted this research on July 11, 2008.

Statistics

The researcher will use descriptive statistics to summarize the data. The Likert scale provides the ordinal measurements in the form of index scores that describe the relationship between the assessed program and the model, as well as the relationship between the assessed programs (Babbie, 169).

Chapter summary

This chapter presents the methodology of the research. A survey, generated through www.surveymonkey.com$, was used for data collection. The survey was sent via email to the program director/manager. The results chapter examines the data.

Chapter VI

Results

Chapter Purpose

The purpose of this chapter is to present and analyze the results of the surveys administered to the abstinence education programs. The data address the research purpose of analyzing middle school sex education programs based on the model. This chapter provides descriptions of the returned surveys. Surveys were sent to thirty, federally funded abstinence education programs. Because only four returned the surveys, the results can not be generalized to sex education programs as a whole. The tables below provide descriptive statistical analyses of the four responding programs as compared to the model.

Preparing for productive futures

The first set of questions dealt with preparing for productive futures (see table 6.1), and included questions on whether the programs addressed career planning and academic achievement.

All programs addressed career planning by including at least one lesson on goal setting. Three programs required students formally write down career goals and their plan to reach those goals. Three of the programs actually helped the students identify their strengths. All four programs included some kind of career planning.

The other element in the preparing for productive futures category was academic achievement. Not all programs aggressively addressed academic achievement. Those that did discussed with students the relationship between academic achievement and monetary gain. Only two programs had the students occasionally discuss study habits with each other, and none identified tutoring programs available in the school and in the community.

Table 6.1				
Preparing for Productive Futures				
N=4				
Career Planning	Response	Response	Response	Response
Program includes lesson on the importance of goal setting	Yes=4[39]	No=0		
Students write down career goals	Formal exercise=3	Informal exercise=1		
The program helps students identify strengths	Formal exercise=3	Informal exercise=1		
Academic Achievement	Response	Response	Response	Response
Students discuss the relationship between academic achievement and monetary gain	Yes=2	No=2		
The program encourages students to seek tutoring for difficult subjects	Yes=2	No=2		
Students discuss study habits with each other	Often=0	Occasionally=2	Seldom=1	Never=1
The program identifies tutoring programs sponsored by the school and the community	Yes=0	No=4		

Healthy relationships

The second category was healthy relationships. All programs discussed, to varying degrees, the importance of healthy relationships with friends, parents, and caring adults.

[39] The number of respondents is found in each cell. For example, if the cell says yes=4, then four of the respondents indicated yes to that question.

All programs addressed the importance picking good friends. The following paragraph discusses how the programs' dealt with the students relationships in the above three areas.

All four programs addressed the importance of friends and assessing; however, only two helped the students identify the qualities of good friends.

All programs addressed the importance of the parent/child relationship. The programs held events after school for parents and students to participate in together, as well as programs after school for parents only. All of the programs helped students identify positive adult role models, other than their parents. Although all programs sponsored activities to involve parents, only two of the programs discussed the importance of the parent/child relationship with the students.

Not only did the programs discuss the importance of the parent/child relationship; they also addressed the importance of relationships developed with other caring adults. All programs offered events for the students and their parents, classes just for parents after school hours, and discussions with the students on how to identify positive adult role models. Students with positive adult role models were encouraged to talk to caring adults about the issues they face, and also to become good friends and caring adults themselves. Table 6.2 shares the data.

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Table 6.2				
Healthy Relationships				
N=4				
Friends	Response	Response	Response	Response

The program discusses the influence of friends	Extensive discussion=4	Some=0	None=0	
The students are able to identify qualities of good friends	All students= 2	Most students=2	None=0	
The program encourages students to be good friends to their siblings, family members and friends	Yes=4	No=0		
The students assess their friends to see if they possess the stated qualities of a good friend	All =4	Most=0	Some=0	None=0
Parents	Response	Response	Response	Response
The program discusses the importance of the parent/child relationship with adults	Extensive discussion=2	Some=2	None=0	
The program helps students identify positive adult role models	Yes=4	No=0	Seldom=1	Never=1
The program has events after school for parents and students to participate in together	Yes=4	No=0		
The program offers parent education classes	Yes=4	No=0		
Caring Adults	Response	Response	Response	Response
The program encourages students to talk to coaches, physicians, and other caring adults	Extensive discussion=2	Limited=2	None=0	
The program encourages students to be caring adults when they get older	Yes=4	No=0		
The program invites community leaders to talk to students	Yes=2	No=2		

Idle time engagement

The category “idle time engagement” contains two elements; religious activities and extracurricular activities. Although all programs discussed the importance of idle time engagement, none extensively addressed religious activities. This is likely due to restrictions imposed by school districts.

Religious involvement was not addressed extensively by any of the programs. Two programs had no discussion on religious involvement. Two programs discussed the relationship between religious behavior and student behavior, and the programs offered by different faith based organizations. Again, this may not have been addressed because of the restrictions on discussing religion in the school.

All programs discussed extracurricular activities and encouraged students to get involved. All programs also discussed the activities available in the community. The programs also discussed the relationship between extracurricular activity and goal setting. Table 6.3 shares the data.

Table 6.3

Idle time Engagement				
N=4				
Religious activities	Response	Response	Response	Response
The program discusses different faith based religious organizations	Extensive discussion=0	Some=2	None=2	
The program explains the relationship between religious involvement and student behavior	Extensive discussion=0	Some=2	None=2	
Extracurricular activities	Response	Response	Response	Response
The program talks about the benefits of extracurricular activities	Extensive discussion=2	Some=2	None=2	
The program encourages the students to get involved in extracurricular activities that coincide with their identified strengths	Yes=4	No=0		
The program discusses extracurricular activities available at the students' schools	Extensive discussion=0	Some=4	None=0	
The program discusses extracurricular activities available in the community	Extensive discussion=0	Some=4	None=0	
The program discusses the relationship between extracurricular activity and goal setting	Extensive discussion=0	Some=4	None=0	

Comprehensive approach

One of the most divisive components of sex education is the "comprehensive approach." The category is explained in the elements of abstinence focus and contraceptive education. In this project, "comprehensive approach" is defined as including both contraceptive and abstinence education. Only program had extensive discussion on what contraceptive devices could and could not do. However, all programs extensively discussed abstinence.

A focus on abstinence is the primary emphasis of all federally funded sex education programs in the middle schools. All programs provide extensive discussion on abstinence being the best method of birth control. The abstinence focus element is the only element all programs extensively addressed.

Many abstinence education programs fall short by failing to educate students on the element of contraceptive education. Only one program extensively discussed what contraceptive devices could and could not do. The others merely touched on the issue. The "comprehensive approach" data is found in Table 6.4.

Table 6.4

Comprehensive Approach				
N=4				
Abstinence focus	Response	Response	Response	Response
The program discusses abstinence as the best method of contraception	Extensive discussion=4	Some=0	None=0	
The program reinforces the importance and effectiveness of abstinence (in addition to abstinence being listed as the best method of contraception)	Yes=4	No=0		
The program discusses the emotional consequences of adolescent sexual activity	Extensive discussion=4	Some=0	None=0	
Contraceptive education	Response	Response	Response	Response
The program discusses what contraceptive devices can and cannot do in regards to pregnancy and STD's	Extensive discussion=1	Some=3	None=0	
The program discusses the vulnerability to STD's of adolescent girls	Extensive discussion=2	Some=2	None=0	

Chapter summary

This chapter revealed how the programs faired when assessed by the model. Although the organizations survey discussed healthy relationship best, the elements best covered were abstinence focus, career planning and parental involvement. The category covered least was idle time involvement, while the elements covered least were religious activity, contraceptive education, and academic achievement.

Chapter VII
Conclusion and Recommendation

Chapter Purpose

This final chapter provides a summary of the research of the project as it relates to the research purpose and includes a summary of research, recommendations, and suggestions for future research. These recommendations are based on a comparison between the model (which is based on the scholarly literature) and the survey results.

Summary of research

The purpose of this research was to develop an ideal middle school sex education model, assess programs against the model, and make recommendation to federal, state, and local policy makers. The scholarly literature revealed four categories and nine elements of a model middle school abstinence education program. The categories with included elements are:

1. Preparation for productive futures
    a. Career planning
    b. Academic achievement
2. Healthy relationships
    a. Friends
    b. Parents
    c. Caring adults
3. Idle time engagement
    a. Religious activities
    b. Extracurricular activities

4. Comprehensive approach
    a. Abstinence focus
    b. Contraceptive education

These categories and elements provide the conceptual framework for the project, as well as the basis for the survey questions.

To assess the programs according to the model, survey questions (appendix A) were developed based on the scholarly literature in the categories of the conceptual framework (table 4.2). None of the assessed programs complied with the model. There were two primary shortcomings. The first was in regards to religious activities. None of the programs extensively addressed religious activities. Again, this is probably due to the restrictions of the school district. Three programs also failed in regards to contraceptive education. They failed to educate the students on what contraceptive devices can and cannot do.

Recommendations

Unfortunately only four of the thirty grant funded programs identified responded. Surprisingly six programs posted erroneous contact information, and the individual answering the phone for five others had no knowledge of the grant. This coupled with a prolonged turn around time from the IRB approval committee reduced the number of responses. Four responses are not enough for statistical significance. Due to the low number of responses, recommendations were not made to federal, state, and local policy makers. The four that did respond showed their need to concentrate more on religious activity, contraceptive education, and academic achievement; however, without more data to analyze, the recommendations are not noteworthy.

Future research

Future research done in sex education should include assessments of the teacher's methodology, more so than the curriculum. It would be interesting to discover if the students were more receptive to teachers they knew or experts in the subject matter. It would also be interesting to compare student response to programs that taught the curriculum continuously over a defined period (most programs are two weeks), and programs that taught the curriculum incrementally throughout the year. Another point of interest would be to determine if students responded better to the curriculum in a school setting, church setting, or other setting. These are several questions that may help better serve the youth being introduced to the curriculum.

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Appendix A

Please complete the following survey

1. The program includes a lesson on the importance of goal setting.

   Yes No

2. The students write down career goals & plans.

   Formal exercise Informal exercise No

3. The program helps students identify strengths.

   Formal exercise Informal exercise No

4. Students discuss the relationship between academic achievement and monetary gain.

   Yes No

5. The program encourages students to seek tutoring for difficult subjects.

   Yes No

6. Students discuss study habits with each other (habits they use that help them).

   Often Occasionally Seldom Never

7. The program identifies tutoring programs sponsored by the school and the community.

   Yes No

8. The program discusses the influence of friends.

   extensive discussion Some discussion no discussion

9. The students are able to identify qualities of good friends.

   All students Most students Some students No

10. The programs encourages students to be good friends to their siblings, family members and friends.

    Yes No

11. The students assess their friends to see if they possess the stated qualities of a good friend.

All students Most students Some students No

12. The program discusses the importance of the parent/child relationship with adults.

Extensive discussion Some discussion no discussion

13. The program helps students identify positive adult role models.

Yes No

14. The program has events after school for parents and students to participate in together.

Yes No

15. The program offers parent education classes.

Yes No

16. The program encourages students to talk to coaches, physicians, and other caring adults.

Extensively Limited None

17. The program encourages students to be caring adults when they get older.

Yes No

18. The program invites community leaders in to talk to students.

Yes No

19. The program discusses different faith based religious organizations (including all religions and denominations) and what they offer.

Extensive discussion Some discussion no discussion

20. The program explains the relationship between religious involvement and student behavior.

Extensive discussion Some discussion no discussion

21. The program talks about the benefits of extracurricular activities.

    Extensive discussion Some discussion no discussion

22. The program encourages the students to get involved in extracurricular activities that coincide with their identified strengths.

    Yes No

23. The program discusses extracurricular activities available at the students' school.

    Extensive discussion Some discussion no discussion

24. The program discusses extracurricular activities available in the community.

    Extensive discussion Some discussion no discussion

25. The program discusses the relationship between extracurricular activity and goal setting.

    Extensive discussion Some discussion no discussion

26. The program discusses abstinence as the best method of contraception.

    Extensive discussion Some discussion no discussion

27. The program reinforces the importance and effectiveness of abstinence (in addition to abstinence being listed as the best method of contraception).

    Yes No

28. The program discusses the emotional consequences of adolescent sexual activity.

    Extensive discussion Some discussion no discussion

29. The program discusses what contraceptive devices can and can not do in regards to pregnancy and STI's.

    Extensive discussion Some discussion no discussion

30. The program discusses the vulnerability to STI's of adolescent girls.

    Extensive discussion Some discussion no discussion

Please return the survey by:

Email: admin@collinseducationgroup.org

Mail : Lamar T. Collins
5316 Coach Stop Dr.
Temple TX, 76503

Fax : 254.799.0344

Appendix B

To: Executive director or Program manager

I am sending this survey, asking for your participation as a part of the requirement for my applied research project for completion of the Masters of Public Administration program at Texas State University. The purpose of my applied research project is to develop a practical middle school sex education model, and assess current middle school sex education programs. Completing this survey will provide me with the data needed to analyze my model.

If you have any questions related to the project or the program, please contact me or my professor, Dr. Patricia Shields at 512.245.2143. You may also email her at ps07@txstate.edu. Thank you for your participation and I look forward to working with you in the future.

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