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Percy L. Chastang Jr.

Date

ASSESSMENT OF EDUCATOR AND ADMINISTRATOR'S PERCEPTIONS
ON TEACHING COMPREHENSIVE SEXUAL EDUCATION IN
THE VALDOSTA CITY SCHOOL SYSTEM

BY

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Degree to be awarded: M.P.H.
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ASSESSMENT OF EDUCATOR AND ADMINISTRATOR'S PERCEPTIONS
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THE VALDOSTA CITY SCHOOL SYSTEM

A report submitted to the
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The Rollins School of Public Health of Emory University
In partial fulfillment of the requirements of the degree of
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2011
BY

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B.S., Albany State University, 1992

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Abstract

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Percy Lee Chastang Jr.

Teenage pregnancy, sexually transmitted diseases, and the initiation of sexual activity present serious threats to the health status of adolescents in Valdosta, Georgia. These health outcomes are associated with a variety of behavioral risk factors and carry great implications for the life trajectory of young people affected by them. Sexuality education has been recognized as an effective method in providing adolescents with knowledge and skills that promote decisions and behaviors supporting prevention of these and other negative health outcomes for teens. The degree of controversy associated with sexuality education has contributed to barriers and knowledge gaps concerning other influences and factors that possibly impact the effectiveness of sexuality education and adolescent health education. Therefore, it is worthwhile to explore the attitudes and opinions of school administrators and educators as it pertains to the teaching of comprehensive sexuality education in the Valdosta City School system.

This research project was centered on a fusion of information and feedback from a literature review of previous studies, a survey of school personnel, and key informant interviews. Forty-two administrators and educators employed by Valdosta City Schools participated in a survey designed to elicit perceptions on their knowledge, understanding,

preference, capability, and comfort on teaching comprehensive sexual education. In addition, the survey sought to gather opinions on content-based topics and appropriate grade levels at which subject matter should be introduced.

Study participants distinctly expressed that they felt less comfortable and capable with teaching comprehensive sexuality education compared to the abstinence only approach. However, there was a clear consensus on the preference of the comprehensive sexuality education approach in providing for the learning needs of adolescents. There was also agreement that the middle school grade levels offered the best time period for introduction of the majority of the related subject matter. Overall, administrators and educators expressed a perception of being inadequately prepared to effectively teach comprehensive sexuality education. As a result, the conclusions and implications focused on the need for further research and increased opportunities for training and awareness on behalf of all stakeholders with an interest in providing the best learning opportunities for adolescents to achieve positive health outcomes.

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Chapter 1: Introduction

Background

The human desire to adequately protect and provide for our offspring is a purely basic and primal instinct. This instinct of nurturing exists within the very fabric of humanity and provides a clear basis for understanding the level of importance that society places on education and youth development. The manner in which humans have raised their young has evolved as dynamically as the evolution of mankind in general and has been influenced by a variety of factors including but not limited to, race, geography, religion, politics and economics (Bleakley, Hennessey, & Fishbein, 2006). Over time, these factors have directly and indirectly influenced societal views and the role that adolescents play within the basic family unit. The progression of society over the past century has marked significant changes for young people and the challenges that they are confronted with related to dating, relationships, and initiation of sexual activity. Societal views have evolved from an era where it was commonplace for young people in their teen years to marry and start families to the present where adolescents have the opportunity to engage in an extended period of teenage life and socialization. This reality has created a need for increased awareness and education of adolescents about risky behaviors, especially sexuality and its consequences. Teenage pregnancy, sexually transmitted diseases, and early initiation of sexual activity among adolescents are major public health issues that confront today's youth populations and present challenges for parents, educators, and all community stakeholders interested in providing solutions and promotion of better health outcomes.

Problem Statement

Sexuality education has created a well storm of controversy in the American discussion of youth and their development (Hagland, 2006). The nature of this topic creates a societal dilemma as people attempt to determine and direct the manner in which adolescents are educated concerning sexual and reproductive health. Religious and political views are two major influences on beliefs toward what is adequate within the context of sexuality education for today's adolescents. (Inman, Bakergem, LaRosa & Garr, 2011). These divisions and arguments can be extremely complex and based on personal beliefs, political positions, and religious dogma. The two major sides of this debate are represented by those who favor an abstinence only approach as opposed to those who support a more comprehensive and inclusive method of teaching sexuality education. Although the center of this debate is rightfully focused on the curriculum content as a major point of contention, there are several other important and influential factors that exist outside of the curriculum debate. The decisions and determinations of what is actually taught within sexuality are focused primarily on the selection of content, while other important factors such as the attitudes and opinions of school administrators and educators are often overlooked and underestimated in terms of influence (Landry, Darroch, Singh, & Higgins, 2007). Although there is not much research that directly focuses on teacher attitudes toward sexuality education, there is evidence that supports its importance in assessing the effectiveness of educational curriculums in general (Brindis, 2006). Regardless of which curriculum or content is utilized in teaching adolescents, the awareness, understanding, and disposition of the instructor is paramount in creating successful learning environments for students (Landry et. al, 2007).

In addition to the controversial nature of the sexuality education debate, other factors such as standardized testing requirements and budget limitations are likely barriers that impact the efforts of school personnel to thoroughly address this issue. These barriers and could possibly have a negative impact on the ability of administrators and educators to access and implement the latest and most pertinent aspects of research and data concerning sexuality education. The combination of these barriers and the level of controversy contribute to the likelihood of the existence of a knowledge gap on sexuality education. This situation could ultimately result in negative implications for adolescent health education in general and impact the health outcomes of students.

The consequences of uneducated, unprepared teens can be reflected in the rising tide of teen pregnancy, sexually transmitted disease and decrease in the age of early sexual initiation. The latest available statistics for teen pregnancy and sexually transmitted diseases in Valdosta are higher than the state and national averages (Georgia Department of Health, 2009). However, the quantitative data that involves the ability, willingness and overall effort of stakeholders to provide adequate and meaningful learning opportunities is far more complex and presents a greater degree of difficulty for researchers, administrators and educators. There exists a serious need for community stakeholders to be afforded opportunities to learn and incorporate the best strategies and approaches in education and youth development. My vision for how the world might be made different as a result of this project is to provide a better understanding of the important role that attitudes and opinions of administrators and educators play in the effectiveness of sexuality education programs. This ultimately could provide increased

opportunities for adolescents to receive instruction and education that possibly could provide improved health outcomes for adolescents in the Valdosta City School System.

Theoretical Framework

The opportunities for adolescents to receive sexuality education are mostly limited to home, school, and community. A national survey revealed that 93% of parents believed that some type of sexuality education should be provided at the middle and high school level (Landry et. al, 2007). Only 52% of the same respondents reported that they had provided adequate learning opportunities for their own children at home. Previous research indicates that minorities and youth from lower socioeconomic situations are less likely to receive sexuality instruction in the home or community environments (Lindau, Tetteh, Kasza, & Gilliam, 2008). These limitations and barriers create that much more of an importance on the school system as a provider of sexuality education for adolescents.

This project focuses on the school system as the a primary source of teaching sexuality education to adolescent and seeks insight from school level stakeholders concerning their attitudes and opinions on content, policy and implementation of strategies that involve the teaching of sexuality education in the Valdosta City School system. This project will utilize a review of previous studies and research regarding educator attitudes as well as the administration of a survey and interviews of local key informants. The literature review, survey responses and interview notes will be used to create a collective assessment and interpretation of the results. The results of this study could possible provide useful analysis of educator and administrator attitudes on teaching sexuality education in the Valdosta City School System and its overall effectiveness.

Purpose Statement

The overall purpose of this special studies project will be to gather and organize data and information that provides analytical insight into factors that influence the teaching of a sexuality education curriculum in the Valdosta City School System. The project will also explore the possible existence of a knowledge gap concerning the latest research findings and best practices as it pertains to adolescent health education within the school system. A thorough summary of the attitudes and opinions of school stakeholders might be useful in engaging the decision makers and stakeholders to evaluate the possible implications that sexuality education can have on teenage pregnancy, sexually transmitted diseases, and risky sexual behavior. Ultimately, this project will seek to add to the understanding of how successful sexuality education is provided to adolescents uncovering an extremely important aspect of the process of teaching and learning.

Research Questions

The following are the primary research questions upon which this study will focus in gathering information and insight for analysis and discussion:

- How is comprehensive sexuality education presently being implemented by the administrators and educators in the Valdosta City School system?

- Does a knowledge gap exist between the current and recognized best practices for sexuality education and what is presently being done in the Valdosta City School system?
- What are the attitudes and opinions of administrators and educators within the Valdosta City School system towards the teaching of sexuality education?
- How can the current attitudes and opinions of administrators and educators be adequately reflected to provide useful and pertinent feedback towards the teaching of sexuality education?

Significance Statement

The basic premise of public health as a discipline is rooted in the identification and implementation of the most effective and safe methods designed protect and promote the general health and well-being of the public (Mevsim, Gul dai, Gunvar, Saygin, & Kuruoglu, 2009). Scientists, academicians and public health professionals all work toward a common goal of identifying the best practices and innovations that can guide responses and inform decision making about public health challenges and issues. Although comprehensive sexuality education is a very controversial subject, there is a substantial amount of research that supports the assertion that adolescent health education involving comprehensive sexuality education increases the likelihood of positive health outcomes for youth (Landry et al, 2007).

A better understanding of educator attitudes and opinions can possibly provide policy makers with valuable data that could alleviate some of the concerns that arise around the teaching of sensitive subject matter. For example, if the local school board

were made fully aware of how teachers shared their concerns in addressing touchy subjects there might be less reluctance to hold onto rigid positions that fuel a continuous debate among opposing views. A concentrated effort to examine and discuss instructor influences could at the least provide increased opportunities for non-contentious debate and the development of a collective approach toward solutions.

The results of this study and related research could provide encouragement for decision makers in the Valdosta City School System to explore this topic more in depth. In addition, it could promote the allocation of more resources toward the training and preparation of educators that teach sexuality education. Other possibilities include an increased willingness to collaborate and coordinate service delivery within the schools with partner organizations such as public health agencies, social service organizations, and community based organizations. After school programs, Saturday schools, and health education events are other possible avenues that may provide valuable opportunities for the increase of sexuality education instruction. The results of this study could encourage administrators and educators to take a closer look at the present school and district policies and practices to evaluate their level of adherence and consider methods to increase or improve their efforts. Educators and public health officials are responsible for providing learning opportunities and experiences with proven results and the potential for greater benefits from the educational process for youth in general (Bowden, Lanning, Pippin, & Tanner, 2009).

It is logical and feasible to assume that community stakeholders including parents, educators, and school administrators would respond positively toward information and data that would increase the effectiveness of sexuality education programs (Landry et. al,

2007). This project is significant in the sense that it seeks to enhance the stakeholders understanding of factors that influence teaching adolescent health regardless of which side of the sexuality education debate they support.

Definition of Terms

Abstinence-Only education generally teaches abstinence from all sexual activity as the only appropriate option for adolescents and unmarried adults. The abstinence only education approach includes discussions of values, character building, and refusal skills. This approach does not teach about contraception or condom use and cites sexually transmitted diseases and HIV only as reasons for youth to remain abstinent.

Comprehensive sexuality education, or abstinence-plus education is defined as health programs that address the context for sexual activity as well as meanings involved with sexuality. This approach generally emphasizes the benefits of abstinence while also including teaching related to contraception usage and disease prevention, including condoms and methods of birth control.

Health education is an integral part of the modern educational experience for students with an emphasis on helping them to identify, adopt, practice, and maintain behaviors that protect and promote health. Health education also seeks to provide students with avoidance skills and reduction of health risks for youth. Health education also provides opportunities for students to learn critical health skills such as communication, decision-making, and goal setting.

Performance standards are statements used in the educational arena that define what students should know and be able to do upon completion of specific segments of instruction. Health education standards exist as a framework of learning objectives that allow school districts to develop instructional programs and strategies that enable students to become healthy and capable of academic success.

Adolescence refers to a period of growth and transition involving physical, mental, and social development between 9 – 18 years of age. This period is highlighted by puberty and generally associated with the decision of youth to delay or initiate the onset of sexual activity and also signifies the challenge they are confronted with on other risky behaviors such as alcohol and drug use, accidents, injuries, and violence.

School administrator is a term used to describe personnel employed in the educational system that hold leadership positions such as principal, assistant principal, school counselor, or graduation coach. Other administrative positions in educational leadership may include school superintendent, board of education member and curriculum director.

Educators are primarily defined as classroom teachers that are responsible for direct instruction to students through implementation of the approved curriculum. Instructional lead teachers, paraprofessionals, and substitute teachers are additional positions that may be categorized as educators.

Chapter 2: Review of Literature

Introduction

Sexuality education is a subject area that garners a great degree of attention and contributes to controversy and divisiveness within the modern educational landscape. The sexuality education debate in America carries a special relevance because of the reality that it plays in the lives of young people as well as the related implications for their health outcomes (Brindis, 2006). The crux of the sexuality education debate is found in the opposing views of those who favor comprehensive sexuality education against those who support an abstinence only approach. Over the past decade, there has been a considerable amount of research comparing the effectiveness of each approach and several studies suggest that comprehensive sexuality education is the more effective approach at influencing adolescent behaviors (Landry et. al, 2007). However, both approaches have shown to produce positive impacts on youth through increased awareness and knowledge.

A large majority of the available research on this topic is related to the content within the sexuality education curriculum (Lindau et. al, 2007). However, there is a limited amount of research that explores other factors that possibly influence the teaching and learning process within either approach. Research on adolescent behavior should not allow for judgments to be made on the basis of religious and social values; however, it should be able to provide feedback on the success of school-based educational programs in producing positive health outcomes for students (Card, Lessard & Benner, 2007).

This chapter will describe sexuality education through an analysis and discussion of various elements such as topics, subject matter, and instructional methodologies. The knowledge level and disposition of school personnel will also be explored and addressed as a possible influential element in the composition of sexuality education programs. Lastly, this chapter will provide a detailed analysis of previous research and studies involving the attitudes and perceptions of administrators and educators in the actual teaching of sexuality education curriculums in the modern classroom environment.

Contextual Characteristics of Sexuality Education Programs

Sexuality education is a term that is loosely applied to a wide range of methods associated with providing instruction on human sexuality, abstinence, contraception, and protection/prevention of disease transmission (Constantine, Jerman & Huang, 2007). Most students in the United States receive some type of sexuality education before they graduate from high school, but only 5-10% receive a complete and high quality comprehensive sexuality education (Woo, Soon, Thomas, & Kaneshiro, 2011). A definition of a successful sexuality education program is complex and difficult to describe because it may involve a variety of contributing factors. All sexuality education programs are likely to include abstinence as a major component. However, knowledge of STD/STI, physiology of sexual activity, perceived effectiveness of condoms and contraception are major components that clearly distinguish the comprehensive approach from the abstinence-only approach (Hagland, 2006). Other topics within this debate include, but are not limited to, puberty and body changes, hygiene, and menarche (Eisenberg, Bernat, Bearinger, & Resnick, 2008). Inclusion of these topics within the

sexuality education curriculum often vary according to region, state, school districts, and individual schools throughout the country (Landry et. al, 2007). A common major theme found in all sexuality education programs can be described as a focus on interpersonal relationships and personal development of the adolescent student (Woo et.al, 2011). Sexuality education programs that were reported as being effective were found to have the following characteristics in common: the program content focused on clear health goals, the program content concentrated on specific types of preventive behavior, and program content addressed psychosocial risk factors for sexual activity and sexual health (Trenholm, Devaney, Fortson, Clark, Bridgespan, & Wheeler, 2008).

Instructional Considerations of Sexuality Education Programs

The majority of successful sexuality education programs are those that have shown to utilize a range of teaching methodologies and personalize the information and literature concerning risks and avoidance of unprotected sex for adolescents (Card, Lessard, & Benner, 2007). These programs also provide youth participants with multiple opportunities to practice communication, refusal and negotiation skills in real life contextual settings (Brindis, 2006). Instruction involving sexuality education should incorporate broad views of values, personal limits/boundaries and also be inclusive of differences in culture and religion (Harris, 2011). Methods of delivery may include face-to-face discussion/lectures, small same gender group settings, films, dramas, and role playing (Hagland, 2006). Some effective sexual health education programs are based on theoretical approaches, such as the socio-ecologic model, which has also been demonstrated to be useful in positively influencing other adolescent health risk behaviors

(Brindis, 2006). Student's ability and willingness to learn, teacher attitudes, teacher and student expectations, and the physical learning environment are some of the major factors that determine the impact or measure the outcomes of sexuality education programs (Bowden, Lanning, Pippin, & Tanner, 2003).

A smaller debate within the larger spectrum of the sexuality education controversy exists around the opinions and beliefs concerning the appropriate age at which specific content should be introduced into the classroom (Bleakley, Hennessy, & Fishbein, 2006). The process for implementing comprehensive sexuality education should be ongoing with a gradual increase in content sophistication according to age and maturity (Card, Lessard, & Benner, 2007). Age and gender appropriate teaching methodologies contribute to an increased level of understanding, acceptance and relevancy among the youth participating in sexuality education programs (Inman et. al., 2011).

In the state of Georgia, sexuality education is mostly the responsibility of health and physical education teachers, especially in upper elementary and middle schools (Cox, 2009). On the high school level, science teachers are also tasked with addressing aspects of the sexuality education curriculum as well. The role and responsibility of school counselors provide opportunities for them to become involved in a variety of social and emotional development issues which create additional teaching and learning opportunities related to sexual education. However, the school counselors are less likely to be involved in the direct teaching of the health education curriculum to large groups and are often relegated to one on one discussions or small group interaction (Brindis, 2006).

State laws and school district policies can be written in vague and generalized manners that allow for a wide of range of interpretation among those responsible for the instruction (Harris, 2011). In essence, the actual implementation of sexuality education programs is the combined responsibility of school superintendents, administrators, and educators. This fact places a greater degree of importance how sexuality education is perceived by instructors and ultimately presented as a learning opportunity for students.

Administrator and Educator Influences on Sexuality Education

Teacher's knowledge of subject matter, perception of curriculum, intent to teach have all shown to be significant elements of identifying the willingness of an educator to implement a curriculum (Scriber, 2000). Successful implementation of innovative approaches to teaching sexuality education is heavily reliant upon the instructor's desire to overcome the tension of possible negative consequences for teaching sensitive subject matter. Teachers who show regard for adolescent's views are more effective in helping them make educated choices about sexuality (Harris, 2011). In addition to actual instruction, their values are imparted to adolescents through body language, silence, and role modeling (Daria & Campbell, 2004). A thriving sexuality education program rests heavily on the expertise of teachers because the subject matter may create anxiety or embarrassment for the instructor and the students. The skills and attitudes can often be a determinant of whether or not the students take the issues of sexuality education seriously (Daria & Campbell, 2004).

Although there are several different components of sexuality education that can potentially influence the success of the program, there is no denying the importance of

the role of the instructor. Understanding the influence of teacher attitudes may provide valuable insight into the entire sexuality education experience for adolescents (Scriber, 2000).

Previous Research and Findings on Educator Attitudes

Research has uncovered findings of strong associations concerning teacher attitudes and the successful implementation of sexuality education curriculums (Scribner, 2000). The personal attitudes of an instructor are often more influential over student learning than pedagogical orientation on the subject matter (Wenzleff, 1998). Attitudes and opinions among teachers are a vital aspect of determining teaching effectiveness because the mere act of teaching in itself comes from a very personal disposition (Pollack, 2000). Teacher characteristics, attitudes, perceptions of self and personal manners can all greatly influence the learning process in the modern classroom (Pollack, 2000). These factors are also thought to have some degree of influence on the hidden and subtle aspects of the teacher and student relationship. Although there was not a substantial amount of available research on the particular topic of administrator and educator perspectives on teaching sexuality education, the studies reviewed within this project did provide vital insight and analysis on this topic.

In 2008, a cross sectional survey of all 7th and 8th grade teachers in Hawaii revealed that over 55% of the respondents reported personal values had the greatest influence on their willingness to teach selected content areas within the sexuality education curriculum used in their classrooms. (Woo, Soon, Thomas, & Kaneshiro, 2011). The next most influential factor identified in this survey was state government

laws and school district policies related to the implementation of sexuality education. Interestingly, the respondents identified parental input as the least most influential factor on their willingness to cover controversial subject matter. This pattern of responses could be related to the fact that over 84% of the teachers reported a belief that parents should be able to decide whether or not their children are able to participate in the course. Race, age, and gender did not appear to have any significant impact on the teacher's ability and willingness to teach sexuality education in this instance. This study concluded that personal values and availability of curriculum materials were major influences on the disposition of teachers toward teaching controversial content and subject matter (Woo, et al, 2011).

A study published in 2008 involving a survey of 335 high school teachers in Illinois revealed that several teachers had a lower level of concern about the specific content of a sexuality curriculum and more of a concern for the availability of the curriculum and materials (Lindau, Tetteh, Kasza & Gilliam, 2008). The teachers that participated had each taught at least one course involving sexuality education within the previous year of the survey. Teachers who had received some type of formal training showed more of a willingness to cover controversial topics than those teachers who had received no training at all. Information on reproduction, contraception, and sexual orientation were the topics that were the least likely to be covered by all teachers. Abstinence-only and HIV/AIDS were the topics most frequently covered. Some teachers assumed an autonomous position on deciding what was taught in their classroom. The survey revealed that 23% of the respondents indicated that they had selected topics that they felt the most comfortable with as opposed to strictly following the curriculum

outline. Overall, the majority of the teachers in this survey felt that they had not done an adequate job as evidenced by a 64% response rate that assigned a poor quality score regarding their overall effort at teaching comprehensive sexuality education.

In a 2006 survey of 1,284 California teachers who were also parents of middle and high school aged youth, 89% of the teachers reported a preference for their children to receive some form of sexuality education at school (Constantine, Jerman & Huang, 2007). The response pattern was consistent across social and demographics variables such as age, race, and household income which support the ability to generalize these results to larger populations.

In 2003, a national survey was administered to 1,657 physical education, science, and health education teachers with previous teaching experience in sexuality education. The study revealed evidence of significant regional differences and variations on beliefs and opinions concerning curriculum content. It was determined that teachers in the South were less likely to offer comprehensive sexuality education and focused more on abstinence-only subject matter during instruction (Landry, Darroch, Singh, & Higgins, 2003). One possible explanation for this difference could be that attitudes and opinions held by administrator and educators in the South are reflective of the traditionally conservative values and beliefs held by a larger percentage of fundamentalist religious organizations and denominations than other regions of the country. 78% of the survey respondents reported that they had serious concerns about the possibility of negative community reactions to teaching sensitive topics such as sexually transmitted disease prevention, and contraceptive usage (Landry et al, 2003). Several studies have been consistent in reaching the conclusion that teachers in the South are significantly less

likely than teachers from other regions to teach comprehensive sexuality education and favor an abstinence-only approach (Woo et al, 2003).

In 2002, a survey involving 38 teachers representing 20 different middle schools in Texas was administered to evaluate the subjective concerns and attitudes of the teachers towards curriculum, teen sex, and other topics (Bowden, Lanning, Pippin, & Tanner, 2003). The survey was completed after the teachers completed teaching a sexuality education programs for the first time in their teaching careers. Based on the findings and discussion presented in the article, the attitudes of teachers had a great deal of influence of their presentation of material and degree of subject matter covered in class. The study revealed a correlation between the confidence level of teachers and the subject matter which they personally agreed with. Teachers reported feeling more confident and capable when teaching the subject that more closely reflected their personal values and used more instructional time on these topics than those that provided an internal conflict. The authors of this study indicated that this area of research was new and warranted consideration of this topic as another dimension toward understanding the success or failure of sexuality education programs in the health outcomes of students (Bowden et. al 2003).

Public Health Implications

Adolescent behavior is undoubtedly a complex issue with a kaleidoscopic nature of casual factors (Hagland, 2006). Adolescents with accurate knowledge about their own sexual health are more likely to delay sexual debut and use some form of contraception when they do decide to become sexually active (Daria & Campbell, 2004).

More than 100 various antecedents have been found to be associated with adolescent sexual activity, contraceptive use, and pregnancy (Brindis, 2006). The direct and indirect mechanisms are not plainly clear and likely related to economic and social disadvantage.

In 2009, almost half of U.S. high school students reported having sex at least once and approximately two-thirds reported having had sex by the spring semester of their senior year (Cubbin, Brindis, Jain, Santelli, & Braveman, 2010). During the same year, more than a third of students identified as sexually active reported that they did not use a condom during their most recent encounter (Harris, 2011). Alcohol and illicit drug use are two common behavioral factors associated with negative health outcomes related to adolescent sexual activity (Inman et al, 2011).

Specific types of behavior that lead toward health goals such as abstaining from sex, using condoms, number/frequency of encounters and age at onset of sexual activity are indicators and benchmarks to measure effectiveness of prevention programs (Cubbin et al., 2010). Knowledge of sexual language and behaviors are competencies and skills that contribute toward preparing youth to protect themselves from premature or unwanted sexual activity and decrease vulnerability to sexual abuse (Inman et al, 2011). Early sexuality education was identified by both groups as a potentially effective method to counteract malformation among youth (Cubbin et al, 2010).

Poverty, poor educational attainment, residential instability, and unemployment are common characteristics associated with pregnancy and disease transmission among adolescents (Hagland, 2006). In addition, low self-esteem, violent behavior, drug and alcohol use and truancy are factors associated with early onset of sexual activity among adolescents (Landry et.al, 2003). Sexuality education for adolescents is not a panacea for

the myriad of challenges that confront today's youth; however, it is clearly evident that sexuality education is a useful strategy in exposing adolescents to the seriousness of the challenges in avoiding risky behaviors. It also may equip them with necessary skills and knowledge that could empower them to decrease or prevent negative health outcomes associated with sexual behavior.

Summary

In one form or another, sexuality education is taught in almost all public secondary schools in the United States. However, the content and the teaching methodologies vary widely (Landry et al, 2003). The opportunity to understand what students learn, or do not learn, in school based sexuality education programs and the manner in which they are taught may contribute invaluable insight into the development of more effective efforts in the future. This knowledge and increased awareness could help to reduce the burden of preventable sexual health issues for adolescents.

Knowledge, perceived risks, values, attitudes, perceived norms, and self-efficacy are psychological and protective risk factors that are critical elements that must be understood within the framework of implementing sexual education for adolescents (Harris, 2011). It would appear that the manner in which this material is presented and the person doing the actual presentation of the material is just as important as the topics and subject matter to sexuality education debate; however, the research does not indicate this to be the case (Jones & Biddlecom, 2011). A review of the available research has revealed that there is a considerable degree of conflict regarding the opinions and views of school personnel and the actual methods used to implement sexuality education

programs. Community stakeholders interested in providing effective adolescent health education opportunities for students could benefit greatly from expanding the debate to include this consideration in the larger view of sexuality education in general.

Chapter 3: Methodology

Introduction

This project involved gathering insight on perceptions, knowledge, and attitudes of personnel involved in the teaching of comprehensive sexuality education within the Valdosta City School system. The administration of a survey questionnaire and completion of key informant interviews were the primary methods of collecting data for the purpose of this study. School personnel participating in this project would likely benefit from a heightened awareness of the components and elements that contribute to the overall implementation of sexuality education. The survey participants were afforded an opportunity to engage in a self assessment exercise that could possibly identify strengths, weaknesses, threats, and opportunities to their preparedness in teaching sexuality education. This chapter will describe the target and sample population, the design of survey and key informant interview tool, data collection procedures, data analysis plans, and limitations/delimitations of this project.

Background

The Valdosta City School school system is located in the city of Valdosta, Georgia which has a population of 53,245 people (2008, Census Data). The system consists of five elementary schools, two middle schools, one high school as well as an alternative school for middle and high school students with academic and social challenges. The student population of the school district is approximately 7,511 students.

For school year 2010-11, the Valdosta City School system served approximately 7,808 students and employed a total of 1,179 personnel. The Valdosta City School System classifies employees into the following three categories: certified personnel, paraprofessionals, and classified personnel. Certified personnel within the Valdosta City School system include teachers, administrators, counselors, and media specialists. Paraprofessionals are non-certified personnel that primarily assisted certified personnel with administrative and non-instructional tasks in the school environment. Classified personnel include, but are not limited to the following: custodial/maintenance staff, transportation, nurses, school resource officers, administrative assistants and other clerical personnel... All schools within the system meet requirements of the Georgia Accrediting Commission and Georgia Public School Standards. In addition, the system is accredited by the Southern Association of Colleges & Schools (SACS). Valdosta High has been SACS accredited since 1918 and was one of the first 8 schools in the state of Georgia to obtain SACS accreditation.

Population and Sample

During the 2010-11 school year, the Valdosta City Schools system employed a total of 707 personnel as instructional professionals which includes teachers, administrators, counselors and media specialists. These personnel are assigned among nine different schools with the school district. The sample population used for this study involved some school personnel who had working relationships with the researcher through previous adolescent health activities and programs in public health outreach.

Study participants who agreed to participate also expressed a desire to obtain an increased awareness on sexuality education.

For the survey questionnaire, this project used a convenience sample consisting of forty administrators and educators representing six of the nine schools in the district. For each school, the sample population included a school principal, an administrator, physical education teacher and science teacher. These positions have the most involvement with sexuality education than any other positions in the school district. The sample population was selected to represent upper elementary, middle and high school grade levels.

For the key informant interviews, this project used a convenience sample of twelve administrators and educators from six of the nine school in the district. The school principal and one educator were selected to be interviewed by the researcher in addition to completing the survey questionnaire.

Research Design

The research design for this project involved the selection of a convenience sample population to participate in a survey questionnaire designed by the study researcher. In addition to the survey questionnaire, a key informant interview questionnaire was created by the researcher to provide additional opportunities to gain insight into the implementation procedures of sexuality education programs within each of the sex designated schools involved in the survey.

Instruments

The data collection instruments used for this project was a survey questionnaire document consisting of two sections. The first section contained questions that required respondents to self-assess and identify their level of knowledge concerning the school, district and state policies that govern sexuality education in Georgia. This section also required participants to self-assess and identify their comfort and capability levels as it pertains to teaching either abstinence only or comprehensive sexuality education. The second section of the survey document was designed to have participants review a list of sexuality education content topics from the Georgia Performance Standards for Health Education and determine which specific grade level that they feel the subject matter should be introduced in the school curriculum.

Key informant interviews were completed with selected study participants from each school. The interview consisted of five questions aimed at uncovering the methods used to implement sexuality education and the personnel responsible for instruction at each school. The interviews also inquired about the community input and the opportunity was taken to ask about the possible existence of other challenges or factors that were not mentioned in the literature review and research on sexuality education.

Each study participant received a hand delivered information packet that included a consent form, survey document and pre-addressed, stamped envelope. The researcher conducted the informed consent discussion and collected the signed consent forms at the point of delivery. Completed survey questionnaires were either mailed back to researcher or picked up at respective school upon completion and notification by the study participants via email, phone, or text message.

Data Analysis

The responses to the survey questionnaire were tabulated and reported as percentage of responses for each question (See Tables 1-6). The responses for the content related questions were tabulated and collapsed from grade level responses to categories identified as lower elementary (grades K-3) upper elementary (grade 4-5), middle school (grades 6-8) and high school (grades 9-12). These responses are presented in graph format indicating distribution of responses according to category.

The responses from the key informant interviews were qualitative in nature and tabulated for review and identification of emergent themes and meaningful anecdotal information that could possibly reveal meaningful or significant findings on the relationship of educator attitudes to the teaching of sexuality education.

Limitation and delimitations

The survey used in these projects was designed by the researcher and not officially tested or evaluated for reliability or validity. This study was also limited by the use of a convenience sample of school personnel with previous working experience with the researcher and may not be adequately representative of the entire target population thus resulting in possible response bias. The study only allowed a limited number of personnel from each school to complete surveys on a “first come, first serve” basis and did not offer the opportunity for feedback from every willing member of the target population.

Summary

The study design was developed to allow personnel in the Valdosta City School System to provide local perspectives on sexuality education which is a public health issue with statewide and national implications. The study participants provided interesting and meaningful feedback on a range of topics related to sexuality education. Forty-two administrators and educators participated in this study and expressed a sincere interest in learning more on the issue and making a contribution toward improving the learning opportunities and health outcomes of the students they serve. This study was granted “Exempt” status from the Emory Institutional Review Board (see Appendix A).

Chapter 4: Results

Knowledge and Understanding

Table 1 displays the results of the responses from the forty-two survey participants on questions related to the perceptions of their knowledge and understanding of the learning objectives (standards) of sexuality education. Twenty-seven (64%) of the respondents indicated that they had below average knowledge of the Georgia Department of Education standards; ten (23%) indicated that they had average knowledge; two (4%) indicated a moderate (above average) level; three (7%) indicated that they were not at all knowledgeable (poor) of the State guidelines and none of the respondents reported that they were very knowledgeable or had an excellent understanding of the state guidelines for sexuality education learning objectives.

Twenty-two (52%) of the respondents reported a slight knowledge (below average) of the Valdosta City School district learning objectives; twelve (28%) indicated an adequate (average) knowledge; five (11%) reported moderate (above average); three (7%) reported that there were not at all knowledgeable (poor) and none of the respondents reported that they were very knowledgeable or had an excellent understanding of the district guidelines for sexuality education learning objectives.

Eighteen (42%) of the respondents reported an adequate (average) knowledge of the policies and procedures of their assigned schools; twelve (28%) reported a below average knowledge; five (11%) reported an above average knowledge; three (7%) reported a poor level of knowledge and four (9%) reported that they were very

knowledgeable or had an excellent understanding of their school guidelines on sexuality education.

Twenty-three (54%) respondents indicated an adequate (average) level of knowledge and understanding of the comprehensive sexuality education approach as compared to 24 (52%) that indicated an adequate (average) level concerning the abstinence-only education approach. Only two (4%) of the respondents identified themselves as have a very knowledgeable (excellent) level of comprehensive sexuality education compared to four (9%) of the respondents reporting a very knowledgeable (excellent) level of the abstinence-only education approach. One (2%) of respondents indicated that they were not knowledge at all or had a poor level of understanding for both sexuality education approaches.

Table 1: Knowledge & Understanding (42 total respondents)

KNOWLEDGE & UNDERSTANDING	Very Knowledgeable (Excellent)	Moderately Knowledgeable (Above Average)	Adequately Knowledgeable (Average)	Slightly Knowledgeable (Below Average)	Not at all Knowledgeable (Poor)
1. How would you describe your present knowledge and understanding of Georgia Deptof Education learning Objectives?	0 (0%)	2 (4%)	10 (23%)	27 (64%)	3 (7%)
2. How would you describe your present knowledge and understanding of the Valdosta City School System learning Objectives?	0 (0%)	5 (11%)	12 (28%)	22 (52%)	3 (7%)
3. How would you describe your present knowledge and understanding of your school policies that govern sexuality education?	4 (9%)	5 (11%)	18 (42%)	12 (28%)	3 (7%)
4. How would you describe your present knowledge and understanding of the abstinence-only education approach?	4 (9%)	6 (14%)	24 (52%)	7 (16%)	1 (2%)
5. How would you describe	2	4	23	12	1

your present knowledge and understanding of the abstinence-plus or comprehensive sexuality education approach? (4%) (9%) (54%) (28%) (2%)

Comfort Level

Table 2 reflects the results of the survey participant’s responses to the questions regarding their level of comfort with teaching the abstinence-only or comprehensive sexuality education approach in their classroom. Twenty (47%) respondents reported a moderate (above average) level of comfort with teaching abstinence-only; fourteen (33%) reported a very comfortable (excellent) level; six(14%) reported an adequate (average) level; two(4%) reported a slight (below average) level and none of the respondents reported being not at all comfortable or having a poor level of comfort with teaching abstinence-only education.

Twenty-three (54%) of the respondents reported an adequate (average) comfort level with teaching comprehensive sexuality education; twelve (28%) reported a slight (below average) comfort level; four (9%) reported a moderate(above average) level; two(4%) reported being very comfortable (excellent) and one (2%) respondent reported being not at all comfortable with teaching the comprehensive sexuality education.

Table 2: Comfort Level (42 total respondents)

COMFORT LEVEL	Very Comfortable (Excellent)	Moderately Comfortable (Above Average)	Adequately Comfortable (Average)	Slightly Comfortable (Below Average)	Not at all Comfortable (Poor)
6. How would you describe your comfort level with teaching the abstinence-only education approach?	14 (33%)	20 (47%)	6 (14%)	2 (4%)	0 (0%)

7. How would you describe

your comfort level with teaching the abstinence-plus or comprehensive sexuality education approach?	2 (4%)	4 (9%)	23 (54%)	12 (28%)	1 (2%)
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Capability Level

Table 3 reflects the results of the survey participant’s responses to the questions regarding their level of capability with teaching the abstinence-only or comprehensive sexuality education approach in their classroom. Twenty-two (52%) of the respondents reported a moderate (above average) level of capability in teaching the abstinence-only approach; ten(23%) reported that they were very capable (excellent); eight(19%) reported an adequate (average) level; two (4%) reported a slight (below average) capability and none of the respondents reported not being at all capable in teaching abstinence-only education.

Twenty (47%) of the respondents reported an adequate (average) level of capability in teaching comprehensive sexuality education; twelve (28%) reported a moderate (above average) level; seven (16%) reported a slight (below average) level; two reported being very capable (excellent) and one respondent indicated that they were not at all capable in teaching comprehensive sexuality education.

Table 3: Capability Level (42 total respondents)

CAPABILITY LEVEL	Very Capable (Excellent)	Moderately Capable (Above Average)	Adequately Capable (Average)	Slightly Capable (Below Average)	Not at all Capable (Poor)
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8. How would you describe your capability level with teaching the abstinence-only education approach	10 (23%)	22 (52%)	8 (19%)	2 (4%)	0 (0%)
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9. How would you describe your capability level with teaching the abstinence-plus or comprehensive sexuality education approach?	2 (4%)	12 (28%)	20 (47%)	7 (16%)	1 (2%)
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Religious, Personal, or Moral Objections

Table 4 displays the responses from the survey participants regarding questions related to religious, personal or moral objections to the teaching of sexuality education. Forty-two (100%) of the respondents reported that they did not have any have religious, personal, or moral objections to teaching abstinence only or comprehensive sexuality education.

Table 4: Religious, Personal or Moral Objections (42 total respondents)

RELIGIOUS, PERSONAL OR MORAL OBJECTIONS	YES	NO
10. Do you have any moral, religious, or personal objection with the abstinence only education approach?	0 (0%)	42% (100%)
11. Do you have any moral, religious, or personal objection with the abstinence plus or comprehensive sexuality education approach?	0 (0%)	42% (100%)

Teaching Methodologies

Table 5 reflects the responses of the survey participants related to the question that indicates their preference among the abstinence-only approach, comprehensive sexuality approach or neither. Thirty-seven (88%) of the respondents indicated a preference for the comprehensive sexuality education approach. Five (11%) of the

respondents favored the abstinence-only approach and none of the respondents selected “neither” as an option for this question.

Table 5: Teaching Methods (42 total respondents)

TEACHING METHODS	Abstinence-Only Education Approach	Abstinence-Plus or Comprehensive Sexuality Education Approach	Neither
12. Which of the teaching methods do you favor the most as a strategy for the teaching of sexuality Education?	5 (11%)	37 (88%)	0 (0%)

Parental Option Clause

Table 6 shows the responses of the survey participants for the question related to their belief in the availability of a parental option to exclude their children from sexuality education of any type offered at school. Thirty-nine (92%) of the respondents reported that parents/guardians should be afforded the opportunity to decide whether or not their children may participate in sexuality education provided at school. Three (7%) of the respondents indicated that parents should not have the option to decide.

Table 6: Parental Option Clause (42 total respondents)

PARENTAL OPTION CLAUSE	YES	NO
13. Would you favor an opt-out clause for parents to be able to decide whether or not their children may participate in any type of sexuality education within the school environment?	39 (92%)	3 (7%)

Introduction of Curriculum Content

Table 7 reflects the response of the survey participants regarding the specific content and topic areas within the Georgia Performance Standards for Health Education as it pertains to appropriate grade level at which information should be introduced and taught in the classroom.

Of the total of fifteen topics, only three (Communication, Positive Friendships, and Child Sexual Abuse) were identified by the respondents as being appropriate to be introduced in the early elementary (Grades 1-3).

Middle School (grades 6-8) were selected by the majority of the respondents as the most appropriate grade levels for introduction of eleven of the fifteen topics with the exception of Reproductive Anatomy, Communication, Friendships, and Sexual Abuse, which all were selected under the Early Elementary category. Thirty-six (85%) of the respondents indicated that Sexually Transmitted Diseases should be introduced in middle school and twenty-eight (66%) indicated that Abstinence should be introduced at this level as well. Thirty (71%) indicated that Dating/Relationships is most appropriately introduced during the middle school years.

High School (grades 9-12) was not selected by the majority of respondents for any of the fifteen topics. Furthermore, the only topics that received any notable degree of consideration by the respondents were Contraception and Risky Behavior Reduction. Twenty (47%) of the respondents indicated that they felt Contraception should be

introduced during high school and eighteen (42%) of the respondents indicated that Risky Behavior Reduction should be introduced in high school as well. None of the remaining thirteen topics were selected by more than 16% of the respondents as being appropriate for introduction at the high school level.

Table 7: Introduction of Curriculum Content (42 total respondents)

CONTENT AREA	Early Elementary (Grades 1-3)	Upper Elementary (Grades 4-5)	Middle School (Grades 6-8)	High School (Grades 9-12)
Reproductive Anatomy	0 (0%)	32 (76%)	9 (21%)	1 (2%)
Communication with Family	17 (40%)	23 (54%)	2 (4%)	0
Positive Friendships	28 (66%)	14 (33%)	0	0
Child Sexual Abuse	34 (80%)	8 (19%)	0	0
Dating & Relationships	0	11 (26%)	30 (71%)	1 (2%)
Abstinence	0	9 (21%)	28 (66%)	5 (11%)
Avoidance Skills	0	14 (33%)	26 (61%)	2 (4%)
Legal consequences	0	4 (9%)	31 (73%)	7 (16%)
Pregnancy/Childbirth	0	16 (38%)	26 (61%)	0
Parenting Responsibilities	0	4 (9%)	35 (83%)	3 (7%)
Sexually Transmitted Diseases	0	4 (9%)	36 (85%)	2 (4%)
Contraception	0	0	22 (52%)	20 (47%)
Sexual Orientation/Identity	0	6 (14%)	32 (76%)	4 (9%)
Harrassment, Sexual Assault	0	3 (7%)	33 (78%)	6 (14%)
Puberty/Adolescence	0	29 (69%)	13 (30%)	0
Risky Behavior Reduction	0	3 (7%)	21 (50%)	18 (42%)

Chapter 5: Implications and Conclusions

Introduction

This chapter will briefly summarize the project, including the study research questions, methodology, results, and conclusion. The implication and recommendations will also be discussed as well.

Summary of Study

Sexuality education provides an opportunity for youth to receive vital knowledge and develop skills that can promote positive health outcomes. The large amount of controversy associated with sexuality education likely creates a barrier toward opportunities for stakeholders to consider other factors that may influence adolescent health education efforts. This study focused on the attitudes and opinions of school personnel as it relates to the teaching of sexuality education in the Valdosta City School system. A survey questionnaire was used along with key informant interviews to collect data on the participant's perceptions of their knowledge and understanding of guidelines as well their comfort level and capability in teaching related subject matter. The study also attempted to ascertain the opinions of the participant's beliefs on the appropriate grade levels at which sexuality education content should be introduced. Key informant interviews were conducted to gain insight toward the specific efforts undertaken by schools within the district to meet the sexuality education requirements of the Georgia Department of Education.

A majority of the study participants indicated that they held a below average understanding of the state and district guidelines on sexuality education; however, most participants reported an average knowledge and understanding of their individual school guidelines and procedures.

The two major approaches to sexuality education are the abstinence-only and comprehensive sexuality approach. A little more than half of the participants reported having an average knowledge and understanding of both approaches. There were twice as many educators who reported having a below average awareness of the comprehensive sexuality education approach than the abstinence-only approach. This trend held the same in reference to perceived comfort and capability levels with teaching subject matter. Almost two-thirds of the participants reported having an excellent or above average level of comfort with teaching the abstinence-only approach as compared to none of the participants reporting being very comfortable teaching the comprehensive sexuality approach. At least half of the participants indicated that they had an average level of comfort and a quarter of the participants reported a below average level of comfort. In terms of perceived capability, more than half reported an above average level while almost a quarter of the participants reported being very capable to teach the abstinence only approach. Slightly less than half of the participants reported that they had an average level of capability when it comes to teaching subject matter related to the comprehensive sexuality education approach.

There was absolutely no religious, personal, or moral objections expressed towards sexuality education at all. None of the participants expressed a single objection to either method. Interestingly, the comprehensive sexuality approach was heavily

avored by the participants over the abstinence-only approach. Eighty-eight percent of respondents identified this approach as the preferred method of providing sexuality education in their view. The study participants also overwhelmingly agreed in their belief for a parental option to decide whether or their children could participate in sexuality education at school.

The middle school grade levels were identified by the study participants as the most appropriate for the introduction of the majority of the required content and subject matter within the learning standards for sexuality education in Georgia.

Limitations

The use of a convenience sample is one of the major limitations of this study. The convenience sample lacks random selection and is not wholly representative of the study population. As a result, the findings can not be generalized or thought to be reflective of the attitudes and opinions of all administrators and educators within the Valdosta City School system. Furthermore, the researcher had established previous working relationship with several of the study participants which could possibly have increased the possibility of response bias. The involvement and interaction of the study participants in adolescent health activities and programs prior to survey completion could have had a compelling influence on them to provide information and answers that they felt were beneficial toward the goals and objectives of the researcher.

The design and implementation of the survey document is another limitation of this study. The survey document and interview questions were developed solely by the researcher and not evaluated for variety and reliability. In addition, the results and data

were analyzed by only the researcher and provided no opportunity for the validation of themes. Finally, this study focused on gathering quantitative and qualitative information based on self-reporting and self-assessment of perceived knowledge, comfort and capability by the participants. This approach made it difficult to derive definitive conclusions based on opinions and perceptions without the use of thorough statistical methods of measurement.

Conclusion

The findings of this study support the notion that participants felt a higher level of comfort and perceived capability with teaching the abstinence only approach; however it did not necessarily indicate that they felt totally uncomfortable or incapable with teaching the comprehensive sexuality education approach. The lack of proper training and awareness of the specific guidelines and standards related to the comprehensive sexuality education approach had a likely impact on the determination of how uncomfortable or incapable the study participants viewed themselves. There was a clear and distinct agreement among them that suggested a belief that the comprehensive approach offered the most benefit for reaching the goals and objectives of sexuality education in general. Additionally, there was notable consensus on the need to offer this approach at the middle school grade levels. The administrators and educators clearly identified their perceived knowledge and skill levels as average or below on teaching the comprehensive approach which suggested an acknowledgement of the need for training and increased preparedness.

Administrators and educators are an extremely integral component in the overall scheme of adolescent health outreach and sexuality education. This project indicated a willingness and desire among the study participants to increase their awareness and ability towards teaching sexuality education. This project provided an opportunity for administrator and teachers to identify possible gaps in knowledge and understanding, express a consensus for the comprehensive approach as the most effective, and detailed analysis of challenges with curriculum implementation and meeting state, district and school guidelines and standards. These are invaluable pieces that are necessary toward solving the complex puzzle that is adolescent health education and youth development.

Implications

An analysis of the findings and results of this project offers consideration for strategies and efforts that could possibly increase the capability of school administrators and educators in providing quality adolescent health education and sexuality education. The following is a list of organizational implications for the Valdosta City School system in reference to the major findings, themes, and conclusions derived from this project:

- A valid and reliable study involving a representative sample population of administrators and educators would provide analysis and feedback that could be generalized to a larger population within the entire school district and provide leadership with valuable insight and opportunities for program effectiveness and success.

- The provision of increased training opportunities on sexuality education would result in a greater number of administrators and educators with heightened awareness of state, district and school guidelines of sexuality education learning standards and promote dialogue and discussion among the various levels of school administration.
- The identification and establishment of comprehensive sexuality education as the primary and ideal instructional approach within the district would be clarity, focus and direction toward use of curriculum materials and teaching methodologies thus increasing opportunities for student learning and comprehension.
- The establishment of thorough and concentrated sexuality education programs at the middle school level would contribute more cohesive and unified instructional alignment within the school district.
- The development and implementation of a parental option clause would promote more awareness of the availability and content of sexuality education within the school district on behalf of parents and guardians. This would also increase the opportunities for parents to engage in discussion within the home environment.

Recommendations

The survey questionnaire used for this study needs to be evaluated for reliability and validity and administered using an experimental design with random assignment. The finding of this effort can be used to develop a proper training module for preparation of school personnel involved in the implementation and teaching of the sexuality education curriculum as prescribed by the Georgia Standards for Health Education. The

target population involved in the training should be assessed utilizing a pre- and post-test training assessment method to assist in determining the impact of training module. Future studies should include a comparative study to assess the change in knowledge, attitude, skills, and teaching methodology of participants in training module implementation and those of instructors in a regular classroom setting. Additional studies should also incorporate an analysis of student learning and behavior change before and after participation in sexuality education courses as well as an evaluation of adolescent health outcomes including teen pregnancy rates, sexually-transmitted disease incidence and prevalence, and age of initiation of sexual activity. The design, development and implementation of an organizational entity rooted in community collaboration among school administration officials, principals, educators, public health agencies, social service providers, parents, and students would provide an ideal opportunity for accountability and oversight concerning these recommendations and their implementation.

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Appendix A

June 24, 2011

Percy L. Chastang Jr.
Principal Investigator
Public Health

RE: Exemption of Human Subjects Research IRB00050931
Assessment of Educator and Administrator's Perceptions on Teaching Comprehensive Sexual
Education in the Valdosta City School System

Dear Principal Investigator:

Thank you for submitting an application to the Emory IRB for the above-referenced project. Based on the information you have provided, we have determined on 6/24/2011 that although it is human subjects research, it is exempt from further IRB review and approval.

This determination is good indefinitely unless substantive revisions to the study design (e.g., population or type of data to be obtained) occur which alter our analysis. Please consult the Emory IRB for clarification in case of such a change. Exempt projects do not require continuing renewal applications.

This project meets the criteria for exemption under 45 CFR 46.101(b)(2). Specifically, you will surveying school administrators and educators for their perceptions on teaching comprehensive sexual education in the Valdosta School System.

Please note that the Belmont Report principles apply to this research: respect for persons, beneficence, and justice. You should use the informed consent materials reviewed by the IRB unless a waiver of consent was granted. Similarly, if HIPAA applies to this project, you should use the HIPAA patient authorization and revocation materials reviewed by the IRB unless a waiver was granted. CITI certification is required of all personnel conducting this research.

Unanticipated problems involving risk to subjects or others or violations of the HIPAA Privacy Rule must be reported promptly to the Emory IRB and the sponsoring agency (if any).

In future correspondence about this matter, please refer to the study ID shown above. Thank you.

Sincerely,

Andrea Goosen, MPH
Research Protocol Analyst
This letter has been digitally signed

cc: Iris Smith, Behavioral Science

Appendix B Consent Form

You are being asked to be in a research study. Your position and role as an educator or administrator in the Valdosta City School System makes you an ideal candidate for providing valuable insight on the topic of this study. This form is designed to tell you everything you need to think about before you decide to consent (agree) to be in the study or not to be in the study. It is entirely your choice. If you decide to take part, you can change your mind later on and withdraw from this study at any point. There will be approximately 45 educators and/or administrators from the Valdosta City School system participating in this study. The estimated duration time for your participation is between 30 minutes and 1 hour.

The scientific purpose of this study is to gather information and insight related to the views and opinions of educators and administrators as it pertains to the teaching of comprehensive sexual education to students in the Valdosta City School system. The purpose of this study is to develop an assessment of the current policies and procedures that guide adolescent health education and determine the implications on the health outcomes of the student population

There are no foreseeable risks associated with this study. The subject matter can be considered as controversial in nature and may provide some level of discomfort concerning personal belief and values as it pertains to adolescents and sexual education. This study is not designed to benefit you directly. This study is designed to learn more about the teaching of comprehensive sexual education to adolescents and the potential benefits to the student population as it relates to positive health outcomes

Certain offices and people other than the researchers may look at your study records. Government agencies, Emory employees overseeing proper study conduct may look at your study records. These offices include the Emory Institutional Review Board and the Emory Office of Research Compliance. Emory will keep any research records we produce private to the extent we are required to do so by law. A study number rather than your name will be used on study records wherever possible. Your name and other facts that might point to you will not appear when we present this study or publish its results. Study records can be opened by court order or produced in response to a subpoena or a request for production of documents unless a Certificate of Confidentiality is in place for this study.

You have the right to leave a study at any time without penalty. The investigators have the right to stop your participation in this study without your consent if:

- They believe it is in your best interest;
- You were to object to any future changes that may be made in the study plan;

If you have questions about your rights as a research subject or if you have questions, concerns or complaints about the research, you may contact the Emory Institutional Review Board at 404-712-0720 or 877-503-9797 or irb@emory.edu.

We will give you a copy of this consent form to keep. Do not sign this consent form unless you have had a chance to ask questions and get answers that make sense to you. Nothing in this form can make you give up any legal rights. By signing this form you will not give up any legal rights. You are free to take home an unsigned copy of this form and talk it over with family or friends.

Please sign below if you agree to participate in this study.

Name of Subject

Signature of Subject

Date Time

Appendix C Survey Instrument

1. How would you describe your present knowledge and understanding of the Georgia Department of Education learning objectives (standards) concerning sexual health education for students?

Very knowledgeable (Excellent)
 Moderately knowledgeable (Above Average)
 Adequately knowledgeable (Average)
 Slightly knowledgeable (Below Average)
 Not knowledgeable at all (Poor)

2. How would you describe your present knowledge and understanding of the Valdosta City Schools learning objectives (standards) concerning comprehensive sexual health education for students?

Very knowledgeable (Excellent)
 Moderately knowledgeable (Above Average)
 Adequately knowledgeable (Average)
 Slightly knowledgeable (Below Average)
 Not knowledgeable at all (Poor)

3. How would you describe your present knowledge and understanding of your individual school policies and procedures that govern the teaching of sexual health education for students?

Very knowledgeable (Excellent)
 Moderately knowledgeable (Above Average)
 Adequately knowledgeable (Average)
 Slightly knowledgeable (Below Average)
 Not knowledgeable at all (Poor)

4. How would you describe your present knowledge and understanding of the **abstinence-only education** approach as a method for teaching sexual health education to your students?

Very knowledgeable (Excellent)
 Moderately knowledgeable (Above Average)
 Adequately knowledgeable (Average)
 Slightly knowledgeable (Below Average)
 Not knowledgeable at all (Poor)

5. How would you describe your present knowledge and understanding of the **abstinence-plus or comprehensive sexual education** approach as a method for teaching sexual health education to your students?

Very knowledgeable (Excellent)
 Moderately knowledgeable (Above Average)
 Adequately knowledgeable (Average)
 Slightly knowledgeable (Below Average)
 Not knowledgeable at all (Poor)

6. How would you describe your comfort level with the **abstinence-only education** approach as a method for teaching sexual health education to your students?

- Very comfortable
- Moderately comfortable
- Adequately comfortable
- Slightly comfortable
- Not comfortable at all

7. How would you describe your comfort level with the **abstinence-plus or comprehensive sexual education** approach as a method for teaching sexual health education to your students?

- Very comfortable
- Moderately comfortable
- Adequately comfortable
- Slightly comfortable
- Not comfortable at all

8. How would you describe your capability level with the **abstinence-only education** approach as a method for teaching sexual health education to your students?

- Very capable
- Moderately capable
- Adequately capable
- Slightly capable
- Not capable at all

9. How would you describe your capability level with the **abstinence-plus or comprehensive sexual education** approach as a method for teaching sexual health education to your students?

- Very capable
- Moderately capable
- Adequately capable
- Slightly capable
- Not capable at all

10. Do you have any religious, personal, or moral objection with the **abstinence-only education** approach as a method for teaching sexual health education to your students?

YES, My objection is based upon _____
NO

11. Do you have any religious, personal, or moral objection with the **abstinence-plus or comprehensive sexual education** approach as a method for teaching sexual health education to your students?

YES, My objection is based upon _____
NO

12. Which of the following teaching methods do you favor as a strategy for implementing sexual education to the students at your school?

Abstinence-Only education

