

**College Students' Perceptions of High School**

**Sexuality Education**

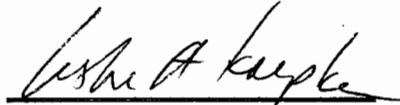
by

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ABSTRACT

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The purpose of this study was to document college students' perceptions of the sex education programming they received in high school. Students at the University of Wisconsin-Stout were invited to complete the survey. The objectives of this study were to determine how sex education has progressed throughout history, what should be included in a comprehensive sexual education program, and what the participants would like to see in a sex education program. The data were analyzed using frequency counts, standard deviation, mean, Chi-Square analysis, and Independent Samples test. Gender differences were noted. Results showed that participants would like to learn more about love and communication in sex education class and would like to see open discussion and trained staff teach this type of course. Statistically significant differences were found between males and females with regards to females desiring

more information on communication of feelings in relationships, and the importance of referral information provided in class. Recommendations for future research include a larger sample, both numerically and geographically. Additionally, a comparison of students coming from urban and rural areas may show a difference between content covered and student interests. Finally, comparison between faith based schools and public schools may reveal interesting results which could illuminate the available literature.

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## CHAPTER 1

### Introduction

According to the 2001 Youth Risk Behavior Surveillance System (YRBS), 60.5% of twelfth graders, 51.9% of eleventh graders, 40.8% of tenth graders, and 34.4% of ninth graders reported having sexual intercourse (SIECUS, 2004e). Thirty-three percent of high school students reported that they were currently sexually active. Twenty five percent of sexually active students used drugs or alcohol during their most recent sexual experience. Fifty-seven percent of students used condoms during their last time of intercourse. One out of five adolescents had sex before their fifteenth birthday. These statistics are not meant to show that teenagers in the United States are running around senseless. They are intended to document the fact that sexual intercourse is a part of some teenager's lives. What should our education system be teaching young people regarding sex? Most importantly, what sexuality information do young people feel needs to be taught in sex education?

A plethora of viewpoints, attitudes, and definitions abound when the topic of sex education is raised. Some see it as a lifelong process that involves teaching values, attitudes, and beliefs; others view it as an opportunity to better prepare young people with information on the physical aspects of sex; while still others view it as pornographic and immoral. The United States has come a long way since the early 1980s when sex education was brought to a halt (Balanko, 2002). Since then, sex education has been supported through state policies. Eighteen states now require the teaching of sex education in public schools and 34 states require information regarding STD/HIV education. According to a national survey, 75 to 85% of schools give instruction to students regarding consequences of teen parenthood, STD/HIV information, and the ways to stand firm against peer pressure (Kirby, 2002). However, the actual

sex education curriculum given to students varies. Students may be taught information in a semester class or in a few class periods (Irvine, 2002). In addition, with the growth of abstinence-only curriculum, many students only receive information on the benefits of abstaining from sexual activity until marriage. One national study showed that of the 69% of school districts teaching sex education, 35% taught abstinence as the only choice outside of matrimony (Kirby, 2002).

Effective sex education programs cover a wide range of characteristics. The Sexuality Information and Education Council of the United States (SIECUS) has served as the national voice for sex education for almost forty years. In 1990, SIECUS developed the first national model for a comprehensive sex education program in the United States (SIECUS, 2004d). Since then they have been at the forefront in developing a variety of resources that provide information and knowledge on the topic of sexual education, sexual health, and sexual rights. SIECUS has outlined four main goals of a comprehensive program (cited in Goldman, 2000). They include:

1. Providing truthful information about sexuality,
2. Helping students to develop their own beliefs and feelings regarding sexuality,
3. Assisting them in developing relationship and interpersonal skills, and
4. Helping them implement responsibility in sexual relationships including peer pressure and contraception.

Despite this comprehensive outline, few schools are actually following these standards. Sexuality education has focused on “safe” topics that cover the human body’s anatomy and physiology as well as pregnancy and childbirth. As a result, many teenagers felt that their sex education was unhelpful. One study found that almost all teens questioned felt that they were more prepared to hear about sex than schools were to teach it (Eisenberg, Wagenaar, & Neumark-Sztainer, 1997).

A very small amount of research has been conducted on students in regards to sex education (Eisenberg, Wagenaar, & Neumark-Sztainer, 1997). Time has been spent listening to administrators, parents, and teachers, but student input has been neglected in making curriculum decisions regarding sex education. One study questioned students in regards to their opinion of their school's sexuality education. Questions included how they felt about the classes and teachers, the timing and quantity of the sex education, what topics they felt could have gone more in depth, and how sexuality education affects their lives (Eisenberg, Wagenaar, & Neumark-Sztainer, 1997). The results showed that students felt too much time was spent on irrelevant or already known information. They felt that the emotional and social aspects of human sexuality as well as personal decision making went almost completely uncovered. They reported wanting to learn about how to defend themselves from rape, where to get condoms, and how to not have sex in a relationship without jeopardizing the relationship. It was also found that teachers who were visibly uncomfortable with the topic resulted in students who felt they could not bring up important questions they wanted answered.

The evaluation of young people's new understanding and appreciation of their bodies, and the ability to talk with peers and partners more effectively has gone largely overlooked (SIECUS, 2004c). Instead, sexuality education programs have determined their effectiveness by whether or not sexual intercourse has been postponed or if there has been an increase in the use of contraception. Questioning students about what they feel is important to learn in their sex education could greatly improve the quality of sex education today.

*Statement of the problem:*

The purpose of this study will be to document college student's perceptions of the sex education programming they received in high school. Data will be collected through a survey during Spring 2005 at University of Wisconsin-Stout.

*Research questions*

1. How has sex education progressed throughout history?
2. What should be included in a comprehensive sexual education program?
3. What do students want to learn about in their high school sexual education program?

*Definition of terms*

The following terms are relevant to the sex education discussion:

Abstinence-Only Sex Education: "teach that abstaining from sexual activity is the only acceptable choice for unmarried adolescents" (Wiley & Terlosky, 2000, p. 79).

Abstinence-Plus Sex Education: "discuss abstinence from sexual activity as the first and best choice for adolescents, yet include a scientific discussion of contraception, sexually transmitted diseases, and other sexuality issues as crucial elements of lifetime-sexuality information" (Wiley & Terlosky, 2000, p. 79).

Comprehensive Sex Education: "the primary goal of sexuality education is the promotion of sexual health. Sexuality education seeks to assist people in understanding a positive view of sexuality, provide them with information and skills about taking care of their sexual health, and help them acquire skills to make decisions now and in the future." (SIECUS, 2004d, p.1)

*Assumptions and Limitations*

A few assumptions and limitations exist in this research study. It is assumed that the information and data researched and cited is accurate and valid. Also assumed is that enough

research on school-based sex education has been conducted to give an adequate overview of this topic. While this paper makes a strong attempt at being objective, one limitation is that some of the research cited may not be. In addition, student's memory may be faulty about what was covered in participant's high school health program. A further limitation is the Midwestern, rural sample which may not represent the entire United States population.

## CHAPTER TWO

### Literature Review

#### *Introduction*

According to Erik Erikson, humans go through a variety of stages throughout their lifespan. At each stage, individuals must resolve a “crisis” before they can move to the next stage (Child Development Institute, 2005). This research study aligns with the adolescent stage: Identity vs. Role Confusion. During this phase, it is important for adolescents to develop a sense of identity and establish a belief system for themselves. Sexual identity is also established during this stage. Adolescents look for leadership and education at this time in order to develop a set of ideals and prepare themselves for adulthood.

The following chapter will summarize the history of sex education beginning from the 1960s to the present time. The debate between those who oppose sex education and those in favor of it will then be presented. Next, the chapter will discuss the research available on today’s youth in regards to what they are looking for in a sex education program. Finally, the SIECUS guidelines for a comprehensive sexuality education program will be presented.

#### *History of Sex Education*

The United States sexual culture has endured drastic and profound changes over the past century. The twin beds shown on the Dick Van Dyke Show are a quaint comparison to the current programming on television which includes one in ten portrayals of sexual intercourse (Irvine, 2002). The evolution of sex education has been filled with many transformations. From the 1960s to the present, sexuality has gone from a topic that would never have been discussed in schools, to one that many schools build into their curriculums.

In the 1960s, education on sexuality began to progress. Early 1960s sex education was taught with emphasis on composition and bodily processes of the human body (Balanko, 2002). This decade of the “youth revolution” brought about a change in focus from preventing sexual corruption to an emphasis on factual information and nonjudgmental discussion (Drolet & Clark, 1994). The middle of this decade brought about the question of whether or not the information being taught was sufficient. In 1964, The Sex Information and Education Council of the United States (SIECUS) was established when a group of educators, parents, professional advocates, and others felt that it was time to get troubling concepts out into the open (cited in Irvine, 2002). SIECUS developed a model for comprehensive sexuality education that provides children from kindergarten through high school with age-appropriate information on sexuality. The argument arose of whether or not school was the place to discuss the topic of sex. Opposition groups such as Parents Opposed to Sex and Sensitivity Education and Mother Organized for Moral Stability made a concerted effort to stop sexuality education. They made a substantial impact that led to many state legislatures abolishing or restricting sexuality education (Drolet & Clark, 1994). It was concluded that sex education would be taught in schools in addition to what children were learning from their parents. The debate continued into what should be taught to students. Many argued for a more comprehensive approach that included the student’s ideas of what they would like to learn. The advent of the birth control pill and the increase of teen pregnancies and venereal diseases all added to the heightened critical debate.

The 1970s placed a large emphasis on student input and what information they felt was relevant to learn about in sex education (Balanko, 2002). A study by Scales (1974) was evidence for the fact that young people most wanted to learn about contraception and the emotional side to sex (as cited in Balanko, 2002). A major concern of this decade was the belief that teaching

about sex could lead to promiscuity and increase pregnancy and disease rates. However, no relationship was found between the information students received in high school and their sexual behavior in college. Overall, the 1970s showed a large expansion in the topics being taught.

The expansion was soon shut down by the early 1980s (Balanko, 2002). The discovery of AIDS, increase of sexual violence, and right-wing conservatism all added to pessimistic feelings regarding sex education. Goals of sex education changed to a more preventative method by promoting self-awareness and coping skills. As a result, this decade's main focus was assessing and improving the successfulness of sexuality education.

In the 1990s, sex education was surrounded in controversy. A large debate occurred between those believing that abstinence was the best approach to teach, and those who believed a comprehensive teaching of sex education would be the most effective method. A more in-depth look at this debate will be discussed later in this chapter.

By 1997, twenty-three states required abstinence instruction, with only eleven of these requiring information about contraception and disease prevention (Stryker, 1997). South Dakota repealed its previous mandate to teach students about AIDS, while Texas now compels teachers to stress the emotional trauma associated with teenage sexual activity. North Carolina requires abstinence until marriage education.

### *Sexuality Education Debate*

School-based sexuality education has been debated in almost every aspect of American society (Parker, 2001). From the classroom to the boardroom and up to the Supreme Court, people have fought for what they feel should be taught regarding sexuality in the classroom.

One side of the debate consists of those people who feel that sexual intercourse should be confined to marriage. They frequently disagree with feminism and gay rights as well as favor

restrictions on masturbation and homosexuality (Irvine, 2002). In their view, talking about sex in the classroom will lead to sexual activity as well as pregnancy and sexually transmitted diseases. The argument is that controlling this form of discussion will protect the young people and preserve their sexual morality.

On the opposite side of the sex education debate are those who feel that offering a comprehensive sex education program in the classroom will offer students the valuable opportunity to discuss openly their sexual values and attitudes (Irvine, 2002). Advocates of comprehensive sex education feel that silence on this topic can foster ignorance, embarrassment, and social troubles such as teenage pregnancy. They view sexuality as positive, healthy, and support sexual diversity as well as gender equality in the curriculum.

The debate surrounding sex education in schools is growing. A large and complicated middle ground exists between these two sides (Irvine, 2002). Some people have not thought a lot about their viewpoints regarding sex education and are unaware what our schools are teaching young people. Others might feel strongly about one topic but may be confused about particular programs being taught. Some feel that the controversy is not whether or not these programs should be offered in schools, but rather what topics should be emphasized (Kirby, 2002).

Support for abstinence only education has increased steadily since 1996 (Bowman, 2004). President Bush has proposed to spend \$273 million on abstinence education in fiscal 2005 which is double what the federal government currently spends. During President Bush's State of the Union speech he stated, "Abstinence for young people is the only certain way to avoid sexually transmitted diseases. Decisions children now make can affect their health and character for the rest of their lives. All of us-parents and schools and government- must work together to counter the negative influence of the culture and to send the right messages to our

children” (Bowman, 2004, p. 1). Many people who feel that people should not be sexually active outside of the marriage were in high spirits about the President’s comments. According to one national study, of the 69% of school districts who teach sex education, 35% of those teach abstinence as the only option outside of marriage (Kirby, 2002).

In the fiscal year 2003, Wisconsin received \$1,112,549 in federal funding for abstinence-only-until-marriage programs (SIECUS, 2004f). Wisconsin law does not require, only encourages, school boards to provide sexuality education. For grades kindergarten through twelfth grade, the following topics may be included in the sex education curriculum: “self esteem, interpersonal relationships, discouragement of adolescent sexual activity, sex stereotypes and protective behavior, human sexuality; reproduction; family planning: natural family planning, AIDS, prenatal development, childbirth, and adoption.” (SIECUS, 2004c, p.1) Some local groups and businesses in Wisconsin have teamed up to spread the abstinence-only message. In 2002, the Manitowoc County Abstinence Coalition in Wisconsin distributed True Love Waits abstinence pledge cards to students attending local high school proms. Each card reads “Prom...a night to remember not to regret.” They felt that this card provided the students a reminder that there are consequences for their actions.

Public opinion regarding sex education appears to differ greatly from government official beliefs. One study that polled 1,001 parents found that only 15% felt schools should not provide contraceptive information and should teach only about abstinence (Bowman, 2004). Forty-six percent felt that schools should teach “abstinence plus” courses that promote abstinence and provide information on contraception. Thirty-six percent of those polled felt that sex education should include teaching teenagers how to make responsible decisions regarding sexual activity. Regardless of the study’s findings, one national survey found that out of 303 schools, 30% were

teaching abstinence-only education. A large motive behind this form of education is the government funding that is provided to the schools who teach solely about abstinence. One program entitled Minnesota Education Now and Babies Later found that following their abstinence only program, 41% of students would tell their girlfriend or boyfriend “no” to sex as opposed to 54% in the pre-curriculum survey. The percentage of students who reported they were currently sexual active doubled from 6% to 12%.

Since the 1960s, public opinion polls have showed widespread acceptance for sex education (Irvine, 2002). Four national Gallup polls conducted between 1981 and 1998 showed a continual increase in the number of adults who believe that public school should include sex education in their curriculum (Kirby, 2002). Data revealed an increase from 70% in 1981 to 87% in 1998. A Hickman-Brown national poll taken in 1999 found that 93% of adults supported sexuality education in schools. Another poll taken in 1998 found that 87% of American adults thought that birth control should be covered. A 1999 poll showed that 90% thought condoms should be covered. Fifty-three percent of adults thought condoms should be made available to sexually active students.

### *Today's Youth and Sexuality Education*

Today's youth have observed more sexuality in forms of media such as movies, TV, billboards, and magazines than any previous generation (Goldman, 2000). Sex is used in advertising to sell everything from cars to detergents (Santrock, 2005). For adolescents, forming a sense of sexual identity and managing new sexual feelings is multifaceted. An adolescent's sexual identity emerges through physical, cultural, and social factors. They engage in sexual exploration and negotiate a sense of self as well as learn to develop intimacy in sexual situations. One study looked at five different styles that characterize an adolescent's sexual identity. Four

hundred and seventy tenth through twelfth grade Australian youth were studied. The following styles were found: *Sexually naïve*- a group with low sexual self-esteem who lacks confidence regarding sexuality and physical characteristics. This group was predominantly made up of 10<sup>th</sup> grade females, most of whom were virgins. *Sexually unassured*- This group reported high anxiety about sex, felt sexually unattractive and perceived their bodies as underdeveloped and unappealing. This group was mostly males who were virgins. *Sexually competent*- A group who had high sexual self-esteem and were comfortable with their body and sexual behavior. This group was mainly twelfth grade students who were sexually experienced. *Sexually adventurous*- high sexual self-esteem and a high interest in exploring sexual options. They also had a low sexual commitment. Many more girls than boys comprised this group. *Sexually driven*- These students had the lowest score of all groups on sexual commitment in addition to having high sexual self-esteem, and were confident in their ability to manage sexual situations. This group had the largest number of sexually experienced adolescents and was mostly male. This study is evidence for the wide range of sexual maturity and development students are at in the stage adolescence. According to Santrock, adolescence is a time of sexual exploration and integrating one's sexuality into their identity (2005). Although many adolescents end up as adults with a mature sexual identity, there are times of vulnerability and uncertainty along life's sexual journey.

In a survey given to 1,152 students in a high school, they were asked where they learned about various aspect of sex (Santrock, 2005). The most common answer was peers, followed by readings and literature, mothers, schools, and experience. Only 15% of students said they received helpful information about sex from school instruction. The question is: what are students missing in the current sex education that is taking place in schools? According to

SEICUS, sex education should provide students with sexual health skills and information that will help them make decisions now and into the future (cited in McCafree & Matlack, 2001).

Young people display an unrelenting sexual curiosity when they are given the opportunity for open discussion (Irvine, 2002). A Minnesota high school study gave students that opportunity- to discuss openly their personal viewpoints regarding school- based sexuality education. The research gathered information from the students about what they liked and disliked about the classes and instructors, the timing and amount of sexuality education they received, topics they would like to find out more information on, and how sexuality education has effected their own decisions (Eisenberg, Wagenaar, & Neumark-Sztainer, 1997). Results found that there was a great consensus among student's feelings regarding sex education. Overall, students felt that more material should be covered and considerably more sexuality information should be included to address all of their questions. They also considered themselves more prepared to learn about it than schools were to teach it. Students talked about a number of topics they would like to learn about in a comprehensive sex education program. They would like to learn about contraception including: how to use each form, where to obtain it, and explicit instruction on how to use each. Students also talked about the need to learn about reproduction, the consequences of sexual activity, homosexuality, abortion, and referral information for resources outside of the classroom. Beyond just sexuality education, students would like to address the social and emotional aspects that come with sex. They felt that too much time was spent teaching the wrong information which included reproductive anatomy and the epidemiology of STDs.

Students in this study were asked about the effectiveness of the teachers teaching the class. Most felt uncomfortable with a physical education teacher being responsible teaching the

material. They agreed that a teacher should have additional training about the subject matter before teaching the class. They stressed the importance of the teacher maintaining an open and honest classroom where students were encouraged to talk about their personal viewpoints, stories, and questions.

This study has large implications for educators. The information can be used by teachers to adapt what they teach regarding sex education as well as the way it is taught ((Eisenberg, Wagenaar, & Neumark-Sztainer, 1997). Students have made clear their desire for open, honest communication that is done by a trained professional. School board members and school administrators may choose to adopt new policies that model what students request. In addition, teachers may be trained through in-services that offer a variety of techniques and creative learning activities that give them time to practice and become more at ease with the sexual information.

### *SEICUS Guidelines*

According to SEICUS, comprehensive sexuality education should be based on four main goals:

1. To provide young people with accurate information about human sexuality
2. To provide an opportunity for young people to question, explore, and assess their sexual attitudes
3. To help young people develop interpersonal skills, including communication, decision-making, assertiveness, peer refusal skills, and the ability to create satisfying relationships
4. To help young people exercise responsibility regarding sexual relationships, including addressing abstinence, how to resist pressures to become prematurely involved in sexual

behaviors, and encouraging the use of contraception and other sexual health measures. (SIECUS, 2004a, p.1)

In addition to the four main goals, SEICUS has organized six key concepts that should be covered in sex education.

**Key Concept 1: Human Development.** Topics in this concept include: Reproductive anatomy and physiology, reproduction, puberty, body image and sexual identity and orientation.

**Key Concept 2: Relationships.** Topics in relationships: families, friendship, love, dating, and marriage and lifetime commitments.

**Key Concept 3: Personal Skills.** “Healthy sexuality requires the development and use of specific person and interpersonal skills.” Topics: Values, decision-making, communication, assertiveness, negotiation, and looking for help.

**Key Concept 4: Sexual Behavior** which can be expressed in a variety of ways. Sexuality throughout life, masturbation, shared sexual behavior, abstinence, human sexual response, fantasy, and sexual dysfunction are the topics to be covered.

**Key Concept 5: Sexual Health.** Contraception, abortion, sexually transmitted diseases, sexual abuse and reproductive health should be discussed.

**Key Concept 6: Society and culture.** “Society and cultural environment shape the way individuals learn about and express their sexuality. Topics: sexuality and society, gender roles, sexuality and the law, sexuality and religion, diversity, sexuality and the arts, sexuality and the media. (SIECUS, 2004b, p.1)

One study examined the long-term effect of a comprehensive sexuality education program that followed the SEICUS guidelines. Fifty former students filled out a questionnaire which asked whether or not the course had a large positive to a large negative effect on their

current life (McCaffree & Matlock, 2001). The second section consisted of short answer questions. One hundred percent of the subjects reported that the course had some positive to a large positive effect. A few of these items were: "Your understanding of your own sexual responses," "your own feelings and attitudes," "your ability to utilize various pregnancy and/or sexually transmitted disease prevention devices," and "your ability to critically evaluate societal messages about sexuality" (McCaffree & Matlock, 2001, p. 351). All but one subject reported that the sexuality course had "some" to a "large positive effect" on their understanding of their own sexual feelings. Subjects reported the following specific examples about the class: "Over the past 5 years I have made informed choices about relationships," "made me look beyond just sex in a relationship," "helped me to discuss my emotions," "helped me to continue to practice abstinence in college," "course helped me as a counselor," and "impacted my safer sex." The classroom atmosphere and teacher support was also praised- "Openness was encouraged from students and teacher," "all members of the class were equal," "the teacher expected maturity from students," and "we could ask any question, no question was ever stupid" (McCaffree & Matlock, 2001, p. 352).

This study is evidence for the impact a sexuality education course can have on students into their adult lives. In addition, the study has a large implication for teacher training. The data shows that teachers should be trained in specific educational methods and strategies. By assisting teachers in developing techniques and skills that allow students to voice their own values and thoughts in class, they will be better able to meet the needs of students as they become sexually healthy adults (McCaffree & Matlock, 2001). It is also noted that the course helped students who believed in abstinence maintain those beliefs. For those students who were sexually active, they reported that they practiced safer sex following the course information.

### *Summary*

Sex education has taken on a number of objectives over the past several decades and has evolved from a time of expansion, to prevention, and finally holistic health. Debate continues to exist as to whether or not schools should include information about safe-sex in the classroom. One side of the debate believes that in order to prevent damaging results, sex education curricula needs to take a proactive approach to teaching young people about sex. The other side believes that abstinence for young people is the only way to keep them from things such as sexually transmitted diseases (Bowman, 2004). What is clear is that many high school students will become sexually active prior to high school graduation (Parker, 2001). Many research studies have confirmed that young people do in fact want a comprehensive sex education program in their school.

SIECUS has developed a comprehensive guideline for sexuality education that provides four main goals and key concepts. The purpose of this study is to ask college age students about the sex education information they received in high school using the SIECUS guidelines. This study will add to the needed literature on what adolescent think would be helpful to know about in sexuality education.

## CHAPTER THREE

### METHODOLOGY

#### *Introduction*

The purpose of this study was to document college students' perceptions of the sex education they received in high school. This chapter will include information about how the subjects in this study were selected as well as a description of the sample. In addition, the instrument used for this study, how the data will be collected, and the data analysis procedures will also be discussed. Finally, possible limitations of this study will be provided.

#### *Subject Selection and Description*

College students at the University of Wisconsin-Stout who were enrolled in the courses General Psychology and Individual and Family Relations were asked to participate in this study. These courses were chosen because the population for them tend to be students early in their college career (freshman). The enrollment in General Psychology comprises students in a variety of majors and includes both males and females. Several psychology professors and a professor for the Family Relations course were initially contacted and asked if they would be willing to allow fifteen minutes out of their regular class time in order for their students to fill out the survey. All students in the classrooms were asked to participate.

#### *Instrumentation*

The survey for this study was designed by the researcher in order to meet the specific needs of this study. It consisted of two front and back pages that took the participants approximately 10 minutes to complete. The items were developed using the SIECUS standards (2005) as well as a study by McCaffree & Matlock (2001). The survey asked the age and gender of the participant along with the type of sexual education that was provided to them as a high

school student. The participants were then asked to check what topics their class covered. The topics were based on the SIECUS standards. Participants were then asked to fill out two questions with Likert scale items that ask them the impact their sexuality education had on their values and attitudes, and what they would like to see in a sex education program. The complete survey can be found in Appendix B of this research study. No pilot test was conducted. No measures of validity or reliability have been documented since this survey was designed specifically for this study.

### *Data Collection*

Permission was sought from several Psychology professors as well as a professor who taught the Individual and Family Relations course at the University of Wisconsin-Stout in order to survey their classes. Data collection took place during the Spring semester of 2005. Once approved, the researcher went into the beginning of each class, described the survey to all students, and explained that their participation was voluntary. Participants were asked to read the cover letter (Appendix B) before beginning the survey which again explained their voluntary participation, that the surveys were anonymous, and provided phone numbers for questions or comments. A total of 51 surveys were distributed and collected in an envelope at the front of the room.

### *Data Analysis*

The data were analyzed using the SPSS-X and included means, standard deviation, frequency counts, chi-square analysis, cross tabulation, and independent samples test.

### *Limitations*

One limitation of this study comes from the reliance of college-age students to pull from memory their experiences in a high school sex education/health class. They may have trouble

remembering exactly what was taught in the class and their feelings regarding certain issues discussed. A further limitation stems from the survey itself which was developed by the researcher and has no measures of validity or reliability.

## CHAPTER FOUR

## RESULTS

The purpose of this study was to document college student's perceptions of the sex education programming they received in high school. Subjects were students at the University of Wisconsin-Stout. The sample consisted of 33 females and 18 males for a total of 51 respondents. Thirty-one respondents (60.8%) were between the ages of 18 and 19 years of age. Fourteen (27.5%) were between 20 and 21 years, five respondents (9.8%) between 22 and 25 years old, and one (2%) respondent was 26 or older. Data were analyzed using frequency counts, chi-square analysis, and t-tests.

Item 3 asked respondents to answer what type of sexual education they took as a high school student. Table 1 demonstrates the number and percentage of respondents who answered yes or no to each option. The majority of respondents (96.1%) took a general health class in high school. A total of 11 respondents took some other form of sex education class in high school.

Table 1

*What type of sexual education did you take as a high school student? (please check all that apply)*

Type of course	Yes (Number/percent)	No (Number/percent)
General health class	N= 49; 96.1%	N= 2; 3.9%
Specific sex education course	N= 4; 7.8%	N= 47; 92.2%
Human relations selective class	N= 5; 9.8%	N= 46; 90.2%
Other	N= 2; 3.9%	N= 49; 96.1%
No sexual education provided	N= 3; 5.9%	N= 48; 94.1%

Table 2 indicates the numbers and percentages of Item 4- “What did your class include?”

A majority of respondents answered yes to receiving information in the class on: reproductive anatomy and physiology, abstinence, sexually transmitted diseases, and reproductive health. A majority of respondents answered no to receiving information on: masturbation and sexual dysfunction. Respondents were given the opportunity to answer that no, they did not receive information on a topic but would have liked it to have been covered. Twenty respondents (39.2%) answered that they would have liked sexuality and the law to be covered. Twenty respondents also answered that they would have liked communication as a topic in their class. Eighteen respondents (35.3%) would have wanted sexuality throughout life, love, and sexuality in the media to have been covered in their class.

Table 2

*What did your class include? Check all that apply*

Description	Yes (number, percent)	No (number, percent)	No, but would have liked it to have been covered
Reproductive anatomy and physiology	N= 47; 92.2%	N= 2; 3.9%	N= 2; 3.9%
Body image	N= 32; 62.7%	N= 5; 9.8%	N= 14; 27.5%
Sexual identity and orientation	N= 23; 45.1%	N= 12; 25.5%	N= 15; 29.4%
Masturbation	N=11; 21.6%	N= 33; 64.7%	N= 5; 9.8%
Abstinence	N= 42; 82.4%	N= 6; 11.8%	N= 3; 5.9%
Sexual dysfunction	N= 12; 23.5%	N= 26; 51%	N= 11; 21.6%
Contraception	N= 38; 74.5%	N= 7; 13.7%	N= 6; 11.8%
Abortion	N= 31; 60.8%	N= 10; 19.6%	N= 10; 19.6%
Sexually transmitted diseases	N= 49; 96.1%	N= 2; 3.9%	--

Sexual abuse	N= 31; 60.8%	N= 8; 15.7%	N= 12; 23.5%
Reproductive health	N= 36; 70.6%	N= 8; 15.7%	N= 7; 13.7%
Sexuality and the law	N= 12; 23.5%	N= 18; 35.3%	N= 20; 39.2%
Sexuality and the media	N= 18; 35.3%	N= 15; 29.4%	N= 18; 35.3%
Marriage and lifetime commitments	N= 19; 37.3%	N= 16; 31.4%	N= 15; 29.4%
Dating	N= 27; 52.9%	N= 9; 17.6%	N= 15; 29.4%
Love	N= 17; 33.3%	N= 15; 29.4%	N= 18; 35.3%
Values	N= 20; 39.2%	N= 14; 27.5%	N= 16; 31.4%
Communication	N= 18; 35.3%	N= 12; 23.5%	N= 20; 39.2%
Assertiveness	N= 18; 35.3%	N= 17; 33.3%	N= 16; 31.4%
Negotiation	N= 11; 21.6%	N= 22; 43.1%	N= 17; 33.3%
Looking for help	N= 30; 58.8%	N= 11; 21.6%	N= 9; 17.6%
Sexuality throughout life	N= 14; 27.5%	N= 18; 35.3%	N= 18; 35.3%
Raising children	N= 18; 35.3%	N= 15; 29.4%	N= 16; 31.4%

Table 3 describes the results from Item 5 on the survey which asked respondents what impact their sexuality education had on them. They were to use a Likert scale that ranged from 1 (large negative effect) to 5 (large positive effect). The items that showed the most impact included: ability to recognize potentially harmful situations (mean: 3.8), ability to utilize various pregnancy and/or sexually transmitted diseases prevention devices (mean: 3.86), and understanding of effective methods to prevent pregnancy and/or sexually transmitted diseases (mean: 4.0).

Table 3

*What impact, if any, do you feel your sexuality education had on the following?*

Question	N	Mean	Standard Deviation
Understanding of own values	50	3.64	.722
Comfort in discussing sexual issues with intimate partner	50	3.6	.833
Comfort level with own bodily variations	50	3.28	.730
Understanding of own sexual feelings	50	3.44	.705
Ability to visit a health care professional for sexual health care needs	50	3.62	.855
Ability to evaluate societal messages about sexuality	50	3.48	.762
Awareness of alternatives to sexual activity (including abstinence)	50	3.64	.802
Ability to recognize potentially harmful situations	50	3.8	.782
Ability to express desire not to be sexually involved if you do not wish to be	50	3.54	.676
Respect for people with different sexual orientation	50	3.42	.928
Ability to utilize various pregnancy and/or sexually transmitted diseases prevention devices	50	3.896	.833

Understanding of effectiveness of different methods to prevent pregnancy and/or STDs	50	4.0	.808
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The final item of this survey asked respondents to answer what they would like to see in a sex education program. Using a Likert scale respondents were asked to put a check on the blank- ranging from very important (5) to very unimportant (1). In order of importance, respondents answered that they would most like to see students treated like adults. Next, they would like open discussion in sex education classrooms, then teachers trained in sex education, referral information provided to students, guest speakers, role-plays, involvement of parents, and finally, same-sex classrooms.

Table 4

*What would you like to see in a sex education program?*

Item	N	Mean	Standard Deviation
Guest speakers	51	3.94	.947
Parental involvement	51	3.37	1.280
Role-plays	51	3.67	.909
Trained teacher	51	4.57	.539
Open discussion	51	4.61	.603
Students treated like adults	51	4.84	.418
Referral information	51	4.20	.825
Same-sex classrooms	51	2.69	1.273

A Chi-Squared analysis was performed on this survey to determine differences between male and female responses. There was only one response that was statistically significant. Question 4W, raising children, was significant at the .05 level. It reflects that 14 females (45.2%) would have like to have content on raising children vs. 2 males (11.1%).

A cross tabulation was performed on gender regarding Item 6 “What would you like to see in a sex education program?” Fifteen females (47.1%) responded to “understanding their own sexual feelings” as opposed to six males (33%). With regards to the question on “alternatives to sexual activity”, 22 females (68.8%) indicated some, to a large positive effect as opposed to 8 males (44.4%). The question on “ability to express desires not to have sex” indicated that 19 females (59.4%) responded the class had some, to a large positive effect versus 3 males (16.7%). Both males and females were similar in their response to the class having some, to a large positive effect on using pregnancy and disease prevention devices, and methods to prevent pregnancy.

An Independent Samples Test was performed on Item 5 “What impact, if any, do you feel your sexuality education had on the following?” Responses by males and females to item 5A, “understanding of own values”, was statistically significant at the .05 level. Item 5G, “understanding alternatives to sexual activity”, was also significant at the .05 level. Item 5I, “ability to express desire not to be sexually involved”, was statistically significant at the .001 level.

Table 5

	Levene's Test for Equality of Variances		t-test for Equality of Means				
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference
Class impacted: Understanding of own values	2.474	.122	2.356	48	.023	.48	.203
Class impacted: Alternatives to sexual activity	.162	.689	2.523	48	.015	.57	.224
Class impacted: Ability to express desire not to be sexually involved	11.629	.001	3.742	47	.000	.58	.156

An Independent Samples Test was performed on Item 6 "What would you like to see in a sex education program?" The only response that was statistically significant at the .001 level was "would like to see referral information provided."

Table 6

Levene's Test for Equality of Variances		t-test for Equality of Means				
F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference
6.798	.000	3.660	22	.001	.90	.247

## DISCUSSION

This study was designed to gain a better understanding of what students are learning in regards to sex education, what they would like to learn, and in what manner. Based upon the findings in this study, respondents answered that they received information on traditional physiology and anatomy with little information provided about emotional, value-related, and decision-making aspects of sexuality in their sex education unit/class. This is an indication that high school health classes are following only a small portion of the SIECUS guidelines when teaching sex education.

Respondents would have liked to learn more about communication and the emotional aspects of sexuality and therefore these topics should be encouraged for educators to implement in future classes. This concurs with the research noted earlier that adolescents would like more information in sex education classes on communicating with others, as well as discussing emotions. Discussing personal aspects in sex education could assist teenagers in developing their own beliefs that will carry them into mature relationships throughout adulthood.

Respondents indicated that the class impacted them when it came to making decisions regarding prevention of pregnancy and sexually transmitted diseases. They also developed the ability to recognize potentially harmful situations. This also reflects the available research literature on what adolescents want and need. It is recommended that schools continue to discuss these important issues which will provide students with information on personal safety.

Participants in this study answered that their top choices for what a sex education program should look like include the desire to be treated like adults, having open discussion in the classroom, and that the teacher of the class be specifically trained in the topic of sex

education. These results correlate with studies discussed in Chapter Two and should be taken into consideration when designing a class or unit on sex education.

Little difference was noted between males and females in this study. An Independent Samples Test showed that females need tools for decision making regarding sex and find it important to establish their own values. Females also felt it was important that such a class provide referral information.

This study documents that college students have an opinion on the sex education provided to them in high school. By solely covering the basic anatomy, physiology, sexually transmitted disease, and pregnancy topics, teenage students are not having the opportunity to develop their own values and beliefs regarding sexuality. In order for students to voice their concerns and develop assertiveness skills, topics relating to communication and love need to be discussed in a sex education classroom. By doing so, teenagers develop useful tools such as the ability to express their desire not to be sexually involved, to understand their own sexual feelings, and communicate effectively in relationships now and in the future. Sex education should provide students the opportunity to express their own sexual attitudes and develop relationship and interpersonal skills that will help them develop healthy mutually supportive intimate relationships. It should also instill in them responsibility that will encourage how to resist pressures, understand sexuality, and develop a mutually agreed upon relationships. The results of this study support the SIECUS recommendations regarding appropriate and helpful guidelines for course content.

It is imperative to talk with students regarding what they want to learn about in a school-based sexuality education in order to provide them with a program that will make a difference in their sexual beliefs and behaviors. Little research has been conducted on the requests and desires

of students in regards to this form of education. By continuing to research the needs of students, sex education programs will grow in impact and effectiveness.

## CHAPTER FIVE

### SUMMARY, CONCLUSIONS, RECOMMENDATIONS

#### *Summary*

In summary, the purpose of this study was to document college student's perceptions of their sex education programming they received in high school. Data were collected through survey during the Spring 2005 school year at University of Wisconsin-Stout. A total of 51 participants answered the survey, consisting of 33 females and 18 males. Thirty-one respondents were between the ages of 18 and 19 years of age. Fourteen were between 20 and 21 years, five respondents between 22 and 25 years old, and one respondent was 26 or older.

Respondents were asked to complete an original survey developed by the researcher. Data was analyzed using frequency counts, chi-squared analysis, percentages and t-tests. Results showed that respondent's health/sex education included information on reproductive health, anatomy and physiology, and abstinence. They would have liked the class to cover more on topics dealing with love and communication. Respondents felt that their class impacted them with regards to their ability to recognize potentially harmful situations as well as utilizing various pregnancy and/or sexually transmitted disease prevention devices. They also felt that sex education classes should include open discussion, treat students like adults, and have content-specific trained teachers. Statistically significant differences were found between males and females with regards to females desiring more information on communication of feelings in relationships, and the importance of referral information provided in class.

### *Conclusions*

This study suggests the importance of a comprehensive sex education program that will give high school students the opportunity to learn about the physical implications of a sexual relationship as well as the emotional aspects. It documents that these students gained knowledge about some of the basic “nuts and bolts” of sexuality education, but wanted more: more discussion, more information, more assistance in defining decisions regarding their sexual values and behaviors. It is evident from the results that many college students feel that sex education could be improved by including more information on communication, love, dating, and open discussion of the values related to sexual decision-making.

### *Recommendations*

Recommendations for further research may include a larger sample, both numerically and geographically. The available literature would be enriched by greater numbers of students responding to questions such as the ones posed in this study. Additionally, a comparison of students coming from urban and rural areas may show a difference between content covered and student interests. Finally, comparison between faith based schools and public schools may reveal interesting results which could illuminate the available literature.

It is the researcher’s opinion that additional research on the interests of students regarding what they would like to see in a sex education program is important. It is critical to compare how our schools are covering the content recommended by SIECUS in light of the changing sexual needs and behaviors of adolescents. Considerations and adaptations to school programs should be made once respondents have provided what they have learned, and what information they need to learn.

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**APPENDIX A**

**Human Research Consent Form**

Spring, 2005

Title: College Student Perception of High School Sexuality Education

Dear Participant:

This research study will focus on how college students perceive their high school sexuality education. This opportunity will give you a chance to voice what you felt was helpful to learn as a student as well as write what you wish you had learned. The information obtained from this research could potentially help future teachers and counselors understand what students want to learn and may help them to incorporate this information into curriculum.

The attached survey will take approximately 10 minutes of your time. Please check the most appropriate response to each question. You may bring the survey to the front of the room and place it in the envelope when you are finished responding.

The information you give on this survey is entirely confidential. The researcher will have no record of student names and therefore will be able to ensure complete confidentiality. Your participation in this study is strictly voluntary. You may decide to withdraw from completing the study at any time with no personal risk.

This study has been reviewed and approved by Sue Foxwell, human protections administrator, and the Institutional Review Board (IRB) of the University of Wisconsin-Stout.

Thank you for your time

Lindsay Stashek  
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715-232-2237

Questions or comments regarding the rights of research subjects can be addressed to Sue Foxwell, human protections administrator: 715-232-2477

Please be aware that responding to certain questions may be uncomfortable. If these problems become a concern, you are encouraged to call the University Counseling Center:

410 Bowman Hall 715-232-2468

**APPENDIX B**

**Survey**

**This research has been approved by the UW-Stout IRB as required by the Code of Federal Regulations Title 45 Part 46.**

1. What is your age?  
 18-19                       22-25  
 20-21                       other
2. What is your gender?  
 Female  
 Male
3. What type of sexual education did you take as a high school student? (please check all that apply)  
 general health class  
 specific sex education course  
 human relations selective class  
 other  
 no sexual education was provided to me in a high school class (*please complete questions 4 and 6*)

4. **What did your class include? Check all that apply**

	YES	NO	No, but would have liked it to have been covered
A. Reproductive anatomy and physiology	_____	_____	_____
B. Body image	_____	_____	_____
C. Sexual identity and orientation	_____	_____	_____
D. Masturbation	_____	_____	_____
E. Abstinence	_____	_____	_____
F. Sexual dysfunction	_____	_____	_____
G. Contraception	_____	_____	_____
H. Abortion	_____	_____	_____
I. Sexual transmitted diseases	_____	_____	_____

	YES	NO	No, but would have liked it to have been covered
J. Sexual abuse	_____	_____	_____
K. Reproductive health	_____	_____	_____
L. Sexuality and the law	_____	_____	_____
M. Sexuality and the media	_____	_____	_____
N. Marriage and lifetime commitments	_____	_____	_____
O. Dating	_____	_____	_____
P. Love	_____	_____	_____
Q. Values	_____	_____	_____
R. Communication	_____	_____	_____
S. Assertiveness	_____	_____	_____
T. Negotiation	_____	_____	_____
U. Looking for help	_____	_____	_____
V. Sexuality throughout life	_____	_____	_____
W. Raising children	_____	_____	_____

5. **What impact, if any, do feel your sexuality education had on the following?**

	Large Positive Effect	Some Positive effect	No effect	Some Negative effect	Large Negative effect
A. Your understanding of your own values and attitude	_____	_____	_____	_____	_____
B. Your comfort in discussing sexual issues with intimate partners	_____	_____	_____	_____	_____

**What impact, if any, do feel your sexuality education had on the following?**

	<b>Large Positive Effect</b>	<b>Some Positive Effect</b>	<b>No Effect</b>	<b>Some Negative Effect</b>	<b>Large Negative Effect</b>
C. Your comfort level with your own bodily variations (size, shape, appearance)	_____	_____	_____	_____	_____
D. Your understanding of your own sexual feelings	_____	_____	_____	_____	_____
E. Your ability to visit a health care professional for your sexual health care needs	_____	_____	_____	_____	_____
F. Your ability to critically evaluate societal messages about sexuality	_____	_____	_____	_____	_____
G. Your awareness and understanding of alternatives to sexual activity, including abstinence	_____	_____	_____	_____	_____
H. Your ability to recognize potentially harmful situations	_____	_____	_____	_____	_____
I. Your ability to express your desire not to be sexually involved if you do not wish to be	_____	_____	_____	_____	_____
J. Your respect for people with different sexual orientation	_____	_____	_____	_____	_____
K. Your ability to utilize various pregnancy and/or sexually transmitted diseases prevention devices	_____	_____	_____	_____	_____
L. Your understanding of the effectiveness of different methods to prevent pregnancy and/or the transmission of sexually transmitted diseases	_____	_____	_____	_____	_____

6. **What would you like to see in a sex education program?**

	Very Important	Somewhat important	Unsure	Somewhat unimportant	Very unimportant
A. Guest speakers	_____	_____	_____	_____	_____
B. Involvement of parents	_____	_____	_____	_____	_____
C. Role-plays	_____	_____	_____	_____	_____
D. Teacher who was specially trained in teaching sex ed	_____	_____	_____	_____	_____
E. Open discussion	_____	_____	_____	_____	_____
F. Students treated like adults	_____	_____	_____	_____	_____
G. Referral information provided	_____	_____	_____	_____	_____
H. Same-sex classrooms	_____	_____	_____	_____	_____

Thank you for participating in this survey!