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Health Educators' Perceptions of Factors related to the Implementation of School-Based Sexual Education

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The University of Southern Mississippi

Health Educators' Perceptions of Factors related to the
Implementation of School-Based Sexual Education

by

Kari Ellis

A Thesis
Submitted to the Honors College of
The University of Southern Mississippi
in Partial Fulfillment
of the Requirements for the Degree of
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Abstract

Mississippi is one of the leading states in both teen pregnancies and sexually transmitted infection rates. In an effort to limit these rates, Mississippi passed House Bill 999 in 2011. This bill mandated sexual education in public schools throughout the state. However, since the passage of the bill there have been many factors that impact the way this curriculum is taught. To better understand these factors, how they affect educators, and how schools are addressing them, this study surveyed educators who taught some form of sex-related education curriculum from 2011 to 2016. The findings show that educators believe many factors are very important to the presentation of sex related curriculum, however, there are some significant gaps between their perceptions of the importance of specific factors and how well schools are addressing them—specifically regarding teacher training and professional development and the content of the curriculum being taught.

Keywords: *Mississippi, sexual education, barriers, educators, school, health*

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List of Abbreviations

STI	Sexually Transmitted Infection
CDC	Centers for Disease Control and Prevention
YRSB	Youth Risk Behavior Survey
HIV	Human Immunodeficiency Virus
AIDS	Acquired Immunodeficiency Syndrome

Chapter 1: Introduction

According to the Kaiser Family Foundation (2014), the national rate of teen pregnancy has decreased over the last twenty years; however, in females aged 15-19 the pregnancy rate in the United States is still 57 per 1000 pregnancies. This rate places the country among the nations with the highest pregnancy and birth rates in the developed world. 82% of teen pregnancies are unplanned, which accounts for one-sixth of the total unplanned pregnancies in the United States (“Sexual Health of Adolescents and Young Adults in the United States,” 2014). These high rates of teen pregnancies put a strain on both the mother and other citizens; it is estimated that annually the cost of teen childbearing is about \$9.4 billion nationally (“The Public Costs of Teen Childbearing in Mississippi in 2010”).

For teenagers who get pregnant there are other potential negative consequences outside of the financial burdens; teen mothers are less likely to attend college, more likely to be single, and more likely to have large families (“Emerging Answers 2007,” 2007). In general, children of teen mothers are also more likely to experience a less supportive home environment, have lower cognitive development, be less educated and have more behavior problems, and have higher rates of incarceration (for males) and teenage pregnancy (“Emerging Answers 2007,” 2007). Sexually active teenagers are also at a higher risk for the acquisition of sexually transmitted infections than any other population (CDC, 2013).

A 2013 study by the Centers for Disease Control and Prevention found that people aged 15-24 acquire half of all new sexually transmitted infections (STIs), and one

out of four sexually active adolescent females have some form of an STI such as chlamydia or human papilloma virus (CDC, 2013). Nationally, people aged 15-24 also represent 68% of all reported chlamydia cases (CDC, 2013). These STIs are also more likely to go unreported which leads to about 24,000 women becoming infertile each year (CDC, 2013). Rates of pregnancies and STIs, are high throughout the country; however, these national rates are not as high as in the state of Mississippi.

The state of Mississippi has the second highest rate of teen pregnancies in the country with 76 per 1000 teen pregnancies for teens aged 15-19 (SIECUS Mississippi). This is most likely due to the fact that around 54% of high school students in Mississippi have had intercourse sometime before their graduation (“Mississippi Data,” 2015). According to the Youth Risk Behavior Survey (YRSB) (2013), teenagers in Mississippi are more likely than the U.S. average to have sex, have sex before the age of 13, have sex with more than four persons, be sexually active and not use birth control, and never be taught about AIDs or HIV in school (“Youth Online: High School YRBS Data”). These risky behaviors and resulting pregnancies cost the state of Mississippi about \$137 million annually (“The Public Costs of Teen Childbearing in Mississippi in 2010”).

These behaviors also lead to high rates of sexually transmitted infections within the state (SIECUS Mississippi). In Mississippi, the rate of reported HIV infections is 13.7 cases per 1000 while the national average is only 7.6 per 1000 (SIECUS Mississippi). The rate of AIDS is also above the national average with the U.S. average at 1.9 per 1000 and the Mississippi average at about 5.5 cases per 1000 (SIECUS Mississippi). In 2012,

Mississippi also ranked second in the country for reported cases of chlamydia with 3,852 cases while the national average was 2,002 (SIECUS Mississippi).

These high rates of both pregnancies and STIs within the state were influential in the passing of House Bill 999 in 2011. This bill requires each public school district to implement some form of sexual education, allowing schools to choose between abstinence-only and abstinence-plus curriculum (House Bill 999). Abstinence-only education teaches the gains from abstaining from sexual activity, teaches harmful possible consequences of pre-marital sex, and includes discussions about condoms and other forms of contraception as long as the failure rates are represented in the discussion (House Bill 99). Abstinence-plus includes the same components as abstinence-only; however, it can also include discussions about other contraceptives, the cause and effects of sexually transmitted infections as well as preventative measures to be taken, and HIV/AIDS education (House Bill 999).

The content of sexual education curriculum varies depending on the chosen program, however, Mississippi's history as a very conservative state as well as the controversy that has always surrounded the topic of sex education, limits what is discussed within the classroom. However, teen pregnancies in Mississippi can and often do have detrimental effects on teen mothers and their children. This shows a very clear need for a sexual education program with a focus on pregnancy prevention and reproductive health. Especially because, according to Kolbo, Werle, Harbaugh, and Arrington, current School Improvement Plans (SIP) currently have very little, if any, focus on pregnancy prevention (Kolbo, et al., 2012). If this is the case, it becomes

important to gather information about what barriers currently stand in the way of effective implementation of potentially beneficial curriculum. Therefore, it is necessary to determine, in the opinion of Mississippi school health educators, what factors are critical to the implementation of sexual education in Mississippi schools and to what extent schools within the state are addressing these critical factors.

Chapter II: Literature Review

Abstinence-Only and Abstinence-Plus

Currently throughout the country and throughout Mississippi there are two predominant forms of sexual education. These are abstinence-only and the more comprehensive abstinence-plus. There have been several studies which have reviewed types of abstinence-only and abstinence-plus curriculum. Among them is a study by Kohler, Manhart, and Lafferty that examined whether the risk of pregnancy and sexually transmitted infections (STI) was related to the type of formal education a student received. The study surveyed students aged 15-19 who reportedly had received sexual education before having intercourse (Kohler, Manhart, and Lafferty, 2008). The survey found that abstinence-only programs had no significant effect in reducing the risks of pregnancy or STI while the more comprehensive programs significantly reduced the risk of both (Kohler, et al., 2008).

These findings are similar to another study by Realini, Buzi, Smith, and Martinez which found that abstinence-plus programs increase student knowledge about pregnancy, STI, and contraception. Studies have also found that both community service and school-based interventions can decrease HIV risk and some limited evidence suggested these

programs could reduce the incidence of teen pregnancies (Underhill, Operario, and Montgomery, 2007). This suggests that abstinence-based programs that include contraception and risk reduction techniques could be a comprehensive approach to sexual education, specifically within more conservative school systems.

Parental Views on Curriculum

Although a more comprehensive approach to sexual education has benefits that have been studied by several researchers (Underhill, et al., Realini, et al., and Kohler, et al.), many schools still require that abstinence-only curriculum be taught. In most states, including Mississippi, when schools are given a choice between abstinence-only and abstinence-plus, a majority of school districts choose abstinence-only (Kolbo, Werle, Harbaugh, and Arrington, 2012). However, recent research has found that a majority of adults in the United States (80.4%) believe that abstinence-only is not an effective form of sexual education; instead, they believe that abstinence combined with other measures, like discussions of contraception, would be most effective (Bleakley, Hennessy, and Fishbein, 2006). Across the entire political spectrum, a majority of even conservative adults supported abstinence-plus curriculum in schools as a way to prevent pregnancies and STI (Bleakley, et al., 2006).

Most adults in the country seem to support comprehensive sexual education for students, and parents of school-aged students seem to agree. A study by Eisenberg, Bernat, Bearinger, and Resnick, found that an overwhelming majority (89.3%) of parents of school-aged students in Minnesota supported teaching both abstinence and other strategies for pregnancy prevention, or in other words, abstinence-plus curriculum. The

least controversial topics, such as anatomy, were supported by 98.6% of parents, while even the most controversial topics, such as sexual orientation and abortion still received the support of the majority (Eisenberg, et al., 2008). Though these topics are controversial throughout the country, there is probably no where they are more controversial than in the state of Mississippi.

Mississippi, though one of the most conservative states in the country, also has one of the highest teen birth rates in the country. This indicates that students may not be receiving adequate sexual education, either at school or at home. In order to find where students were not receiving the right information, McKee, Ragsdale, and Southward surveyed parents throughout the state to examine parental opinions of age-appropriate sexual education. The study found that throughout the state a majority of parents (90%) endorsed implementing school-based education, specifically education that discussed the transmission and prevention of HIV and STI (McKee, Ragsdale, and Southward, 2014). A majority of parents supported discussions of birth control, and even the more controversial condom demonstration (McKee, et al., 2014).

Implementation of Mississippi Law

After the implementation of school-based sexual education in Mississippi, a majority of middle and high schools chose the abstinence-only curriculum, though a higher percentage of middle schools implemented abstinence-only curriculum than high schools (Kolbo, Werle, Harbaugh, Arrington 2012). According to the Implementation of Sex-Related Education Policy in Mississippi study, schools that chose the abstinence-plus curriculum were less likely to use identical curriculum throughout each grade level,

generally due to age appropriateness of the content (Kolbo, et al. 2012). Schools choosing the abstinence plus curriculum also reported higher numbers of health educators presenting the curriculum when compared to schools choosing the abstinence-only curriculum (Kolbo, et al. 2012).

Barriers to Implementation

Although implementation of sexual education curriculum is now a requirement within Mississippi schools, there are still many obstacles that health educators will be forced to overcome. A study by Eisenberg, Madsen, Oliphant, and Sieving (2013) found that about 66% of surveyed health teachers taught fewer topics than they believed should be taught. This was found to be, in large part, due to structural barriers and restrictive policies (Eisenberg, Madsen, Oliphant, and Sieving, 2013). Structural barriers such as lack of time to present the curriculum, lack of financial resources, and the curriculum itself accounted for 48% of respondents' perceptions of the barriers (Eisenberg, et al., 2013). 45% of respondents defined parent, student, or administrator response as a barrier to implementation and about 25% claimed school or district policy as a barrier (Eisenberg, et al., 2013). These barriers were inversely associated with teaching several topics, however, there was no significant difference in the type of barrier according to grade level (Eisenberg, et al., 2013).

Another study conducted in Minnesota found that many teachers wanted to expand their curriculum because they felt responsible to provide accurate and reliable information to students who were not receiving this information from their home life (Eisenberg, Sieving, Oliphant, and Resnick, 2010). However, these health educators

faced barriers to expansion and implementation both through restrictive school or district policies and fear of budget cuts, which generally affect health and art classes first (Eisenberg, et al., 2010). Educators also agreed that the lack of training for teachers along with the administrators' possible fear of community response, led to less information being available for students, regardless of the students' desire to hear it (Eisenberg, et al., 2010). Like the previous study (Eisenberg, Madsen, Oliphant, and Sieving, 2013), the top barriers for health educators were lack of time, lack of money, and parental response (Eisenberg, et al., 2010).

Shortcomings of the Current Literature

Most current literature focuses predominantly on the opinions of parents regarding sexual education in schools. Very little has been studied related to the opinions of those responsible for presenting the curriculum and according to Eisenberg, Sieving, Oliphant, and Resnick (2010), "research into teachers' perspectives is a relatively new area requiring additional study to understand the experience of teaching this important, yet controversial, matter." Along with very little research concerning teachers' perceptions and opinions, there is even less information available pertaining to the barriers that teachers may face when trying to implement sexual education curriculum.

Chapter III: Methodology

Sample

In order to find survey participants, school districts within the southeastern portion of Mississippi were identified using the internet. After they were identified,

superintendents of each district were contacted via mail and e-mail for permission to contact school principals of the public middle schools and high schools in the district. Once superintendent permission was received and IRB (Institutional Review Board) approval was granted, school principals were contacted via e-mail to identify teachers who taught some form of sex-related education from 2011-2016. After teacher information was collected, each teacher was contacted via e-mail to participate in the study and was sent an e-mail link to the online survey. The survey remained open for approximately two weeks and follow-up emails were sent after the first week. When all surveys were collected the total number of respondents was thirteen.

Variables

This study examines health teachers' opinions on the importance of certain factors to the implementation of sexual education in schools as well as how satisfied they are with how schools address these factors. These factors include the times allotted to teach, the curriculum that is being taught, the parental support for the program, the administrator support for what is being taught and how it is being taught, the cost of teaching the curriculum, the training to teach the curriculum, and the student support for the implementation of school-based sexual education.

Instrument and Scale

The study was completed through the use of a survey on the survey creation website Qualtrics and was distributed to the teachers via e-mail. The survey gathered information on the grades the participants teach and their opinions on the importance of teaching sex-related education. The survey also included an open-ended question

allowing teachers to provide additional information related to their experience in teaching sex-related education. It also contained questions regarding different factors, such as time allotted to teach the curriculum, content, parent and administrator support, student interest, and teacher training and professional development. It also used a Likert scale to measure teachers' perceptions of the importance of these factors, and their satisfaction with how their schools address the factors that influence the implementation of sexual education. The scale and survey used were created by my advisor and myself primarily, and can be found in Appendix B, though it used basic demographic questions and gap analysis style survey questions similar to those in other studies, specifically a study by Eisenberg, Madsen, Oliphant, and Sieving (2013) titled "Barriers to Providing the Sexuality Education That Teachers Believe Students Need."

Chapter IV: Results

Sample

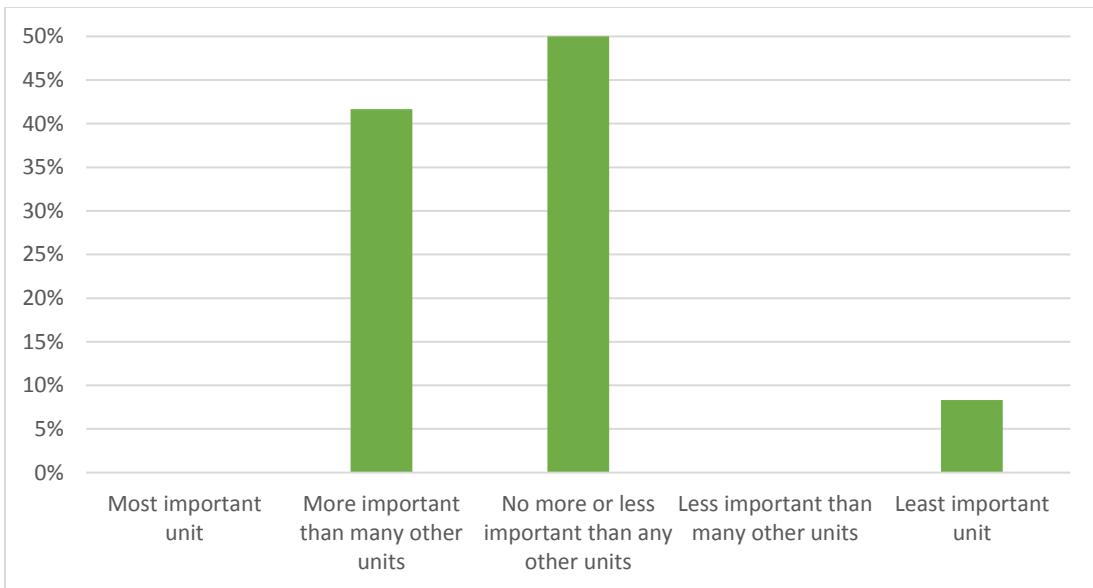
The final number of surveyed teachers was thirteen. Twenty-one teachers were originally emailed leading to a 61.9% response rate. Teachers came from five different school districts and all responding teachers taught sex-related education at some point between 2011 and 2016 after House Bill 999 was passed. Of the responding teachers, seven taught eighth grade and five taught seventh grade (see Table 1), making these grades the most common grade levels for the curriculum to be taught; however, most teachers taught more than one grade level. When asked how important they believed sex-related curriculum to be, 50% of respondents believed it was no more or less important than any other units they taught, 41.67% believed it to be more important than many

other units they taught, and 8.33% believed it to be the least important unit that they taught (Table 2).

Table 1
Grades taught by respondents

<u>Grade</u>	<u>Percentage</u>	<u>Number of Teachers</u>
6	16.67%	2
7	41.67%	5
8	58.33%	7
9	33.33%	4
10	33.33%	4
11	33.33%	4
12	33.33%	4

Table 2
Importance of the Curriculum



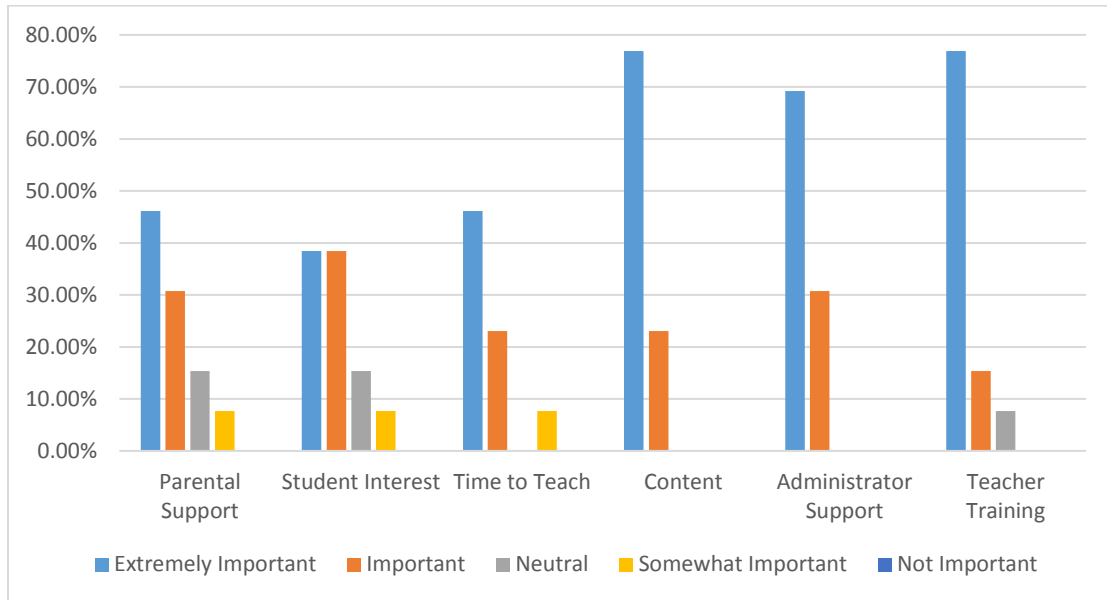
**No respondents marked sex education as the most important unit they taught or as less important than many other unit*

Importance of Factors

Using a Likert scale, teachers were first surveyed on how important they believed each factor to be in relation to teaching sex-related curriculum. As seen in Table 3, it was found that ten teachers (76.92%) believed **parental support** was extremely important or important, one teacher (7.69%) found it to be somewhat important, and two teachers (15.38%) remained neutral. Ten teachers (76.92%) found **student interest** to be extremely important or important, one teacher (7.69%) believed it was somewhat important, and two teachers (15.38%) remained neutral. All thirteen respondents believed the **content** of sex related curriculum to be extremely important or important.

When asked about the **time allotted to teach** sex related education, twelve teachers (92.3%) believed it was extremely important or important and one teacher (7.69%) found it to be somewhat important. All of the teachers believed **administrator support** was extremely important or important. Lastly, twelve teachers (92.3%) believed **teacher training or professional development** was extremely important or important, and one teacher (7.69%) remained neutral. None of the respondents labeled any factor as “not important.”

Table 3
Teachers' perceptions of the importance of factors



*No respondents marked any factor as Not Important

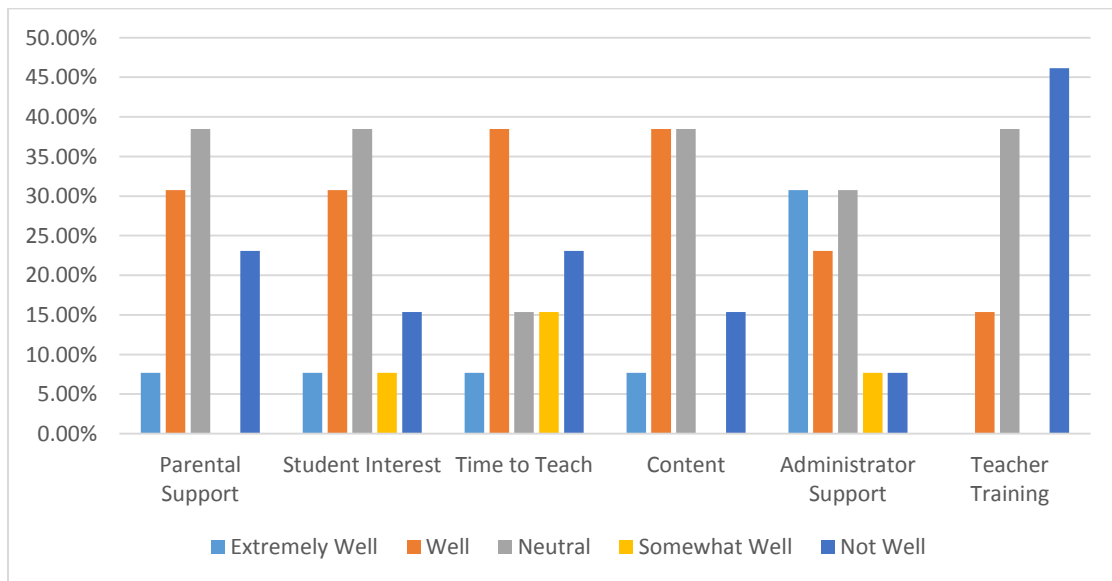
School Response to Factors

Teachers were also surveyed on how well they believed their schools were addressing the factors (Table 4). The survey found that three teachers (23.08%) believed their schools were not addressing **parental support** well, five teachers (38.46%) believed they were addressing it well or extremely well, and five teachers (38.46%) remained neutral. When asked about how well their schools were addressing **student interest** in sex related education, four teachers (38.36%) said well or extremely well and five teachers (15.38%) said not well or somewhat well. Five teachers (38.46%) remained neutral. Six teachers (46.15%) believed that their school addressed the **time allotted to teach** sex related curriculum well or extremely well, and five teachers (38.46%) believed their school

addressed it somewhat well or not well, with another two teachers (15.38%) remaining neutral.

When asked about how well their schools were addressing the **content** of the curriculum, six teachers (46.15%) believed their schools were addressing it well or extremely well, two teachers (15.38%) believed they were not addressing it well and another five teachers (38.46%) remained neutral. For **administrator support**, seven teachers (53.85%) believed their schools were addressing it well or extremely well. Two teachers (15.38%) believed the school was addressing administrator support somewhat well or not well. Another four teachers (30.77%) remained neutral. Lastly, four teachers (15.38%) believed their schools were addressing **teacher training** well, five teachers (38.46%) remained neutral, and six teachers (46.15%) believed their schools were not addressing teacher training well

Table 4
Teachers' perceptions of school response



Gap Analysis

In order to determine which areas had the most potential for improvement, a gap analysis was done to determine the percentage difference between teachers’ perceptions of the importance of a factor and their perception of how well the school was addressing the factor. As seen in Table 5, it was found that 100% of respondents believed administrator support was important or extremely important; however, only 53.85% of teachers believed their school was addressing administrator support well or extremely well. This leaves a gap of 46.15%, showing room for school improvement.

Table 5

Gap in perceptions of administrator support

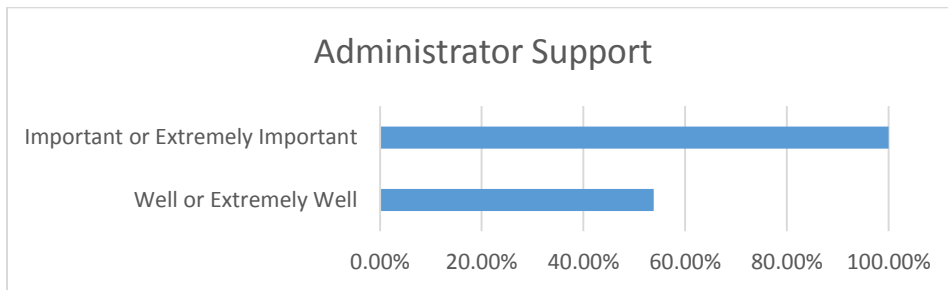
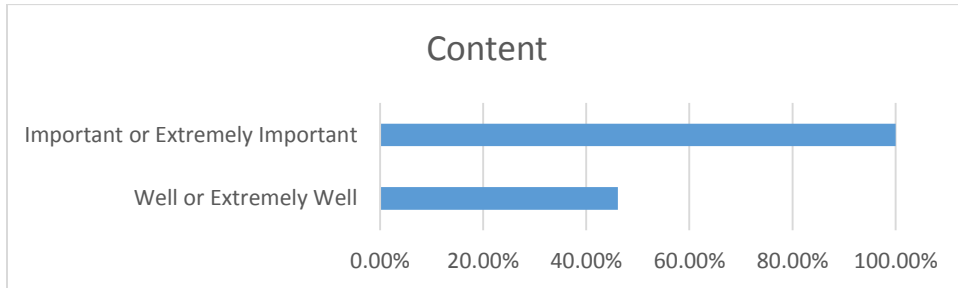


Table 6 shows the percentage change in perceptions of the content of the curriculum being taught. 100% of responding teachers believed the content of the sex related curriculum to be important or extremely important, but only 46.15% believed schools were addressing this factor well or extremely well. This leaves a gap of 53.85%.

Table 6

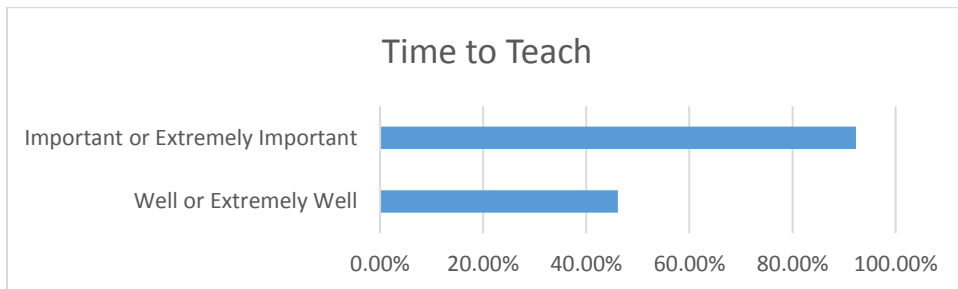
Gap in perceptions of content



Of the responding teachers, 92.3% believed the time allotted to teach the curriculum was important or extremely important. However, only 46.15% said their school was addressing the time allotted to teach well or extremely well. This leaves a 46.15% gap and room for improvement (Table 7).

Table 7

Gap in perceptions of time allotted to teach

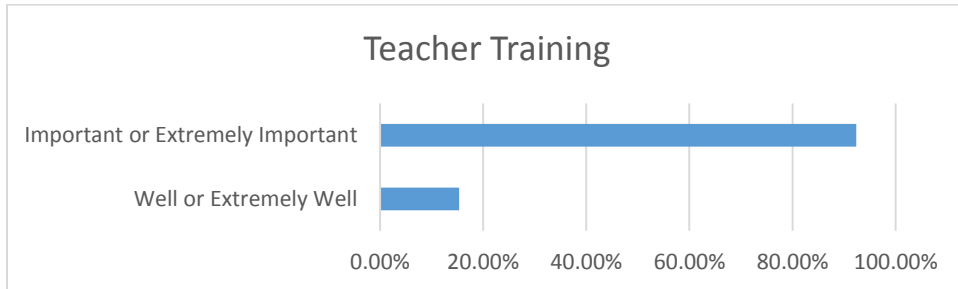


As seen in Table 8, 92.3% of teachers believed teacher training was important or extremely important, but only 15.38% believed their school was addressing this factor well or extremely well. This leaves a significant gap of 76.92% and a great need for more formal and comprehensive teacher training and professional development. This gap is the

most significant and is an example of the area where schools should focus most on improvement.

Table 8

Gap in perceptions of teacher training and professional development



Parental support and student interest each had 76.92% of teachers believe them to be important or very important. Both factors also had 38.46% of teachers believe the schools were addressing them well or very well. This leaves a gap of 38.46% for each factor, which is the smallest gap of every factor listed (Table 9 and 10

Table 9

Gap in perceptions of parental support

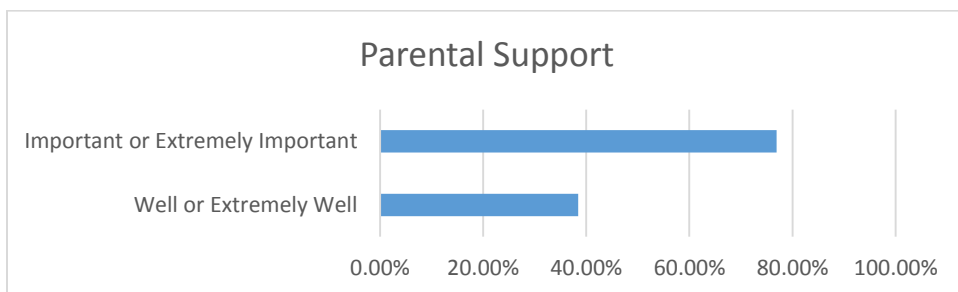
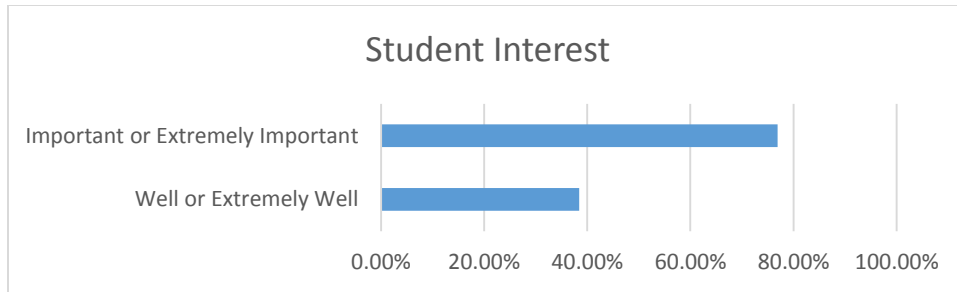


Table 10

Gap in perceptions of student interest



Chapter V: Discussion

The United States, and especially the state of Mississippi, have extremely high rates of STI and teen pregnancies. These rates are higher than most other developed countries and reflect the lack of sex-related education that most teenagers receive. In order to help reduce these rates, states continue to implement new laws requiring the adoption of sexual education curriculum in schools—House Bill 999 in Mississippi is one example of this. As these policies are adopted, it is important to examine which factors (time, content, training, etc.) are the most important when implementing the curriculum, as well as how schools are addressing them. Studying where the educators who present the curriculum believe there are gaps allows schools to recognize where there is a need for improvement and to work to address the gaps.

Before determining the importance of each factor and how well schools were addressing each factor, teachers were asked how important they believed sexual education curriculum to be in relation the other units they taught. 50% of respondents believed it to be no more or less important than any other units they taught, 41.67% believed it to be more important than many other units they taught, and 8.33% believed it to be the least important unit they taught. With so many teachers believing it to be *at least* as important as every other unit that they taught, then it is reasonable to expect that

sexual education should receive *at least* the same focus and support as every other subject and unit.

The findings of this study also indicate that all factors listed were deemed important or extremely important by the majority of the teachers, with no teachers claiming any factor to be not important at all. Since these factors are so important, there are many areas in which schools could improve how they address them. For example, a vast majority of teachers (92.3%) believed teacher training and professional development was an important or very important factor when teaching sex related education curriculum; however, only 15.38% of the teachers believed that schools were addressing this factor well. This shows a large gap between importance and school response and indicates that schools should take steps to better assist teachers with preparation for presenting sex related education curriculum.

Though teacher training was by far the most significant gap, content of the curriculum, administrator support, and time allotted to teach the curriculum all had gaps ranging from 46.15% to 53.85%. Though smaller, the gaps still reflect a need for a greater school-wide effort for each. The factors with the smallest gaps, parental support and student interest, had 76.92% of teachers believe them to be important or extremely important and 38.46% of teachers believe that schools addressed them well or very well, which leaves each with a slightly smaller gap of only 38.46%. Although this gap is not as large as the other listed factors, it also shows room for focus and improvement. These findings, specifically regarding the gaps in school responses, echo the findings in similar studies done by Eisenberg, Madsen, Oliphant, and Sieving (2013) and Eisenberg,

Sieving, Oliphant, and Resnick (2010) which found that lack of time to present curriculum, lack of resources, parent, student, or administrator response, and lack of teacher training were all factors that teachers considered barriers to presenting sexual education curriculum.

Even though teachers in this study were surveyed about individual school responses, many of the teachers expressed issues with sex related education on a larger scale in response to the survey's open-ended questions. One teacher specifically had an issue with the use of abstinence-only curriculum and its content. The teacher said,

Our district is using the abstinence only curriculum. I feel this is not beneficial to our students. Most students will have sex before they are married and I think they need to know what can help them not get pregnant or catch an STD. I feel this is a health issue and not a moral issue. Just because we would give them the information does not mean we are saying, 'Go have sex.' We are just preparing them to protect themselves if they choose to have sex.

Another teacher believed that students should actually be required to have more than one sexual education class—one in middle school (6th or 7th grade) and another in high school (9th or 10th grade) since a lot changes in students' lives during this period. Currently, the law only mandates that school districts adopt one form of sex education curriculum. It does not mandate that every school in the district must teach this curriculum or how often instructions must be provided, which means many students will only experience the curriculum once, if at all, and for many it will already be too late. According to the teacher, "Mississippi is not preparing its students properly in this area."

Limitations

This study is extremely limited in its scope. Respondents were representative of only five school districts from within the southeastern part of Mississippi. A majority of those who completed the survey came from two larger districts, and therefore make up a larger portion of the results. There is also currently no simple way to determine which schools are teaching sex-related curriculum in each district, since the current law only mandates that the entire school district adopt a policy and not each individual school—this makes contacting those schools and teachers more difficult and is why the number of respondents is so few. Also, this study did not seek to determine which form of sex-related curriculum the respondents taught, which would have been beneficial when considering different barriers.

Directions for Future Research

Future studies should consider expanding the range of the study, possibly to include the entire state. Because this study did not differentiate between abstinence only and abstinence plus, it would also be beneficial to determine what curriculum is being taught in the schools in order to see if the perceptions of factors change depending on which curriculum is taught. Further expansion on different factors would also be beneficial to the study, as well as more detailed information about the factors already listed. For example, parental and administration support refers to the parents' and administrators' acceptance of the curriculum being taught and the way in which it is taught. Teacher training refers to specific and formal education in how to present sexual education to students, rather than just being a licensed educator, and student support will

be defined as the students' willingness and desire to listen to and learn about sexual education.

Chapter VI: Conclusion

Sexual education is still a highly contested issue in Mississippi. The passing of House Bill 999, and the requirement for school districts to adopt a sexual education curriculum was a huge step forward for the state, however, it is still lacking in many regards. One major issue with the law is that there is currently no system in place to monitor and evaluate the implementation of the law at the school level. Although school districts must adopt either abstinence-only or abstinence-plus curriculum, there is no way to monitor whether or not individual schools are teaching this curriculum, or even if every school in the district is teaching sexual education at all. If the schools are teaching the curriculum, there is still no way to know how often it is being taught, how long it is being taught, or how much is included in the lesson.

Even without a monitoring system set up at the state level, it is still important to focus on individual schools and the content, time, and support of their curriculum. Though this study is limited, it is an introduction into both the factors that influence the implementation of this curriculum and the areas in which schools could improve or are already successful. It also provides a general overview of the opinions of teachers in this portion of the state and extends the possibility for similar and more detailed studies in the future.

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Appendix A: IRB Approval



INSTITUTIONAL REVIEW BOARD

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Phone: 601.266.5997 | Fax: 601.266.4377 | www.usm.edu/research/institutional.review.board

NOTICE OF COMMITTEE ACTION

The project has been reviewed by The University of Southern Mississippi Institutional Review Board in accordance with Federal Drug Administration regulations (21 CFR 26, 111), Department of Health and Human Services (45 CFR Part 46), and university guidelines to ensure adherence to the following criteria:

- The risks to subjects are minimized.
- The risks to subjects are reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects.
- Any unanticipated, serious, or continuing problems encountered regarding risks to subjects must be reported immediately, but not later than 10 days following the event. This should be reported to the IRB Office via the "Adverse Effect Report Form".
- If approved, the maximum period of approval is limited to twelve months.
Projects that exceed this period must submit an application for renewal or continuation.

PROTOCOL NUMBER: 16021108

PROJECT TITLE: Health Educators' Perceptions of Barriers to the Implementation of School-Based Sexual Education

PROJECT TYPE: New Project

RESEARCHER(S): Kari Ellis

COLLEGE/DIVISION: College of Health

DEPARTMENT: Public Health

FUNDING AGENCY/SPONSOR: N/A

IRB COMMITTEE ACTION: Exempt Review Approval

PERIOD OF APPROVAL: 8/15/2016 to 08/14/2017

Lawrence A. Hosman, Ph.D.
Institutional Review Board

Not Important	Somewhat Important	Neutral	Important	Extremely Important
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5. Administrator (such as principal and superintendent) support for teaching sex-related education

Not Important	Somewhat Important	Neutral	Important	Extremely Important
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6. Formal teacher training to teach sex-related education curriculum

Not Important	Somewhat Important	Neutral	Important	Extremely Important
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Are there factors other than those listed above, that you feel are important to teaching sex-related education? If so, please describe _____

3. In what grades do you currently teach Sex Related Education Curriculum? (Circle all that apply)

6 7 8 9 10 11 12

4. How important do you think sex related education is in relation to the other units you teach?

- It is the most important unit I teach
- It is more important than many other units
- It is no more or less important than any other units
- It is less important than many other units
- It is the least important unit I teach

5. How well do you think your school is addressing each factor?

1. Parental support for sex-related education

Not Well	Somewhat Well	Neutral	Well	Extremely Well
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2. Student interest in receiving sex-related education

Not Well	Somewhat Well	Neutral	Well	Extremely Well
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3. Time allotted to teach sex-related education

Not Well	Somewhat Well	Neutral	Well	Extremely Well
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4. Content of sex-related curriculum

Not Well	Somewhat Well	Neutral	Well	Extremely Well
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5. Administrator (such as principal and superintendent) support for teaching sex-related education

Not Well	Somewhat Well	Neutral	Well	Extremely Well
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6. Formal teacher training to teach sex-related education curriculum

Not Well	Somewhat Well	Neutral	Well	Extremely Well
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Appendix C: Results Tables

Importance of each factor

	Not important		Somewhat important		Neutral		Important		Extremely important	
Parental Support	0%	0	7.69%	1	15.38%	2	30.77%	4	46.15%	6
Student Interest	0%	0	7.69%	1	15.38%	2	38.46%	5	38.46%	5
Time to teach	0%	0	7.69%	1	0%	0	46.15%	6	46.15%	6
Content	0%	0	0%	0	0%	0	23.08%	3	76.92%	10
Administrator support	0%	0	0%	0	0%	0	30.77%	4	69.23%	9
Teacher training	0%	0	0%	0	7.69%	1	15.38%	2	76.92%	10

School Response to Factors

	Not well		Somewhat well		Neutral		Well		Extremely Well	
Parental support	23.08%	3	0%	0	38.46%	5	30.77%	4	7.69%	1
Student interest	15.38%	2	7.69%	1	38.46%	5	30.77%	4	7.69%	1
Time to teach	23.08%	3	15.38%	2	15.38%	3	38.46%	5	7.69%	1
Content	15.38%	2	0%	0	38.46%	5	38.46%	5	7.69%	1
Administrator support	7.69%	1	7.69%	1	30.77%	4	23.08%	3	30.77%	4
Teacher Training	46.15%	6	0%	0	38.46%	5	15.38%	2	0%	0