Opinions of South Mississippi College Students Regarding Adolescent Sex Education

Mary K. Nobles

University of Southern Mississippi

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The University of Southern Mississippi

OPINIONS OF SOUTH MISSISSIPPI COLLEGE STUDENTS REGARDING
ADOLESCENT SEX EDUCATION

by

Mary Kathryn Nobles

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

May 2014
Approved by

______________________________
Lachel Story, Ph.D., RN, Thesis Advisor
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Department of Collaborative Nursing Care

______________________________
David R. Davies, Ph.D., Dean
Honors College
ABSTRACT

OPINIONS OF SOUTH MISSISSIPPI COLLEGE STUDENTS REGARDING ADOLESCENT SEX EDUCATION

Teen pregnancy and rates of sexually transmitted disease (STD) transmission among teenage Mississippian are disproportionately higher than the national average. These high rates are partially attributed to poor adolescent sex education programs in Mississippi (MS) schools. MS has a long history of inadequate sex education programs; until recently, sex education was not a required component of the curriculum. Most MS public schools teach abstinence-only education, which has been shown to be less effective than comprehensive programs. Most Mississippian probably assume that MS public schools teach the sex education programs of which the majority of Mississippian are in favor. A review of literature indicated that this was not the case in other areas across the country. To determine if the same held true for MS, a survey was completed (N=297) to determine South MS college students’ opinions and preferences for adolescent sex education, as college students are most likely to be the next generation of parents and policymakers. Results suggested that an overwhelming majority of respondents were in favor of comprehensive sex education (92.9%, n=261), including topics on the transmission, symptoms and treatment of STDs (97.2% in favor, n=242) and how to prevent pregnancy through birth control pills, condoms, and natural family planning (92.8% in favor, n=231). This study implies that there is a discrepancy between preferred methods of sex education and actual methods of sex education in MS. This research can be used to direct the development, implementation, and evaluation of sex
education programs that are relevant to the needs of Mississippians. Developing sound sex education programs can minimize the negative health, psychosocial, and economic effects that teenage sexual activity can have.

Key words: adolescent sex education, comprehensive sex education, abstinence-only education, college students’ opinions
ACKNOWLEDGEMENTS

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<td>20</td>
</tr>
</tbody>
</table>
Chapter I

INTRODUCTION

In 2009, approximately 410,000, or 4% of all female teens aged 15–19 years, gave birth in the United States (US) (Centers for Disease Control and Prevention [CDC], 2011). The US has one of the highest teen pregnancy rates among developed countries, and Mississippi (MS) has one of the highest teen pregnancy rates in the US (United Nations, 2012). In fact, a MS teen is 15 times more likely to give birth than a teen from Switzerland (Kearney & Levine, 2012). In 2008, the birth rate for MS teens was 65.7 per 1,000 teens, as compared to Massachusetts’s birth rate of only 20.1 births per 1,000 (Mathews, Sutton, Hamilton, & Ventura, 2010). Adolescents who become pregnant and give birth face many health, social, and economic consequences, as do the children they bear (CDC, 2011).

In 2000, young adults aged 15-24 represented about half of all new sexually transmitted disease (STD) cases in the US, demonstrating that the adolescent sexual health problem goes beyond just teen pregnancies (Weinstock, Berman, & Cates, 2004). According to the CDC (2012), MS teens are more likely to have sexual intercourse, as compared to the rest of the US.

Researchers from many different disciplines have searched for an answer to the epidemic of teen pregnancies and STD infections in the US. Abstinence-only education, once hailed as the gold standard in adolescent sexual education, is now proving to be largely ineffective in lowering teen pregnancy and teen birth rates (Lindberg & Maddow-Zimet, 2012; Stanger-Hall & Hall, 2011). Further, programs that teach abstinence-only until marriage inherently discriminate against adolescents who are already sexually active.
and those who identify as lesbian, gay, bisexual, or transgender and in most states cannot get married under the law (Santelli, Ott, Lyon, Rogers, & Summers, 2006). Today, researchers are pushing for science-based comprehensive education that teaches abstinence from sex as one of many safe options that adolescents have to choose.

However, the evidence supporting the superiority of comprehensive sex education (CSE) is not yet conclusive. Walcott, Chenneville, & Tarquini (2011) found that, in college students, the type of sexuality education they received in grade school had little effect on the likelihood of practicing safe sex behaviors in college. Others suggested that positive outcomes cannot be seen until schools utilize the most effective delivery method, which includes role playing and differs from traditional education techniques (Hamilton, Sanders, & Anderman, 2013).

Despite the evidence supporting science-based (beyond abstinence) education, a large proportion of schools and community programs with governmental assistance are still teaching outdated abstinence-only programs (Santelli, et al., 2006). As a result, researchers are trying to identify why abstinence-only education continues to be taught, despite the evidence of its limitations. Some research has suggested that part of the problem may be in implementing the science-based programs at the community level (Philliber & Nolte, 2008). Problems with implementing science-based programs include the adaptability of the program in individual communities, knowing which type of curricula to obtain, school-imposed limitations, engaging parents, program evaluation, and sustainability (Ott, Rouse, Resseguie, Smith, & Woodcox, 2011).

One possible variable affecting school system and governmental choice of sex education programs is parental opinion on appropriate sex education for their children.
Some research has focused on the opinions that parents and community members have regarding sex education in the school system. Research in Florida, Minnesota, and North Carolina has shown that respondents, comprised of parents and community members, have largely supported comprehensive sex education and the inclusion of a variety of topics traditionally thought of as too controversial to include in sex education, such as sexual orientation, oral sex, anal sex, and masturbation (Eisenberg, Bernat, Bearinger, & Resnick, 2008; Howard-Barr, Moore, Weiss, & Jobli, 2011; Ito, Gizlice, Owen-O’Dowd, Foust, Leone, & Miller, 2006). The results of these studies showed that while the majority opinion was in favor of CSE, this did not correlate with the type of adolescent sex education being provided. That is to say that each community studied still employed the abstinence-only programs that seem to be supported by neither parents nor the scientific literature.

While surveys have been conducted in varying populations across the country, no studies have been found on the opinions of parents and likely future parents in South MS. Given that MS is a leader in poor adolescent sexual health, research about the opinions of one group of likely future parents – college students – regarding sex education could help to shed light on the continued popularity of abstinence-only sex education and subsequent adolescent sexual health behaviors in South MS.

This study intended to answer the question “What are the opinions of college students in South MS regarding adolescent sex education type and content?” Information obtained from this study will potentially contribute to changing the way sexual education is taught in South MS to increase the sexual health of adolescent Mississippians.
Chapter II

LITERATURE REVIEW

The literature review was conducted over several months. The research utilized the University of Southern Mississippi’s access to online article databases via EBSCOhost. Electronic searches were conducted for the years 2000 to 2013 using the key word entries included “adolescent sex education,” “comprehensive sex education,” and “abstinence sex education,” among others. The initial search yielded over 1,000 articles. Abstracts of these articles were reviewed for assignments in Honors Prospectus Writing class. Articles were included if they were reliable, pertained to the topic of sex education, and offered balanced points of view. This initial appraisal resulted in approximately 50 potential articles that were more extensively reviewed. These remaining articles were read in full to determine article relevance. This extensive review resulted in 18 articles that were included in this review.

Numerous studies have found that comprehensive, science-based sexual education is more effective than abstinence-only programs in reducing risky sexual behaviors such as unprotected sex and early initiation of sex (Kohler, Manhart, and Lafferty, 2008; Lindberg and Maddow-Zimet, 2012; Markham, Tortolero, Peskin, Shegog, Thiel, Baumler, Addy, Escobar-Chaves, Reiningger, and Robin, 2012; Santelli, Ott, Lyon, Rogers, and Summers, 2006; Stanger-Hall and Hall, 2011; and Kohler, Manhart, and Lafferty, 2008). Despite the evidence, many states continue to offer, and in many cases require, ineffective abstinence-only programs.

This evidence, however, is still inconclusive. Walcott, Chenneville, & Tarquini (2011) found that, in college students, the type of sexuality education they received in
grade school had little effect on the likelihood of practicing safe sex behaviors in college. More research is needed on this subject to determine the true effectiveness of comprehensive sex education (CSE).

Some researchers have looked at problems of implementation as a possible reason for the avoidance of comprehensive programs. Ott, Rouse, Resseguie, Smith, and Woodcox (2011) noted that more funding and technical assistance are needed, as well as enhanced collaboration between the school and community. Philliber and Nolte (2008) determined that schools need more materials and training that focus on specific implementation barriers. They also discovered a need for increased partnerships between the funding group and teaching system. Wilson and Wiley (2009) reported that the teachers’ personal beliefs and preferences, as well as the perceived complexity of the program, influenced their willingness to use various types of sex education curricula. Hamilton, Sanders, & Anderman (2013) suggested that the method of delivery can be as important as the content taught. They indicated that nontraditional teaching techniques including role playing are more effective than traditional education techniques including testing.

Given the emotional nature of sex education for many, public opinion is a significant factor of interest. Several researchers across the country have explored public opinion regarding sexual education and found that the majority of parents and community members over the age of 18 were in favor of teaching more progressive and controversial topics than were currently being taught in the local area. Two research groups focused on the opinions of parents of school-aged children in their local states of Minnesota and North Carolina (Eisenberg, Bernat, Bearinger, & Resnick, 2008; Ito, Gizlice, Owen-
O’Dowd, Foust, Leone, & Miller, 2006). Another research team was interested in the opinions of all adult community members within St. Lucie County, Florida (Howard-Barr, Moore, Weiss, & Jobli, 2011). Bleakley, Hennessy, and Fishbein (2006) surveyed a representative sample of US citizens and found that the vast majority of respondents supported teaching children about both abstinence and other methods of pregnancy and sexually transmitted disease (STD) prevention. National Public Radio, Kaiser Family Foundation, and Kennedy School of Government (2004) conducted a nationwide telephone survey of public opinion given to a random representative sample of Americans over the age of 18 regarding sexuality education in the US as part of an ongoing joint research project.

In some cases, evidence of public opinion regarding sex education has helped to effect change. Weiss, Dwonch-Schoen, Howard-Barr, and Panella (2010), for example, worked with Howard-Barr et al. (2011) and used the findings of their study as a part of a community-based participatory research project to change the sex education program in St. Lucie County from abstinence-only to comprehensive.

Little to no research has been completed in South MS about the opinions of community members and parents regarding type and content of adolescent sex education. Also, little evidence exists on the opinions of the upcoming generation of parents and policymakers. The study intended to answer the question “What are the opinions of college students in South MS regarding adolescent sex education type and content?”
Chapter III

METHODOLOGY

The purpose of this research project was to determine the opinions held by college students in South MS regarding adolescent sex education. Data obtained from this research can potentially be used to change sex education programs in South MS to improve adolescent health.

Sampling

Data was collected from 300 college students in South MS. Of these, the information from 297 was used in analysis. Out of those excluded from analysis, one participant did not imply informed consent, one indicated that he/she was underage, and one responded past the date on which statistical analysis began. Of the 297 responses analyzed, 243 surveys were complete (answered questions 1-54). The incomplete responses were included in analysis of the questions answered. Respondents were recruited through a variety of electronic means (e.g. - university emails, Facebook, etc.). The survey was open to all college students who wished to participate. Although demographic data was collected regarding age, sex, birthplace, political and religious identification, among other identifiers, no specific subgroup was willfully excluded.

Variables

The data collection and analysis aimed to answer the question “What are the opinions of college students in South MS regarding adolescent sex education type and content?” Therefore, the key dependent variable is college students’ perceptions as expressed in the respondents’ survey responses. The perceptions of students are defined by their responses to questions about their opinions on sexuality education. Questions
were included regarding preference of comprehensive sexuality education versus abstinence-only education and specific appropriate teaching topics. Independent variables include all of the demographic and characteristic data collected. Previous studies have explored correlations between political/religious ideologies and opinions regarding sex education (Eisenberg, Bernat, Bearinger, & Resnick, 2008; Eisenberg, Bernat, Bearinger, & Resnick, 2009). This researcher explored those same variables. The researcher was also interested to find if birthplace (i.e. - not being from MS) is a determinant of sex education opinion.

Data Collection

IRB approval was obtained September 26, 2013 (protocol no. 13091703). The data was then collected via an online survey during the fall 2013 school semester. Respondents completed an online survey via SurveyMonkey. Students implied informed consent by clicking on the survey link and marking “yes” to question one. The survey utilized was a validated tool used to survey parental opinion from Eisenberg et al. (2008) and Eisenberg et al. (2009). This tool, previously used in telephone surveys to parents only, was edited for use online and for respondents without children.

Instruments, Procedures, and Analysis

This study used the survey instrument from Eisenberg et al. (2008) and Eisenberg et al.’s (2009) research on parental opinion in Minnesota. This tool was developed through a systematic review of items that have been used in various state and national surveys of parents. A preliminary version of the instrument was reviewed by experts in adolescent health and survey methodology. Extensive pilot-testing then resulted in several minor changes to minimize respondent burden and maximize question clarity.
Eisenberg et al. (2008) utilized Chi-square tests to detect differences in levels of support for comprehensive sexuality education across demographic and personal characteristics. Multiple logistic regression was then used to estimate the odds of supporting comprehensive education (vs. abstinence-only or no school-based sexuality education, combined) across the range of beliefs about comprehensive and abstinence-only education (simultaneously), controlling for demographic characteristics that were significantly related to comprehensive support in bivariate analysis. This researcher used frequencies and means for analysis.
Chapter IV

RESULTS

College students responded to questions regarding their opinions on adolescent sex education in October of 2013. Once an adequate sample size was obtained, results from the survey were generated. Percentages were calculated through SurveyMonkey.

Describing the Sample

The sample was recruited through email and social media advertisement to college students at the University of Southern Mississippi. The sample was comprised of 297 respondents who met the inclusion criteria; of those, 243 respondents completed the survey. The researcher incorporated the responses of the 54 respondents who did not finish the survey into the analysis of the questions completed. Respondents were 83.1% (n=202) female and 16.9% (n=41) male. Eighty-four percent (n=204) of respondents were in the 18-24 year old age range, 9.5% (n=23) were 25-30, 3.3% (n=8) were 30-39, 2.4% (n=6) were 40-49, 0.4% (n=1) were 50-59, and 0.4% (n=1) were 60 years old or older. The majority of respondents identified as white (75.3%, n=183). Eighteen percent (n=44) identified as black/African American, 0.8% (n=2) as Asian, 0.8% (n=2) as American Indian/Alaskan Native, 2.1% (n=5) Hispanic/Latino, and 2.9% (n=7) chose “other.” Nearly 73% (n=177) of students chose Mississippi (MS) as their region of upbringing. Approximately 18% (n=44) were raised outside of MS, but still in the Southeastern United States (US), 8.2% (n=20) were raised in other parts of the US, and 0.9% (n=2) were raised outside of the US. Almost 10% (n=24) of respondents have minor children, 2.5% (n=6) have children 18 year of age or older, 16% (n=39) do not
have and do not plan on having children, and 71.6% (n=174) do not have but plan to have children in the future (Table 1).

<table>
<thead>
<tr>
<th>Variable</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>41</td>
<td>16.9</td>
</tr>
<tr>
<td>Female</td>
<td>202</td>
<td>83.1</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-24</td>
<td>204</td>
<td>84</td>
</tr>
<tr>
<td>25-30</td>
<td>23</td>
<td>9.5</td>
</tr>
<tr>
<td>30-39</td>
<td>8</td>
<td>3.3</td>
</tr>
<tr>
<td>40-49</td>
<td>6</td>
<td>2.4</td>
</tr>
<tr>
<td>50-59</td>
<td>1</td>
<td>0.4</td>
</tr>
<tr>
<td>60+</td>
<td>1</td>
<td>0.4</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>183</td>
<td>75.3</td>
</tr>
<tr>
<td>Black</td>
<td>44</td>
<td>18.1</td>
</tr>
<tr>
<td>Asian</td>
<td>2</td>
<td>0.8</td>
</tr>
<tr>
<td>American Indian</td>
<td>2</td>
<td>0.8</td>
</tr>
<tr>
<td>Hispanic</td>
<td>5</td>
<td>2.1</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>2.9</td>
</tr>
<tr>
<td><strong>Hometown</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MS, USA</td>
<td>177</td>
<td>72.8</td>
</tr>
<tr>
<td>Outside of MS, in</td>
<td>44</td>
<td>18.1</td>
</tr>
<tr>
<td>Southeast USA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In USA, outside of</td>
<td>20</td>
<td>8.2</td>
</tr>
<tr>
<td>Southeast</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outside of USA</td>
<td>2</td>
<td>0.9</td>
</tr>
<tr>
<td><strong>Children</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minor children</td>
<td>24</td>
<td>9.9</td>
</tr>
<tr>
<td>Adult children</td>
<td>6</td>
<td>2.5</td>
</tr>
<tr>
<td>None, but plan to</td>
<td>174</td>
<td>71.9</td>
</tr>
<tr>
<td>have children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>None and do not plan to</td>
<td>39</td>
<td>16</td>
</tr>
</tbody>
</table>

Most respondents were in their third year of undergraduate education (28.8% [n=70]). Over 13% (n=32) were in their first year of undergraduate education; 11.1% (n=27) were second year, 22.6% (n=55) were fourth year, and 12.4% (n=30) were fifth year or above. Twelve percent (n=29) of students were in graduate school. The majority
of respondents chose majors from the College of Nursing (30.9% \([n=75]\)), the College of Science and Technology (25.5% \([n=62]\)), and the College of Arts and Letters (23.0% \([n=56]\)). Nearly 6% \((n=14)\) of students were from the College of Business, 7.0% \((n=17)\) from the College of Education and Psychology, and 7.8% \((n=19)\) were from the College of Health (Table 2).

<table>
<thead>
<tr>
<th>Table 2: Student Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variable</td>
</tr>
<tr>
<td>Classification</td>
</tr>
<tr>
<td>Freshman</td>
</tr>
<tr>
<td>Sophomore</td>
</tr>
<tr>
<td>Junior</td>
</tr>
<tr>
<td>Senior</td>
</tr>
<tr>
<td>5th year +</td>
</tr>
<tr>
<td>Grad Student</td>
</tr>
<tr>
<td>Major College</td>
</tr>
<tr>
<td>Arts &amp; Letters</td>
</tr>
<tr>
<td>Business</td>
</tr>
<tr>
<td>Education &amp; Psychology</td>
</tr>
<tr>
<td>Health</td>
</tr>
<tr>
<td>Nursing</td>
</tr>
<tr>
<td>Science &amp; Technology</td>
</tr>
</tbody>
</table>

When asked about their political opinions, 39.9% \((n=97)\) identified as “middle of the road.” More than 25% \((n=62)\) of respondents identified as somewhat conservative and 6.6% \((n=16)\) as very conservative, while 17.3% \((n=42)\) were somewhat liberal and 10.7% \((n=26)\) considered themselves to be very liberal. Students were also asked about their religious identification. Seventy-seven percent \((n=187)\) of respondents identified as Christian, 0.4% \((n=1)\) Jewish, 0.8% \((n=2)\) Buddhist, and 6.2% \((n=15)\) responded “other”. Nearly 16% \((n=38)\) responded with no religious identification. Twenty-five percent
13

of respondents marked that they rarely or never attend religious services; Over 19% (n=47) attend a few times a year, 21% (n=51) one to three times a month, 20.2% (n=49) once a week, and 14.4% (n=35) of students attend services more than once a week. Twenty-eight percent (n=68) of respondents’ total household income in 2012 was under $20,000; 19.3% (n=47) was $20,000 to under $40,000, 19% (n=46) was $40,000 to under $60,000, 19.3% (n=47) was $60,000 to under $100,000, and 14.4% (n=35) of students’ total income was $100,000 or more (Table 3).

<table>
<thead>
<tr>
<th>Table 3: Demographic Data Cont.</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Political Ideology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very conservative</td>
<td>16</td>
<td>6.6</td>
</tr>
<tr>
<td>Somewhat conservative</td>
<td>62</td>
<td>25.5</td>
</tr>
<tr>
<td>Middle of the road</td>
<td>97</td>
<td>39.9</td>
</tr>
<tr>
<td>Somewhat liberal</td>
<td>42</td>
<td>17.3</td>
</tr>
<tr>
<td>Very liberal</td>
<td>26</td>
<td>10.7</td>
</tr>
<tr>
<td>Religion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Christian</td>
<td>187</td>
<td>77</td>
</tr>
<tr>
<td>Jewish</td>
<td>1</td>
<td>0.4</td>
</tr>
<tr>
<td>Muslim</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Buddhist</td>
<td>2</td>
<td>0.8</td>
</tr>
<tr>
<td>None</td>
<td>38</td>
<td>15.6</td>
</tr>
<tr>
<td>Other</td>
<td>15</td>
<td>6.2</td>
</tr>
<tr>
<td>Religious attendance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rarely/never</td>
<td>61</td>
<td>25.1</td>
</tr>
<tr>
<td>Few times a year</td>
<td>47</td>
<td>19.3</td>
</tr>
<tr>
<td>1-3 per month</td>
<td>51</td>
<td>21</td>
</tr>
<tr>
<td>Once a week</td>
<td>49</td>
<td>20.2</td>
</tr>
<tr>
<td>More than once a week</td>
<td>35</td>
<td>14.4</td>
</tr>
<tr>
<td>Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under $20,000</td>
<td>68</td>
<td>28</td>
</tr>
<tr>
<td>$20,000-$40,000</td>
<td>47</td>
<td>19.3</td>
</tr>
<tr>
<td>$40,000-$60,000</td>
<td>46</td>
<td>19</td>
</tr>
<tr>
<td>$60,000-$100,000</td>
<td>47</td>
<td>19.3</td>
</tr>
<tr>
<td>$100,000 or more</td>
<td>35</td>
<td>14.4</td>
</tr>
</tbody>
</table>
Basic Opinions on Sex Education in South Mississippi

Respondents were asked what kind of job public schools in the area were doing in teaching sexuality education to their students (Figure 1). Fifty-two percent (n=146) of respondents indicated public schools were doing a “poor” job, 26.7% (n=75) thought schools were doing fair, and only 0.4% (n=1) thought schools were doing excellent.

![Figure 1: Pie chart showing responses to the question: What kind of job do you think the public schools in your area are doing in teaching sexuality education to their students? Would you say excellent, very good, good, fair, or poor?]

Respondents were then asked to identify 1-2 areas where students got most of their information about sex and sexuality. The most popular choices were friends/classmates (90.7%, n=255) and media (87.2%, n=245); the least popular choices were teachers (1.8%, n=5) and health care professionals (0.7%, n=2). When given the same choices and asked where students should get most information about sex and sexuality, the most popular responses were parents (80.1%, n=225) and health care professionals (63.3%, n=178); the least popular choices were friends/classmates (9.6%, n=27) and media (8.2%, n=23).

Respondents were also asked what should be taught in sex education classes in public schools (Figure 2). Almost 93% (n=261) thought students should be taught
“abstinence-plus,” meaning students are taught the benefits of abstinence AND how to prevent pregnancies and sexually transmitted diseases (STDs). Five percent (n=14) of respondents indicated programs should teach abstinence-only and 0.7% (n=2) thought sex education should not be taught at all.

**Opinions on Abstinence-Only Sex Education**

Respondents were asked to use a 5-point Likert scale to rate the effectiveness of abstinence-only sex education programs. Very effective was given a score of 1, somewhat effective was 2, neither effective nor ineffective was 3, somewhat ineffective was 4, and not at all effective was given a score of 5 (Chart 1). When asked about the effectiveness of abstinence-only education in getting students to wait until they’re married to have sex, the average score was 4.08 (n=270) (somewhat ineffective). In preventing or reducing HIV/AIDS, the average score was 3.92 (n=270), in preventing or reducing unintended pregnancies it was 4.0 (n=270) and in getting students to wait until they’re older to have sex the average was 3.63 (n=270). Respondents then used a 5-point
Likert scale to rate how much they agreed with the statement “students in abstinence-only classes are less likely to use contraception if they do have sex.” The average rating was a 2.56 (n=270), corresponding to between “somewhat agree” and “neither agree nor disagree.”

![Chart 1: Opinions on Abstinence-Only Sex Education](chart.png)

**Opinions on Comprehensive Sex Education**

In the next section, respondents used a 5-point Likert scale to rate the effectiveness of comprehensive (abstinence-plus) sex education programs that used the same scoring of responses (Chart 2). When asked about the effectiveness of comprehensive education in getting students to use contraception if they do have sex, the average rating was 1.97 (n=259) (somewhat effective). In preventing or reducing HIV/AIDS, the average score was 2.08 (n=259). In preventing or reducing unintended pregnancies, the average score was 2.23 (n=259). The average was 3.08 (n=259) in getting students to wait until they’re older to have sex. Respondents then rated the degree to which they agree with the statement “comprehensive sex education classes
cause more students to have sex.” The average score was 3.82 (n=255), corresponding most closely with somewhat disagree.

**Chart 2:**

**Opinions on Comprehensive Sex Education**

As part of comprehensive sex education programs, some schools teach students about condom use or even provide condoms to students who ask for them. Respondents used the 5-point Likert scale to assess the degree to which they agreed with the listed statements (Chart 3). “Making condoms available in schools reduces the risk of unintended pregnancy among students who have sex” was given a rating of 2.04 (n=255) (somewhat agree). “Making condoms available in schools causes more students to have sex” was rated 3.15 (n=255) (neither agree nor disagree). “Condoms should be made available to high school students who ask for them” was rated 1.91 (n=255) (somewhat agree).

**Specific Topics in Sex Education Programs**

The next series of questions asked whether certain topics should be taught in sex education programs. If the respondent chose that a topic should be taught, they were then asked the grade level of children that should first be taught this topic. These
grade level categories were K-2nd (early elementary school), 3rd-5th (older elementary school), 6th-8th (middle/junior high school), and 9th-12th (high school). Almost 97% (n=241) of respondents implied that reproductive anatomy should be taught. The average for earliest grade category to be taught was middle/junior high school (3.04, n=242). Nearly 97% (n=241) of respondents agreed that the physical and social changes associated with puberty and adolescent should be taught. The average rating for earliest grade to be taught was middle/junior high school (2.71, n=242). Over 93% (n=232) indicated the importance of healthy, responsible relationships should be taught. The average grade category rating was middle/junior high school (3.07, n=233). More than 94% (n=235) of respondents agreed developing skills such as talking to boyfriends/girlfriends about sex, assertiveness, and how to say no should be covered in sex education classes. The average rating of earliest grade to teach this material was middle/junior high school (3.17, n=235). Over 95% (n=237) thought that pregnancy, prenatal care, and how babies are born should be covered. The average rating of earliest grade to teach this was middle/junior high school (3.32, n=234). Close to 94% (n=233)
chose that the responsibilities of raising children should also be taught. The average rating of earliest grade this material should be taught in was middle/junior high school (3.38, n=232).

The next topic covered reasons for not having sex. Close to 97% (n=241) of respondents thought this should be taught. The average rating for grade category to be taught was middle/junior high school (3.17, n=242). Almost 93% (n=231) agreed that ways to prevent pregnancy should be taught. The average rating of earliest grade to teach this material was middle/junior high school (3.33, n=232). Ninety-seven percent (n=242) of respondents thought that information on the transmission, symptoms, and treatment of STDs should be included. The average rating of grade category was middle/junior high school (3.30, n=241). More than 96% (n=240) indicated information about sexual abuse and assault should be covered. Middle/junior high school was the average rating of earliest grade to teach this material (2.87, n=240). A less popular topic, sexual orientation, was appropriate to teach for 67.9% (n=169) of respondents. The average rating of earliest grade to teach was also middle/junior high school (3.10, n=168). Seventy percent (n=175) of respondents said information about abortion should be taught. The average rating for earliest grade to cover this was middle/junior high school (3.48, n=176).

Requirements/Guidelines Applied to Sex Education

In this next section, respondents read several statements that are sometimes used in sex education guidelines and requirements. For each statement, respondents used a 5-point Likert scale to indicate the degree to which they agreed with each statement (Chart
The responses were then rated from 1-5 with 1 being “strongly agree” and 5 being “strongly disagree.”

The first statement was “All health information provided in sex education classes should be medically accurate.” The rating average for this statement was 1.15 (strongly agree) (n=246). For “students should be encouraged to talk with parents or guardians about sex and sexuality,” the average rating was 1.27 (n=246). Next, “sex education should teach that sexual activity outside of marriage is likely to have harmful psychological and physical effects,” received an average rating of 2.67 (n=242). “Sex education should teach students how to avoid pregnancy and sexually transmitted infections if they do have sex,” was rated 1.20 (n=246). Finally, “sex education should teach that the best choice is for sexual intercourse to be linked to love, intimacy, and commitment, such as in a marriage or marriage-like relationship,” saw an average rating of 1.74 (n=246).
Talking to Children about Sex

Using a 5-point Likert scale, respondents averaged a rating of 2.05 (n=245) when asked how comfortable they feel talking to their children about sex and relationships (2 being somewhat comfortable). When asked how knowledgeable they feel talking to their children about sex and relationships, respondents averaged a 1.64 (n=245) (1 being very knowledgeable).

Condoms in Sex Education

Using a 5-point Likert scale to determine the degree to which they agreed with a statement, respondents averaged a 1.34 (n=244) (strongly agree) to the statement “teenagers need information about how to correctly use condoms to prevent the spread of HIV and other sexually transmitted infections.” “High school classroom lessons about condoms should include actual condoms so students can see and touch them,” earned an average rating of 1.77 (n=244). When asked if high schools should be forbidden, allowed, or required to teach teenagers about how to use condoms to prevent the spread of STDs, 4.5% (n=11) responded forbidden, 50.4% (n=123) responded allowed, and 38.1% (n=93) responded required.

Final Questions

Nearly 66% (n=160) of respondents agreed that it could ever be okay for an unmarried person to have sex and 25.4% (n=62) thought it was never okay for an unmarried person to have sex (Figure 3). When posed the same question for persons under 18, 36.1% (n=88) thought it was acceptable while 45.9% (n=112) did not (Figure 4). Next, respondents were asked about how many young people in their community have had sex. Responses were rated on a 5-point scale with 1 as most, 2 as more than half, 3-
about half, 4-less than half, and 5- very few. The average rating was more than half (2.08, n=244). Almost 59% (n=143) of respondents thought that teen pregnancy rates in Mississippi have gone up over the past 10 years, 14.4% (n=35) thought they had stayed the same, and 9% (n=22) thought the rates went down.

For this study, answers to 54 questions were analyzed using frequencies and means. Answers were collected in the fall of 2013. A sample size of 297 was collected by the end of October 2013 and results were generated via SurveyMonkey.
Chapter V

CONCLUSION

The purpose of this study was to discover the opinions of college students in South Mississippi (MS) regarding adolescent sex education type and content. Before this study, no studies were identified that investigated neither college students’ nor South Mississippians’ opinions regarding adolescent sex education. Similar studies had been conducted in Minnesota (MN) (using the original tool that was adapted for this research), North Carolina (NC), and Florida (FL). The results from this study will potentially contribute to changes in sex education programs that improve the health of adolescents in South MS.

In MS, 53% of school districts are teaching abstinence-only sex education while 47% are teaching abstinence-plus education. For sex education in 2012, a disproportionately greater amount of money was spent on abstinence-only education (which has not been proven effective) than was spent on comprehensive education programs (Kopsa, 2013). This study found that 92.9% (n=261) of college students, as future and current parents, believe that abstinence-plus or comprehensive education is more effective and should be taught.

Similar studies in Minnesota, North Carolina, and Florida demonstrated an equivalent trend. In Minnesota, 89.3% of parents surveyed believed children should learn comprehensive sex education, while many of Minnesotan schools still teach abstinence-only education (Eisenberg, Bernat, Bearinger, & Resnick, 2008). Likewise, the most preferable method of adolescent sex education to college students in MS is also being underfunded and underemphasized. More schools are teaching the less-popular,
unproven, and more funded abstinence-only programs. By not educating young Mississippians about safe sex and prevention of STDs and pregnancies, nurses and other Mississippians will see poorer health, psychological, and economic outcomes for MS teens.

With this research, one can clearly see South MS college students recommend that science-based sex education programs should be taught instead of abstinence-only programs. Since 12.4% (n=30) of respondents already have children and 71.6% (n=174) plan to have children, the sample is made up of 84% (n=204) current and future parents. The results from the study, then, can be said to represent the opinions of current and future parents in South MS. This research can be presented to voters and policymakers as evidence of residents’ opinions, in defense of the implementation of science-based programs. With this information, one could discredit the idea that sex education policies are created with the values and wants of MS parents in mind.

The results of this study indicate that programs targeted to middle school students should be developed that include: (1) reproductive anatomy; (2) physical and social changes associated with puberty and adolescent; (3) the importance of healthy; (4) responsible relationships; (5) how to develop skills such as talking to boyfriends/girlfriends about sex, assertiveness, and how to say no; (6) pregnancy, prenatal care, and how babies are born; (7) the responsibilities of raising children; (8) reasons for not having sex; (8) ways to prevent pregnancy, including information and resources on condom use; (9) information on the transmission, symptoms, and treatment of STDs; and (10) information about sexual abuse and assault. Although less favored than the aforementioned topics, the majority of respondents also indicated that information
about sexual orientation and abortion should be included in middle school sex education programs. With these results, MS policymakers can make informed decisions about what is appropriate to include in sex education programs. Additionally, nurses and other healthcare providers can use this information when talking one-on-one with adolescents.

Over half of respondents (n=146) indicated that local schools are doing a poor job of teaching sexual education. One would hope that people who feel this way will be motivated to make a change to MS policies on sex education. Since only about 40% of respondents (n=101) chose that students should get their sexual health information from teachers, this policy change might include better education to parents about the importance of teaching sex education to their children and programs in place at pediatricians’, family physicians’, and gynecologists’ offices.

While a sample adequate for analysis was obtained, a limitation of the study is its’ limited sample size (243 respondents out of the University’s approximate 15,000 student population). The respondents were also 83.1% female; more research would be needed to identify the differences between male and female responses. A random, rather than convenient, sample would also yield more representative results. Future research on the opinions of all Mississippians would be beneficial to present in defense of comprehensive sex education programs.

One would think that a state’s sex education program is based on the wishes of the residents of the state, yet this research suggests otherwise. With MS, and not unlike other communities across the country, abstinence-only education is still being taught without a clear reason why. Further research is needed including school teachers,
administrators, and policy makers to determine the reasons for emphasis on abstinence-only education.
REFERENCES


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: 13091703
PROJECT TITLE: Opinions of South Mississippi College Students Regarding Adolescent Sex Education
PROJECT TYPE: Thesis
RESEARCHER(S): Mary Nobles
COLLEGE/DIVISION: College of Nursing
DEPARTMENT: Collaborative Nursing Care
FUNDING AGENCY/SPONSOR: N/A
IRB COMMITTEE ACTION: Expedited Review Approval
PERIOD OF APPROVAL: 09/26/2013 to 09/25/2014

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

Opinions Of South MS College Students Regarding Adolescent Sex

1. The purpose of this research study is to understand college students' views about different approaches to sex education for young people. This anonymous survey will take about 20 minutes. You must be 18 years of age to participate. Your participation is voluntary – you do not have to answer any questions you are uncomfortable with, and you can stop at any time. In any reports we write about this study, we will not reveal information that would allow anyone to identify who took part. There aren't any direct benefits to you, but the information will help us understand more about students' views about school-based sex education.

Your responses to this survey will be kept confidential. Not even the researchers will be able to identify which responses are yours. Your answers will be combined with those of other students at USM and only researchers doing the study will have access to the data.

The student researcher in charge of this study is Mary Nobles and she can be contacted at mary.nobles@eagles.usm.edu. She is working under her adviser, Lachel Story, PhD, RN, who can be reached at lachel.story@usm.edu.

This project has been reviewed by the Human Subjects Protection Review Committee, which ensures that research projects involving human subjects follow federal regulations. Any questions or concerns about rights as a research subject should be directed to the Chair of the Institutional Review Board, The University of Southern Mississippi, 118 College Drive #5147, Hattiesburg, MS 39406-0001, (601) 266-6820.

I have read the above statement and wish to continue with the survey.

☐ Yes
☐ No
Opinions Of South MS College Students Regarding Adolescent Sex

2. What kind of job do you think the public schools in your area are doing in teaching sexuality education to their students? Would you say excellent, very good, good, fair, or poor?

- Excellent
- Very good
- Good
- Fair
- Poor
- Don’t know

3. Where do you think young people get most of their information about sex and sexuality? Select 1-2 responses.

- Parents
- Friends; classmates
- Teachers
- Religious leaders
- Media, such as tv, radio, magazines and internet sites
- Health care professionals
- Don’t know

Other (please specify)

4. Where do you think young people should get most of their information about sex and sexuality? Select 1-2 responses.

- Parents
- Friends; classmates
- Teachers
- Religious leaders
- Media (tv, radio, magazines and internet sites)
- Health care professionals
- Don’t know

Other (please specify)
Opinions Of South MS College Students Regarding Adolescent Sex

*5. Thinking about sex education classes, do you think teenagers should be taught...

☐ Only about abstinence: that is, not having sex until marriage

☐ Both about abstinence AND about how to prevent pregnancies and sexually transmitted infections

☐ Sex education should not be taught in schools at all

☐ Don't know

*6. These next questions are about teaching sex education in schools, and specifically what should be included. Even if you don't think sex education should be taught in schools at all, please go through the rest of these questions to make sure your opinion gets counted on all of these specific items.

Abstinence-only classes tell students that they should not have sex until marriage. They DO NOT teach how someone who is sexually active can prevent unintended pregnancy and sexually transmitted infections.

<table>
<thead>
<tr>
<th>How effective do you think that abstinence-only classes have been in getting students to wait until they're married to start having sex?</th>
</tr>
</thead>
<tbody>
<tr>
<td>very effective</td>
</tr>
<tr>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How effective have abstinence-only classes been in preventing or reducing HIV/AIDS?</th>
</tr>
</thead>
<tbody>
<tr>
<td>very effective</td>
</tr>
<tr>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How about in preventing or reducing unintended pregnancies?</th>
</tr>
</thead>
<tbody>
<tr>
<td>very effective</td>
</tr>
<tr>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How about in getting students to wait until they're older to start having sex?</th>
</tr>
</thead>
<tbody>
<tr>
<td>very effective</td>
</tr>
<tr>
<td>☐</td>
</tr>
</tbody>
</table>

*7. To what degree do you agree or disagree with the following statement?

Students in abstinence-only classes are less likely to use contraception if they do have sex.

<table>
<thead>
<tr>
<th>strongly agree</th>
<th>somewhat agree</th>
<th>neither agree nor disagree</th>
<th>somewhat disagree</th>
<th>strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
Opinions Of South MS College Students Regarding Adolescent Sex

*8. These next questions are about teaching sex education in schools, and specifically what should be included. Even if you don't think sex education should be taught in schools at all, please go through the rest of these questions to make sure your opinion gets counted on all of these specific items.

Some sex education classes teach about abstinence, and ALSO teach how to prevent unintended pregnancy and sexually transmitted infections for teens who do have sex. This is called comprehensive sex education.

<table>
<thead>
<tr>
<th></th>
<th>Very effective</th>
<th>somewhat effective</th>
<th>neither effective nor ineffective</th>
<th>somewhat ineffective</th>
<th>not at all effective</th>
</tr>
</thead>
<tbody>
<tr>
<td>How effective do you think that comprehensive sex education classes have been in getting students to use contraception if they have sex?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>How effective have comprehensive sex education classes been in preventing or reducing HIV/AIDS?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>How about in preventing or reducing unintended pregnancies?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>How about in getting students to wait until they're older to start having sex?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

*9. For each item please indicate the degree to which you agree or disagree with each statement.

<table>
<thead>
<tr>
<th></th>
<th>strongly agree</th>
<th>somewhat agree</th>
<th>neither agree nor disagree</th>
<th>somewhat disagree</th>
<th>strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive sex education classes cause more students to have sex.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
**10.** Some schools make condoms available to students, for example, by giving them out in the nurse's office to students who ask for them. The next items ask for your opinion regarding making condoms available to students.

<table>
<thead>
<tr>
<th>Making condoms available in schools reduces the risk of unintended pregnancy among students who have sex.</th>
</tr>
</thead>
<tbody>
<tr>
<td>strongly agree</td>
</tr>
<tr>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Making condoms available in schools causes more students to have sex.</th>
</tr>
</thead>
<tbody>
<tr>
<td>strongly agree</td>
</tr>
<tr>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Condoms should be made available to high school students who ask for them.</th>
</tr>
</thead>
<tbody>
<tr>
<td>strongly agree</td>
</tr>
<tr>
<td>☐</td>
</tr>
</tbody>
</table>

The next questions are about the content of school-based, comprehensive, age-appropriate sex education programs. Please tell me if you think the following topics should be taught in Mississippi public schools.

**11.** Should reproductive anatomy be taught? This describes the reproductive body parts of the male and female.

- Yes
- No (skip to Q13)
- Don't know (skip to Q13)

**12. IF YES:** What is the earliest grade level that this topic should be taught?

- K – 2 (Early elementary school)
- 3 – 5 (Older elementary school)
- 6 – 8 (Middle school; junior high school)
- 9th – 12th (High school)

**13.** Should physical & social changes associated with puberty & adolescence be taught? This teaches about the physical, emotional and social changes of puberty and adolescence.

- Yes
- No (skip to Q15)
- Don't know (skip to Q15)
Opinions Of South MS College Students Regarding Adolescent Sex

14. IF YES: What is the earliest grade level that this topic should be taught?
   - K – 2 (Early elementary school)
   - 3 – 5 (Older elementary school)
   - 6 – 8 (Middle school, junior high school)
   - 9th – 12th (High school)

*15. Should the importance of healthy, responsible relationships including love, dating, marriage and parenting be taught?
   - Yes
   - No (skip to Q17)
   - Don't know (skip to Q17)

16. IF YES: What is the earliest grade level that this topic should be taught?
   - K – 2 (Early elementary school)
   - 3 – 5 (Older elementary school)
   - 6 – 8 (Middle school, junior high school)
   - 9th – 12th (High school)

*17. What about developing skills such as talking to a boyfriend or girlfriend about sex, assertiveness and how to say no? Should that be taught?
   - Yes
   - No (skip to Q19)
   - Don't know (skip to Q19)

18. IF YES: What is the earliest grade level that this topic should be taught?
   - K – 2 (Early elementary school)
   - 3 – 5 (Older elementary school)
   - 6 – 8 (Middle school, junior high school)
   - 9th – 12th (High school)

*19. What about pregnancy, prenatal care and how babies are born? Should that be taught?
   - Yes
   - No (skip to Q21)
   - Don't know (skip to Q21)
### Opinions Of South MS College Students Regarding Adolescent Sex

#### 26. IF YES: What is the earliest grade level that this topic should be taught?
- [ ] K – 2 (Early elementary school)
- [ ] 3 – 5 (Older elementary school)
- [ ] 6 – 8 (Middle school; junior high school)
- [ ] 9th – 12th (High school)

#### 27. What about information on the transmission, symptoms and treatment of sexually transmitted infections such as HIV or AIDS, herpes and syphilis? Should that be taught?
- [ ] Yes
- [ ] No (skip to Q29)
- [ ] Don’t know (skip to Q29)

#### 28. IF YES: What is the earliest grade level that this topic should be taught?
- [ ] K – 2 (Early elementary school)
- [ ] 3 – 5 (Older elementary school)
- [ ] 6 – 8 (Middle school; junior high school)
- [ ] 9th – 12th (High school)

#### 29. What about sexual orientation? This includes what makes someone attracted to the opposite sex or the same sex. Should that be taught?
- [ ] Yes
- [ ] No (skip to Q31)
- [ ] Don’t know (skip to Q31)

#### 30. IF YES: What is the earliest grade level that this topic should be taught?
- [ ] K – 2 (Early elementary school)
- [ ] 3 – 5 (Older elementary school)
- [ ] 6 – 8 (Middle school; junior high school)
- [ ] 9th – 12th (High school)

#### 31. Should information about sexual abuse and assault be taught? This would provide information on ways to prevent forced sexual activity and what to do if it happens.
- [ ] Yes
- [ ] No (skip to Q33)
- [ ] Don’t know (skip to Q33)
Opinions Of South MS College Students Regarding Adolescent Sex

32. IF YES: What is the earliest grade level that this topic should be taught?

- K – 2 (Early elementary school)
- 3 – 5 (Older elementary school)
- 6 – 8 (Middle school; junior high school)
- 9th – 12th (High school)

*33. Should information about abortion be taught? This includes medical information and laws related to abortion.

- Yes
- No (go to next page)
- Don't know (go to next page)

34. IF YES: What is the earliest grade level that this topic should be taught?

- K – 2 (Early elementary school)
- 3 – 5 (Older elementary school)
- 6 – 8 (Middle school; junior high school)
- 9th – 12th (High school)
Opinions Of South MS College Students Regarding Adolescent Sex

*35. The following requirements and guidelines are sometimes applied to sex education classes. For each one, please tell me the degree to which you agree or disagree with each statement.

<table>
<thead>
<tr>
<th>Statement</th>
<th>strongly agree</th>
<th>somewhat agree</th>
<th>neither agree nor disagree</th>
<th>somewhat disagree</th>
<th>strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>All health information provided in sex education classes should be medically accurate.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Students should be encouraged to talk with parents or guardians about sex and sexuality.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Sex education should teach that sexual activity outside of marriage is likely to have harmful psychological and physical effects.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Sex education should teach students how to avoid pregnancy and sexually transmitted infections if they do have sex.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Sex education should teach that the best choice is for sexual intercourse to be linked to love, intimacy, and commitment, such as in a marriage or marriage-like relationship.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

The next questions are about talking with your children about sex and relationships. If you do not have any children, answer the questions as you would if you did have children.

*36. Overall, how comfortable do you feel talking with your children about sex and relationships?

<table>
<thead>
<tr>
<th>Comfort level</th>
<th>very comfortable</th>
<th>somewhat comfortable</th>
<th>neither comfortable nor uncomfortable</th>
<th>somewhat uncomfortable</th>
<th>very uncomfortable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Would you say...</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

*37. And how knowledgeable do you feel talking with your children about sex and relationships?

<table>
<thead>
<tr>
<th>Knowledge level</th>
<th>very knowledgeable</th>
<th>somewhat knowledgeable</th>
<th>neither knowledgeable nor unknowledgeable</th>
<th>somewhat unknowledgeable</th>
<th>very unknowledgeable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Would you say...</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
**Opinions Of South MS College Students Regarding Adolescent Sex**

**38.** For each of the next statements, please tell me the degree to which you agree or disagree.

<table>
<thead>
<tr>
<th>strongly agree</th>
<th>somewhat agree</th>
<th>neither agree nor disagree</th>
<th>somewhat disagree</th>
<th>strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

- Teenagers need information about how to correctly use condoms to prevent the spread of HIV and other sexually transmitted infections.

- High school classroom lessons about condoms should include actual condoms so students can see and touch them.

**39.** Some people believe high schools should teach teenagers about how to use condoms to prevent the spread of HIV and other sexually transmitted infections. Do you think high schools should be forbidden, allowed or required to teach this?

- Forbidden
- Allowed
- Required
- Don't know

**40.** Do you think it's ever okay for an unmarried person to have sex?

- Yes
- No
- Don't know

**41.** How about if they're under 18?

- Yes
- No
- Don't know

**42.** Thinking about young people in your community, by the time they turn 18...

<table>
<thead>
<tr>
<th>How many would you say have had sex?</th>
<th>Most</th>
<th>More than half</th>
<th>About half</th>
<th>Less than half</th>
<th>Very few</th>
</tr>
</thead>
<tbody>
<tr>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>
**Opinions Of South MS College Students Regarding Adolescent Sex**

*43. As far as you know, have teen pregnancy rates in Mississippi gone up, stayed the same, or gone down over the past 10 years?*

- [ ] Gone up
- [ ] Stayed the same
- [ ] Gone down
- [ ] Don't know

---

Answering the following questions will help us to make sense of information you have given us and will help contribute to the body of knowledge of public opinion regarding adolescent sex education. These demographic questions will not be used to try to identify any participant in this survey.

*44. Are you male or female?*

- [ ] Male
- [ ] Female

*45. What age group are you in?*

- [ ] Under 18
- [ ] 18 to 24
- [ ] 25 to 30
- [ ] 30 to 39
- [ ] 40 to 49
- [ ] 50 to 59
- [ ] 60 or older

*46. What is your classification?*

- [ ] Freshman (1st year)
- [ ] Sophomore (2nd year)
- [ ] Junior (3rd year)
- [ ] Senior (4th year)
- [ ] 5th year or above (undergrad)
- [ ] Graduate school
Opinions Of South MS College Students Regarding Adolescent Sex

*47. Which of the following best describes your race/ethnicity?

- White
- Black or African American
- Asian
- American Indian or Alaskan Native
- Hispanic/Latino
- Other

*48. Which region best describes your “hometown” or the region in which you were raised?

- Mississippi, USA
- Outside of Mississippi, but still in the Southeast US
- Outside of the Southeast, but still in the United States
- Outside the US

*49. In what College is your major? (If undeclared, choose the college you are most likely to pick a major from.)

- College of Arts & Letters
- College of Business
- College of Education & Psychology
- College of Health
- College of Nursing
- College of Science & Technology

*50. Politically, do you consider yourself to be...

- Very conservative
- Somewhat conservative
- Middle of the road
- Somewhat liberal
- Very liberal
Opinions Of South MS College Students Regarding Adolescent Sex

*51. What is your religious preference?
- Christian
- Jewish
- Muslim
- Buddhist
- None
- Other (please specify)

*52. Generally, how often do you attend religious services? Would you say...
- Rarely or never
- A few times a year
- One to three times a month
- Once a week
- More than once a week

*53. Last year, in 2012, what was your total household income from all sources, before taxes?
- Under $20,000
- $20,000 to under $40,000
- $40,000 to under $60,000
- $60,000 to under $100,000
- $100,000 or more

*54. Do you have any children?
- Yes, under 18 years of age
- Yes, 18 years of age or older
- No, do not plan on having children
- No, but do plan on having children