TEENAGE SEXUALITY AND SEX EDUCATION: AN OBJECTIVE ANALYSIS OF SCHOOL SEX EDUCATION PROGRAMS

by

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A Research Paper

Submitted in Partial Fulfillment of the Requirements for the Master of Science Degree With a Major in

Guidance and Counseling

Approved: 2 Semester Credits

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May, 2002

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ABSTRACT

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Teenage Sexuality and Sex Education: An Objective Analysis of School Sex Education Programs

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May, 2002 35
(Month/Year) (No. of Pages)

Publication Manual of the American Psychological Association
(Style Manual)

The purpose of this study is to evaluate the various types of sex education programs currently being used in public schools. From 1992 – 1996, the United States saw a 13% drop in the rate of pregnancy for 15 – 19 year-olds. During this same time period, Wisconsin saw a 16% drop in pregnancies for the same age group. As can be expected, there have been many studies to find out the reasons for this. This paper will define some of the major sex education programs being used in many schools, and then look at some of the research into the effectiveness of the various programs.

There are several organizations currently conducting research to that end. Included in this paper is research from: The National Campaign to Prevent Teen

Pregnancy, Advocates for Youth, Focus on the Family, The National Abstinence Clearinghouse, The National Coalition for Abstinence Education, ABC News, and The Alan Guttmacher Institute. These organizations represent a broad spectrum of the type of research being conducted in order that no one agenda is being emphasized.

Finally, forty-six (46) surveys were sent out to public high schools in northeastern Wisconsin asking for information on the type of sex education programs being used, what resources are available to students in the school, and information on adoption and abortion within the various districts. The schools surveyed represent several rural districts, as well as the two larger metropolitan areas of the region, i.e. Green Bay and Wausau. The results indicate that of the thirty (30) districts responding to the survey: all use programs that teach abstinence plus sex education and HIV education; most districts provide students with information on adoption and/or abortion; two of the districts provide access to contraceptives; twelve have programs that serve parents and students; eighteen indicate that in the past five years their pregnancy rates had either remained the same (thirteen) or decreased (seven); less than 6% of teenage parents give students up for adoption; and twelve responders have knowledge of students who have had abortions.

ACKNOWLEDGMENTS

For the past three years I have been working toward a goal that, at one time, seemed almost insurmountable. Had it not been for the continuing support and encouragement of several people in my life, none of this would have been happened.

I would first like to thank the faculty and staff at UW-Stout. The program itself has proven to be extremely "user friendly" in that it takes into account the fact that many of us who have chosen to pursue a career in guidance and counseling are teachers. Working full time during the school year, in addition to meeting extracurricular and family responsibilities, leaves little time for additional tasks involved in attaining a Master's Degree. This program has been set up to help us work around these obligations, and still give us a meaningful educational experience.

Several people at Stout deserve individual recognition. Dr. Mary Hopkins-Best was always patient any time I would contact her to make sure I had things in order. She was always pleasant, encouraging, and understanding. Dr. Dennis "Dutch" Van Den Heuvel was likewise an invaluable source of encouragement and experience. As he retires from his responsibilities at Stout I can only feel that those who will not have the opportunity to work with him will miss out on the benefit of his insight, experience, and expertise. Dr. David Rosenthal assisted me with this research project in a way that I will never be able to thank him enough for. Dr. Amy Gillette was a true inspiration to me. She exemplifies what a quality teacher is.

In addition to those mentioned above, I would be remiss if I failed to recognize several people in my personal life. My parents, Don and Dorothy Gagnon, have always believed in me. In addition to their moral and emotional support, they helped me as an

adult undergraduate materially and financially to the point where a lot of pressure was removed, allowing me to concentrate on school and meet my responsibilities as a parent. The same can be said of my brothers, Craig, Scott, Alan, Brian, Glenn, and my sister Donna. My daughter Corina and her husband Dan and their children Courtney and Maria, and my daughter Hillarie and their husband Dean have given me a source of unsurpassable joy which made all of the hard work and sacrifice a worthwhile life experience. A special thanks to my cousin Kathy and my special friend Terry for their prayers and support.

I have also been blessed with literally dozens of friends and colleagues who have shared encouragement, support, laughs, tears, and places to go where I could have someone to listen when I needed to unload.

Finally, and most importantly, I would like to thank God for giving me these resources and putting me in a position where I could utilize them in a way that made this all possible. With His continued guidance I hope to be able to serve in a way that makes my small corner of the world a better place.

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CHAPTER I

Introduction

The sexual revolution that began in the 1960s changed the attitudes of practically everyone who was around, and changed society forever. Today many people no longer feel that sex is a topic to be ignored or not mentioned in "polite society," but one that should be freely and openly discussed. We have seen a more open approach to birth control; abortion has been legalized, although it is still a topic that generates heated debates; there is a greater awareness of the spread of sexually transmitted diseases; and there is a greater awareness, and a move for greater acceptance, of those of differing sexual orientation, i.e. gay, lesbian, and bi-sexuals.

As society has become more open about sex and sexuality, whether it be hetero- homo- or bi-sexuality, or sexual behavior/activity among adolescents, adults, or senior citizens, sex is a more open topic than it has ever been before. One can watch an evening of network television and see commercials for feminine hygiene products, cures for male impotence, condoms, sexually transmitted diseases (most notably AIDS), planned parenthood groups, adoption services, and pro-choice and pro-life groups. Some of the regular programming on these same networks has become so sexually explicit that many people feel it is nothing short of soft-core pornography. Talk radio shows also have their share of suggestive material, and trash DJs have taken an almost no-holds-barred attitude toward their format. In addition, the advent of the Internet has made hard-core pornography accessible to any household that has a computer.

What some people see as a healthy move toward a more accepting and forgiving

society, others see as a sign of growing perversion and a breakdown of the social structure that will result in the fall of Western civilization reminiscent of the Biblical story of Sodom and Gomorrah. A recently aired rerun of Murphy Brown showed a parent protesting FYI's handling of a school district's policy of distributing condoms to students. In 1996 Jocelyn Elders was removed from her position as United States Surgeon General after suggesting that students should be taught about masturbation in sex education classes. The writer found literally dozens of web sites with information for teens on sexuality, and each of these web sites has more resources than one individual could possibly peruse in a day.

This heightened sexual awareness has caused the public school system to respond in the form of expanded sex education programs in schools. Up until the 1960s, sex was a subject taught, or probably more often not taught, to children by parents who found the topic uncomfortable at the very least. Well-meaning, yet nervous and often embarrassed parents would take their sons and/or daughters aside and teach them as much as they could about "the birds and the bees." Topics like abortion and sexually transmitted diseases were rarely, if ever, brought up, most likely because the parents themselves had little or no experience or information on these topics. If they did have the information, many parents were not emotionally equipped to discuss these with their own children. Social mores also dictated that these subjects were never talked about. As can be expected, this new openness has resulted in much heated discussion on sex education's effects on society, the family, teenagers, and the children that may result from an increase in sexual activity among teens.

Many people feel that this openness toward sex has been largely responsible for

the rise in the birth rate among teenagers that was witnessed from the 1970s, when records were first kept, until the early 1990s. As a high school student in the Chicago Public School System in the mid 1960s, the writer remembers hearing about condoms and certain sexually transmitted diseases, i.e. syphilis and gonorrhea, in a health class, but that was as far as the discussion went. Today, despite the fact that only twenty-two states require sexuality education through state law, it is offered in ninety-three percent of the high schools across the nation (Sexuality education and curricula programs, 1999, p. 2). Students today are not only taught the physical and chemical processes involved in pregnancy and child birth, but also about birth control, STD's, abortion, adoption, homosexuality, abstinence, impotence, and family planning.

As time goes by the controversy continues to grow, and a variety of viewpoints have emerged. Some studies have shown that most parents prefer that trained professionals teach sex education in a school setting. One study indicated, "parents want their children to learn more about birth control and safe sex than their children reportedly learn" (Livni, 2000, p. 3). A report by Advocates for Youth released in 1999 cited five studies that indicate public support for sexuality education (Sexuality Education Curricula and Programs, 1999). And while at least one religious group, i.e. Focus on the Family, feels that some sex education programs "encourage teens to be sexually active" (Dobson, 2000, p. 7), the Advocates' report stated that "in a study of PTA Presidents in North Carolina, over one-third of whom described themselves as born-again or fundamentalist Christian, 89 percent believe that family life education should be taught in schools" (Sexuality Education and Curricula Programs, 1999, p. 2). Focus on the Family encourages parents to "evaluate a variety of areas when examining their school's sex

education materials" to make sure the content conforms to the desires and values of the parent (Evaluating Your School District's Sex Education Program, 1998, p. 1).

Statement of the problem

Regardless of the viewpoint on the effectiveness and/or ethics behind sex education programs, there is evidence that the rate of pregnancy among teenagers has been dropping since the early 1990s after seeing a steady rise since the mid 1970s (Why is teenage pregnancy declining?, 1999). The purpose of this paper is to inform the reader as to what types of sex education programs are currently being taught in the public school system and, to a certain extent, the effectiveness of those programs

Research questions.

This paper will be an attempt to address the following issues:

1. What is responsible for the recent drop in the rate of abortions and pregnancy among teenagers?
2. What are the basic types of sex education programs available to teenagers today?
3. Does sex education in school increase the likelihood of teenagers experimenting with sex?

Limitations

Obviously, there will be some limitations with the information presented here. There is a massive amount of data available through various sources and, while this paper attempts to be as objective as possible, not all of the research may be. Some groups may wish to further their own agenda by conducting their own research and skew the data collected in such a way that it matches their own hypotheses, thereby creating more of a

self-fulfilling prophecy than a realistic summary of facts and statistics.

It would also be inaccurate to assume that the birth rate among teenagers is falling due to any one type of program or for any one reason. As the research presented here will indicate, such assumptions may be wrong and, in some cases, dangerous. By making such assumptions, a researcher may unknowingly and unwillingly seek data to prove his/her own hypotheses, thereby creating another self-fulfilling prophecy rather than an objective analysis of data.

Definition of terms

The following are some terms that are relevant to the discussion of sex education. They provide a more in-depth description of sex education programs and services than would be practical within the text. This is by no means a comprehensive dictionary of terms, but rather a guideline to those relevant to this paper.

Abstinence-only sex education programs: sex education programs that "focus on abstinence from sexual intercourse, typically until marriage" as the only method of preventing unwanted pregnancy and/or the spread of STDs (Kirby, 1997a, p. 25).

Abstinence-plus sex education programs: sex education programs that teach abstinence as well as the use of contraceptives to prevent pregnancy and the spread of STDs.

Family planning services: services that provide the client with "contraception, . . . reproductive health services, and . . . the knowledge and skills to use their selected methods of contraception" (Kirby, 1997a, p. 31-32).

School-based health services: centers that provide many of the same services as the family planning centers, but that are located on school grounds as opposed to

somewhere out in the community.

Multiple component sex education programs: programs that include at least two of the following components: “classroom instruction, school-wide activities, provision of contraception, and media campaigns” (Kirby 1997a, p. 39).

Youth development programs: programs that develop life skills, higher education, community involvement, and positive decision making skills.

CHAPTER II

Literature Review

In collecting resources for this paper, the writer's main objective was to present information on the types of sex education programs and services available and how effective research has found them to be. A broad range of research has been conducted, both in the secular and religious communities. Resources from both categories were used in order to present as objective a paper as possible.

1. What is responsible for the recent drop in the rate of abortions and pregnancy among teenagers?

According to the Alan Guttmacher Institute, "pregnancy and abortion rates have reached their lowest points since they were first measured in the early 1970s, and birthrates are similar to those that prevailed between the mid-1970s and mid-1980s" (Why is teenage pregnancy declining?, 1999, p. 2). There have been several theories as to what is responsible for this drop, and they have not come without their share of controversy.

In 1966 the National Campaign to Prevent Teen Pregnancy was founded, whose "goal is to reduce the teen pregnancy rate by one-third by the year 2005" (Kirby, 1997a, p.ii). In March of 1997 Campaign released a paper entitled: No easy answers: Research findings on programs to reduce teen pregnancy. The study

> summarizes three bodies of research that have implications for the design and effectiveness of programs to reduce teenage pregnancy in the United States, . . . statistics on teenage sexual risk-taking behaviors, . . . research on the antecedents

> of adolescent sexual risk-taking behavior, . . . (and) evaluations of specific programs designed to reduce sexual risk-taking and teen pregnancy (Kirby, 1997a, p. 1).

Statistics on teenage sexual risk-taking behaviors

According to Kirby, as of 1995, 53.1 percent of high school students in the United States admitted to having had sexual intercourse, and almost "66 percent of high school seniors reported the initiation of intercourse before they graduated" (1997a, p. 3). The rate of sexual activity among teenagers has risen "substantially" over time, "but has stabilized since 1990" (1997a, p. 4). These findings concurred with another study showing a noticeable drop in pregnancy, birth, and abortion rates since the early 1990s (Why is teenage pregnancy declining? 1999).

As the rates of sexual activity have increased, so has the use of contraceptives. Kirby stated that, according to a 1994 Alan Guttmacher Institute study, "in 1982 only 48 percent of teenage women used a contraceptive the first time they had sex, but by 1988 that percentage had increased to 65 percent" (Guttmacher cited in Kirby, 1997a, p. 4.).

Even though there has been an increase in the use of contraceptives by teenagers, many "do not consistently use contraceptives properly, thereby exposing themselves to risks of pregnancy and STDs, . . . only 41 percent took a pill every day . . (and) only 35 percent of 15- to 17-year-olds and 31 percent of 18- to 19-year-olds used a condom during every act of intercourse" (Kirby, 1997a, p. 5). Many of these people stated that they weren't planning on having sex, and were not prepared, while others stated that "they can't afford birth control, don't know where to get it, can't get it, or don't know how to use it" (Kirby, 1997a, p. 5).

There are, however, a growing number of teenagers who are using injectable and implant methods of birth control. In 1988, of the 15-19 year-old women who were using birth control, roughly 60% used oral contraceptives, 15% used condoms, and the remaining 5% or so used other methods. By 1995, about 15% of those identified in this group were using implant/injectable methods of birth control, the percentage of oral contraceptive users dropped roughly to a little less than 40% while the number of those using condoms and other methods of birth control remained about the same (Why is teenage pregnancy declining? 1999). These "long-acting . . . hormonal methods (of birth control) have the lowest failure rates of all reversible methods", but most teenagers preferred the injection to the implant by a margin of about 3 to 1 (Why is teenage pregnancy declining? 1999, p. 6-7).

This increase in the use of contraception may be at least partially responsible for the decrease in birth rate among teenagers we have been witnessing since 1991. In 1990 the rate of pregnancy, birth, and abortion among women from ages 15-19 was 117.1 per 1,000. By 1996 that rate had dropped to 97.3 (Why is teenage pregnancy declining?, 1999, p. 15).

Research on the antecedents of adolescent sexual risk-taking behavior

Kirby states that the antecedents to adolescent sexual behavior can be divided loosely into three categories or groups: a) biological, i.e. age, gender, testosterone level, and pubertal timing; b) social status or situation including, but not limited to: socio-economic status, educational levels and performance within the family including parents, experiences of parent or sibling as an adolescent parent, level of religious affiliation, delinquency levels, and low expectations for the future; c) "attitudes and beliefs directly

related to sexual behavior" (Kirby, 1997a, p. 12-13).

Although there is no way of identifying exactly who will become pregnant, these antecedents "can be used to paint a picture of youths who are most likely to engage in unprotected sexual intercourse and become pregnant (or impregnate others) . . ." (Kirby, 1997a, p. 13). Implementing pregnancy prevention programs that are accessible to these cohorts may reduce at least some risk-taking sexual behavior. However, these programs must address as many of these antecedents as possible. "Simply addressing sexual beliefs, attitudes and skills – and even improving access to contraception – will not address most of these risk factors, may not significantly change motivation, and probably will not significantly reduce long term sexual risk-taking behaviors" (Kirby, 1997a, p. 15).

2. What are the basic types of sex-education programs available to teenagers today?

Kirby reviewed various sex education programs and divided them into five groups: 1) abstinence, sex education, and HIV education programs, 2) programs designed to improve access to contraceptives, 3) sex education programs for parents and their children, 4) multiple component programs, and 5) youth development programs.

Abstinence, Sex Education, and HIV Education Programs

Abstinence-only programs are popular with religious groups in that they promote a moral agenda. Abstinence-plus programs include "a wide variety of programs, ranging from sex or AIDS education programs taught during regular school classes, to programs taught on school campuses after school, to programs taught in homeless shelters and detention centers" (Kirby, 1997a, p. 25).

Programs Designed to Improve Access to Contraceptives

As stated previously, the number of teenagers who use contraceptives has shown an overall increase, although there are still many who do not or will not use them because "they can't afford birth control, don't know where to get it, can't get it, or don't know how to use it" (Kirby, 1997a, p. 5). Kirby identifies three types of programs to improve access to contraceptives, thereby increasing their use and effectiveness in preventing unwanted pregnancies. These programs come in three categories: a) family planning services, b) school-based health services, and c) school condom-availability programs.

According to a 1998 report from the National Survey of Family Growth, approximately one-third of females ages 15 - 19-years old utilized family planning services in one form or another, i.e. "a clinic, private medical source, or counselor . . . in a single year. Almost two-thirds of them visited clinics" (Kirby, 1997b, p. 8). The majority of these individuals received oral contraceptives by prescription, which are more effective than over-the-counter contraceptives and, as a result, it may be presumed that many teenage pregnancies were prevented. However, "there is remarkably little evidence to support this conclusion" (Kirby, 1997a, p. 32).

School-based health centers provide several advantages to a well-staffed and well-run community based program. For example, they are conveniently located for students, they are equally accessible to male and female students, they can provide "comprehensive health services, they are confidential, their staff are selected and trained to work with adolescents, they can easily conduct follow-up, their services are free, and they can integrate education, counseling, and medical services" (Kirby, 1997a, p. 34-35). However, those who have dropped out or graduated, and older males who "are most

likely to father children born to adolescent females", do not have access to these programs (Kirby 1997a, p. 34-35).

Sex education programs for parents and their children

As stated previously, many parents are not comfortable teaching their children about sex. Even if they have the information, many are not emotionally equipped to discuss this with their own children. However, today there are programs available to help parents and children communicate more openly about sex. These are usually short programs, some for parents only while others require the parent and child to work together. Other school programs may encourage the parent and child to communicate through homework assignments, and still others include "video programs with written materials to be completed at home (Kirby, 1997a, p.38). According to Kirby, "studies indicate that in the short term these programs do increase parent/child communication about sexuality, as well as comfort with that communication . . . (but) those positive effects appear to dissipate with time" (Kirby, 1997a, p. 38).

Multiple component programs

Programs such as Education Now and Babies Later (ENABLE) and Responsible Education on Sexuality and Pregnancy for Every Community's Teens (RESPECT) fall into this category. ENABLE is a California middle school program that involves the entire school by holding "assemblies, rallies, health fairs and promotional items, such as balloons pencils, water bottles and stickers with the ENABLE logo" (Kirby, 1997a, p. 39). RESPECT is a Philadelphia program that incorporates several walk-in clinics with expanded hours to accommodate school-age clients. The staff is trained to work with teens and utilizes "school and community activities (and) a media campaign" to "improve

family planning services (Kirby, 1997a, p. 33). Similar programs have been implemented in New England, Baltimore, South Carolina, and Portland, Oregon.

Youth development programs

From the mid-1950s until the mid-1970s, the teenage pregnancy rate declined. During this time period, "many young women were postponing marriage and childbearing and pursued higher education and more challenging professional careers (Guttmacher cited in Kirby, 1997a, p. 41). Today there are several programs available to young people, both male and female, that focus on developing life skills, promote education beyond high school, encourage community involvement, provide part-time employment while in school, and generally help teenagers to reevaluate their life situation and make positive decisions about their educational and career futures. Some include a stronger sex education component than others, but the main focus in these programs is career and educational development (Kirby, 1997a).

As time goes by, we can probably expect to see modifications to any number of programs that will utilize bits and pieces of what is already in place, while continuing to find one that works best for each separate location. This will provide an even more eclectic approach to sex education than what is available now.

3. Does sex education in school increase the likelihood of teenagers to "experiment" with sex?

The five types of sex-education programs listed evaluated offer a variety of possibilities to explain why the birth rate among teens has been dropping. But how effective are they at preventing unwanted pregnancies among teens and, more

importantly to some, do they have the potential of actually increasing sexual activity among teens?

According to a CitizenLink news release dated August 18, 1998, "a newly released CDC (Centers for Disease Control) Youth Risk Behavior Survey . . . demonstrated that 10 percent more teens abstained from sex than in a survey taken in 1995" (Study shows dramatic increase in sexually abstinent teens, 1998, p. 1). The CitizenLink report goes on to say that in 1995, "53.1 percent of teens were engaging in sexual activity", and the 1998 numbers released by the CDC "revealed that only 48.4 percent of teens claimed to be sexually active—a 10 percent increase in abstinence among teens" (Study shows dramatic increase in sexually abstinent teens, 1998, p. 1). While there is evidence that the number of sexually active teenagers is dropping, it would be premature to claim that any one type of sex education is responsible.

Kirby's report was the most comprehensive study the writer was able to locate on the subject. He (Kirby) found only six programs that have been reviewed to any extent, five of which

> measured impact upon initiation of sex, and none of them found both a consistent and significant program effect upon delaying the onset of intercourse, and at least one study provided strong evidence that the program did not delay the onset of intercourse. . . . although this evidence is not conclusive (due to) significant methodological limitations that could have obscured program impact. (Therefore), given these limitations, there is too little evidence to determine whether or not different types of abstinence-only programs can delay the onset of intercourse (Kirby, 1997a, p. 25).

Advocates For Youth investigated a report by the World Health Organization, and found that "abstinence-only programs were less effective than programs that promoted . . . safer sex practices" (Sexuality education curricula and programs, 1999, p. 2). Another study cited by the same group states that in "three major abstinence-only programs, Sex Respect, Success Express, and An Alternative National Curriculum on Responsibility . . ., no scientific data has been collected in support of (the) claim" that the programs were "successful or effective" (Sexuality education curricula and programs, 1999, p. 3).

Of the thirteen abstinence-plus programs investigated by Kirby, he found that none of them "significantly hastened the onset of intercourse (nor) significantly increase sexual activity as some people have feared" (1997a, p. 26).

Kirby also investigated six studies on the effectiveness of family planning programs and concludes that "the relatively small number of studies, the weak designs typically employed in these studies, and the mixed results limit confidence in (the) conclusions" that such programs are having an impact on teen pregnancy and teen sexual activity (Kirby, 1997a, p. 34).

Conclusion

In summing up his findings, Kirby drew several conclusions on the various types of sex education programs available. His first major conclusion is that "there are no simple approaches that will markedly reduce adolescent pregnancy" (Kirby, 1997a, p. 46). This is an extremely complex issue with many variables that have to be taken into account, such as socioeconomic factors, family dysfunction, religious affiliation, educational background, and so on.

Next, Kirby stated that there is "overwhelming (evidence demonstrating that)

programs that focus upon sexuality . . . do not increase sexual activity. None of the evaluations . . . found results indicating that any of them increased any measure of sexual activity" (Kirby, 1997a, p. 47). He went on to say that, however appropriate abstinence-only programs may be for teenagers, "there does not currently exist any scientifically credible, published research demonstrating that they have actually delayed (or hastened) the onset of sexual intercourse or reduced any other measure of sexual activity. Their actual impact on sexual behavior is not yet known" (Kirby, 1997a, p. 47). He stated, however, that "some programs can have some success at modestly reducing one of more sexual behaviors for at least a brief period of time" (Kirby, 1997a, p. 48).

CHAPTER III

Methodology

The statistics on teen pregnancy rates cited previously are based on national, and in some cases worldwide data. According to a publication by The National Campaign to Prevent Teen Pregnancy entitled "FACT SHEET; Teen pregnancy and childbearing in Wisconsin" (2002, p. 1), Wisconsin has seen an overall rate drop that is more significant than the national levels in three out of four categories:

Changes in teen pregnancy rates	WI	U.S.	state rank
15-19 years-olds, 1992-1996	-16%	-13%	12
14 years-old or younger, 1995-97	-7%	-11%	25
15-17 years-old 1992-96	-14%	-13%	17
18-19 years-old 1992-96	-17%	-11%	10

A breakdown of the counties in northeastern Wisconsin is as follows:

Lincoln, Portage, Marinette. . . . . 12.7 – 33.5 per 1,000

Langlade, Marathon,
Oneida, Outagamie, Vilas . . . . . 33.6 – 41.9 per 1,000

Brown, Menominee, Forest
Oconto, Waupaca . . . . . 42.6 – 100.7 per 1,000
(Teen pregnancy prevention: State by state information – Wisconsin, 1997, p. 1)

Research Instrument

In order to find out what types of programs schools in northeastern Wisconsin were utilizing, a questionnaire (see Appendix A) was mailed out to forty-six (46) high

schools in the counties cited above. The surveys were sent out with self-addressed stamped envelopes to ensure a better return rate.

Validity and reliability

Because this survey was drawn up specifically for this paper, validity and reliability cannot be measured against other instruments.

Data analysis procedures

The forty-six surveys were mailed out to public high schools in Brown, Florence, Forest Langlade, Lincoln, Marathon, Marinette, Menomonie, Oconto, Oneida, Shawano, and Vilas counties in northeastern Wisconsin. This area is roughly bordered on the south by Highway 29, on the west by Interstate 39/Highway 51, on the north by the Michigan state line, and on the east by the bay of Green Bay. The area covered provided a mix of urban areas, i.e. Green Bay and Wausau, as well as rural areas, which is typical of population distribution throughout the state. Notice was posted on the survey that participation was strictly voluntary. It was also stated that neither the responder nor the school should be identified on the survey.

Limitations of the present study

Information concerning the cause/effect relationship between sex education programs and sexual activity among teenagers is beyond the scope of this paper. We will have to rely on the literature cited earlier, and continuing research to provide those statistics. Information of that nature would be more appropriate to a doctoral dissertation.

Similarly, the scope of this paper is such that accurate statistics on a district-by-district basis providing information on the number of pregnancies per 1,000 students would be prohibitive. The author's main objective is two-fold: 1) to find out if the people

actively involved in sex education programs have noticed a drop in the number of teenage pregnancies in their respective school populations; 2) to find out what types of programs are being used in the region.

CHAPTER IV

Results

In all thirty (30) surveys were returned with the following information:

1. What type of sex education program is currently being taught in your school?

0 a) Abstinence-only

29 b) Abstinence-plus sex education and HIV education

1 c) Other

0 d) Don't know

The one respondent who checked "Other" explained that their program covered "Abstinence, birth control, human reproduction, 12-14 STD's including HIV, choices, values & more." Another indicated that their program only consisted of Abstinence-plus and HIV education, with no other sex education provided.

2. Does you program provide information on:

19 Adoption 13 Abortion 1 Don't know

Twelve (40%) of those surveys returned indicated that their program provides information on both adoption and abortion, while seven (23%) indicated that they provide information on adoption only, and one signified that it provides information on abortion only. Eleven programs (37%) do not provide information on either adoption or abortion.

3. Does your school provide a program that gives students access to contraceptives?

2 Yes 27 No 1 Don't know

4. Does your program provide parents and teenage children the opportunity to work together toward a better understanding of sexual attitudes and responsibilities?

12 Yes 16 No 2 Don't know

5. Has the pregnancy rate among your high school population increased or decreased in the past five years?

0 Increased 7 Decreased

13 Remained the same 10 Don't know

None of those responding indicated that the rate of teenage pregnancy has gone up in the past five years, while over 43% indicate that the rate has remained the same and 23% have indicated a decrease.

6. In the past five years approximately what percentage of teenage parents have released children for adoption?

13 0-5% 1 6%-10% 0 11%-15%

0 16%-20% 19 Don't know

7. Are you aware of any students from your school who have had an abortion in the past five years?

13 Yes 16 No

A significant number of those responding (43%) indicated that they have knowledge of students having abortions.

Summary of Results

As can be seen from the results of the survey, northeastern Wisconsin's school districts are by and large utilizing an abstinence-plus approach to sex education, and apparently with positive results. In 66% of the districts responding the rate of pregnancy

has either dropped or remained the same, and no districts reported an increase in the pregnancy rate.

CHAPTER V

Conclusion

Although the results of this survey are far from conclusive, they do indicate that northeastern Wisconsin has seen some success in its efforts to reduce the number of children born to teenagers. The 65% response rate to the survey seems to indicate that many of these districts are at least willing to share their success. As time goes by, more data will be collected and those results will be weighed against previous statistics. It would be a mistake to grow complacent as a result or what we are now experiencing. Efforts must be made to ensure that the current programs are not allowed to become stagnant as the dynamics of our population changes.

Also, as the state deals with the current budget crisis, it may be increasingly tempting to trim some programs for economic reasons. The general public needs to be made aware of the fact that these programs have achieved a certain amount of success, and it is only by continuing the process of educating young people that these results will have any chance of continuing.

It is up to those in the field, i.e. teachers, counselors, social workers, school boards, and parents, to provide their teenagers with the information they need to make informed and intelligent decisions. There is a growing body of research on the issue of teenage sexuality, and an equally diverse group of people investigating the topic. As conclusions are drawn and evidence is gathered, it is inevitable that each set if findings will be further researched to prove or disprove each theory.

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Appendix A

The following survey is being conducted by Wayne Gagnon, a graduate student at the University of Wisconsin-Stout as part of a research project for a master's degree in Guidance and Counseling. Please circle all that apply to your program, and return the survey in the accompanying envelope by April 30, 2002. If you have any questions, please feel free to contact Mr. Gagnon at (715) 623-7611, or via email at: wgagnon@antigoschools.k12.wi.us. NOTE: Participation in this survey is strictly voluntary. Please do not identify yourself or your school on this survey. Thank you in advance for you cooperation.

1. What type of sex education program is currently being taught in your school?

   a) Abstinence-only b) Abstinence-plus sex education and HIV education

   c) other (if possible please explain on the back of this questionnaire)

   d) Don't know

2. Does your program provide information on:

   a) Adoption? b) Abortion? c) Don't know

3. Does your school provide a program that gives students access to contraceptives?

   Yes No Don't know

4. Does your program have provisions for parents and their teenage children to work together toward a better understanding of sexual attitudes and responsibilities?

   Yes No Don't know

5. Has the pregnancy rate among your high school population increased or decreased in the past five years?

   Increased Decreased Remained the same Don't know

6. In the past 5 years approximately what percentage of teenage parents have released their child for adoption?

   a) 0 – 5% b) 6% – 10% c) 11% - 15% d) 16% - 20%

   e) Don't know

7. Are you aware of any students from your school who have had an abortion in the past five years?

   Yes No