Spring 2017

Parental Views on Sexual Education in Public Schools in a Rural Kentucky County Eastern Kentucky University

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(Peer Reviewed Article)

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Abstract

Despite Kentucky having almost twice the national birth rate with 50 births per 1,000 female population ages 15-19 (County Health Rankings, 2015), the implementation of comprehensive sexual education in Kentucky public schools remains a controversial topic. This study examined parental attitudes regarding comprehensive sex education curriculum in a rural Kentucky middle school. A survey was distributed to a convenience sample population of parents (N=100) whose children were enrolled in a rural Appalachian middle school in grades 6th thru 8th. Data were analyzed using Chi square and multi-variate techniques. Of the 63 participants, 58.7% believed that sex education should begin in middle school. Of the 73% (n=46) of respondents who believed abstinence-plus should be taught, 58.7% (n=27) were between the ages of 26 and 35, and 28.3% (n=13) were between the ages of 36 and 45. Differences in attitudes towards sex education was strongly influenced by both age and education level.

Introduction

Sexual education in American schools has historically been a controversial topic. In the United States, each state has their own set of laws regarding sex education in public schools. HB 231 was proposed by the legislature in 2015 in Kentucky which:
Requires school districts, public schools or family resource, and youth services centers that offer human sexuality education to use science-based standards with age-appropriate, culturally sensitive and medically accurate information. Information includes, but is not limited to abstinence education and contraception. Mandates the option for parent or guardian to opt out from human sexuality education and for content to be available for review upon request. Does not require school districts, public schools, family resource, and youth services centers to provide human sexuality education. Also allows the Cabinet for Health and Family Services to refuse federal funding that requires teaching abstinence- only programs. If state funds are appropriated for human sexuality education, requires the Cabinet to meet the same science-based, age-appropriate, culturally sensitive and medically accurate standards as above. Any organization receiving state funds that offers human sexuality education or pregnancy prevention services must also use the same standards (National Conference of State Legislatures, 2015).

As of June 2015, this bill failed and instead an Act regarding public health created a new section of KRS Chapter 158 that mandates schools to:
Require science-based content and age-appropriate and medically accurate standards for human sexuality education; permit a parent or guardian to excuse a child from the educational

program and permit the parent or guardian to review instructional material upon request; specify that nothing requires a school district, public school, or family resource and youth services center to offer human sexuality education; create a new section of KRS Chapter 211 to permit the Cabinet for Health and Family Services to refuse federal funding for abstinence-only education; require science-based content if state funds are received by the cabinet or subcontractor for human sexuality education or teen pregnancy prevention; permit the cabinet to promulgate an administrative regulation to specify instructional content; require an entity that receives state funding and offers human sexuality education or teen pregnancy prevention to adopt science-based content (National Conference of State Legislatures, 2015). According to the Centers for Disease Control and Prevention, 2013, a total of 273,105 babies were born to women aged 15–19 years, for a live birth rate of 26.5 per 1,000 women in this age group. Kentucky, however, had almost twice the national rate with 50 births per 1,000 female population ages 15-19 (County Health Rankings, 2015). Kentucky ranked seventh out of 51 (50 states plus the District of Columbia) in the 2011 final teen births rates among females aged 15-19, with 1 representing the highest rate and 51 representing the lowest rate (HHS, 2015). Teen pregnancy is linked to a number of other issues, including economic costs associated with teen pregnancy such as child welfare, infant health, education and economic wellbeing. The National Campaign to Prevent Teen and Unplanned Pregnancy in 2011 estimated that the costs of childbearing on taxpayers are at least $10.9 billion annually. The estimated savings for U.S. taxpayers in 2008, due to the substantial decline in the teen birth rate between 1991 and 2008 was $8.4 billion (The National Campaign, 2011). Only 40 percent of those teen mothers' finish high school, and less than two percent of those girls earn a college degree by the age of 30 (The National Campaign, 2011).

In 2011, the state of Kentucky received federal funding totaling $835,884.00 for abstinence-only education programs (Sexuality Information and Education Council of the United States, 2011). Teaching about contraceptives, which include; condoms, the birth control pill, or the patch, is not a requirement. One of the many debates among parents is whether sex education should include abstinence-only curricula or abstinence-plus contraception methods curricula (Cuccaro, Johnson, Markham, Peskin & Tortolero, 2011). The opinions of the parents may have an important impact on the type of sex education taught in local schools.

In addition, "prevalence estimates suggest that young people aged 15–24 years acquire half of all new STD's," and that 1 in 4 sexually active adolescent females have an STD, such as chlamydia or human papillomavirus (HPV; CDC, 2015). The CDC in 2012 stated that reported STD cases were as follows: chlamydia cases aged 15-24, 12,082 per 100,000, gonorrhea, 2,363 per 100,000, and syphilis, 35 per 100,000 (CDC, 2015). The cost of STDs to the U.S. health care system is estimated to be as much as $15.9 billion annually (Healthy People 2020).

In 2014, Pike County Kentucky a rural area located in the Eastern region of the state, had a population of 63,034 (United States Census Bureau, 2015). According to The County Health Rankings (2013), teen birth rates for Pike County Kentucky were 58 births per 1,000-population age 15-19 years old. The Pike County Board of Education confirmed that sexual education is taught at the high school level (grades 9-12), but not at the junior high level (grades 6-8) because of previous opposition from the parents.

The purpose of this study was to assess parental attitudes and support for a comprehensive sex education curriculum in a rural Kentucky middle school. It is hypothesized that parents' will be in favor of implementing abstinence-plus contraception sex education in public middle schools in Kentucky. Results from this study could be used to potentially influence

school-based policies regarding sexual education to aid in reducing the rates of teen pregnancy and STD's within rural Kentucky counties.

Literature Review

A review of the literature indicated an overall general support from parents for comprehensive sexual education to be included in the middle school and/or high school curriculum (Constantine, Jerman, & Huang, 2007). Several national studies have focused on formulating qualitative and quantitative research methods on how parents feel about sex education being taught in schools.

A study conducted by Millner, Mulekar & Turrens (2015), examined parental attitudes of parents of public school children in Alabama regarding the consolidation of various youth pregnancy prevention methods included in public school curriculum. Results showed that 80% of parent participants agreed that sex education should be taught in public schools, while 16.5% disagreed (Millner, Mulekar, & Turrens, 2015). At least three-fourths of the participants supported different strategies for pregnancy prevention among youth, results indicated strong parental support for more comprehensive sex education curriculums within Alabama public schools that included more than abstinence-only education (Millner et al., 2015).

Constantine, Jerman & Huang (2006,) assessed sex education preferences among California parents, an understudied but critical population of key stakeholders. The results showed that 89% (n=1,284) of parents reported a preference for comprehensive sex education, but only 11% for abstinence-only education (Constantine, Jerman & Huang, 2007). Preferential reasons that occurred were those focused on the consequences of actions, on the importance of providing complete information, on the inevitability of adolescents' engaging in sex and on religious or purity-based morality concerns (Constantine, Jerman & Huang, 2007). Of abstinence-only supporters, 64% listed religious concerns as influential, while 94% of comprehensive sex education supporters listed non-religious concerns as most influential. (Constantine et al., 2007).

McKee, Ragsdale & Southward (2014) explored the parents' opinions in regards to the implementation of sex education and age-appropriateness in Mississippi. The results of the study revealed that more than 90% (n=3,600) of parents were in agreement on implementing age- appropriate sex education in Mississippi public schools, including; discussing the transmission and prevention of HIV/STIs, and discussing how to get tested for HIV/STI's (McKee, Ragsdale & Southward, 2014). More than 80% agreed in regards to discussing where to obtain birth control, and more than 70% agreed that correct condom use demonstration should be included (McKee, Ragsdale & Southward, 2014). The results did vary based on race, ethnicity, and gender.

Heller and Johnson (2013), assessed parental opinions concerning school sexuality education by assessing a culturally diverse, low-income urban community college parent's population. Results of the study indicated that 80% of the parents (N=191) were in favor of sex education in the schools (Heller & Johnson, 2013). However, there was an important negative correlation between attendance at religious services and support for school sex education for these parents (Heller & Johnson, 2013). The original hypothesis that there would be less support for comprehensive sexuality education in the sample population than in national and statewide surveys was rejected (Heller & Johnson, 2013).

Draw the Line/Respect the Line was a program used in a trial conducted by Coyle, Kirby, Marín, Gómez & Gregorich (2004) that assessed the impact of a specific curriculum based program on reducing sexual risk behaviors in middle-school children. Intervention techniques produced postponement effects within the male sample population but this was not mirrored within the female sample. Male students were more likely to hold a positive attitude towards postponing sexual involvement and appeared more knowledgeable on the subject, while setting more specific sexual personal limits and decreased participation in behaviors or situations promoting risky sexual behaviors. (Coyle, Kirby, Marin, Gomez, & Gregorich, 2004). The boys also displayed more knowledge and had a more positive attitude towards not having sex, more specific sexual limits, and were less likely to participate in behaviors or situations that could lead to sexual risk behaviors (Coyle et al., 2004). The psychosocial effects were more limited for the girls.

Method

This study assessed the knowledge, attitudes, and support from parents for sex education in a rural Kentucky Middle school. A survey (See Appendix A for survey questions), created by the University of Texas School of Public Health, was used with the authors' permission and administered via Survey Monkey to a population of parents whose children were enrolled in a rural Kentucky middle school. The informed consent (See Appendix C for informed consent) was included in the letter sent to parents explaining the study before they were able to access and complete the survey.

An Elementary school located in Pike County Kentucky approved the research to be conducted involving the parents of students' enrolled in grades 6th-8th. A convenience sample was used as the surveys were distributed to all 100 parents of these students. The parents were contacted via cover letter sent home by the teachers, which included a description of the research project and a link to the survey. Participants who voluntarily chose to participate by answering yes were redirected to the survey, while participants who refused to participate were redirected.

The survey was pilot tested among graduate students to assess the amount of time needed to complete the survey. The readability level of the survey was at the sixth grade level, as determined by Flesch Reading Ease located on Microsoft Word. The survey assessed parental views regarding sexual education in Kentucky public schools. Respondents were not compensated for participation in the 10-minute survey. The Eastern Kentucky University Institutional Review Board (IRB) approved the study.

Measures

The 21-item standardized survey collected information on parents' socio-demographic and opinions involving implementing sex education in Kentucky public schools. For the survey, the definition of abstinence-only sex education was described as "It should only teach young people to wait to have sex until marriage" Abstinence-plus sex education was defined by the statement "It should teach young people to wait to have sex but also provide them with information on condoms and contraception methods".

Statistical Analysis

Descriptive analyses (i.e., frequencies/cross tabulations) were utilized to summarize demographics of the subjects. Next, Chi Square analyses were used to compare relationships between categorical variables.

Results

Demographics

Of the 100 parents who were invited to participate, 68 parents participated. However, because of incomplete surveys, a total of 63 parents were included in the analyses. All participants identified as Caucasian and spoke English as a first language.

Parental Opinions Regarding Sexual Health Education

Multiple choice and Likert-scale questions were used to assess parental attitudes regarding sexual health education in Kentucky public schools. The attitudes measured were parents' views on sex education in public schools and at what grade level that education should begin. Beliefs on the key stakeholders that should be making the decisions on sex education being taught in public schools were measured, as well as the attitudes towards abstinence-only and abstinence-plus education.

The bar chart (see figure 1) shows, 58.7% (n=37), believed that sex education should be taught in middle school, 28.6% (N=18) believed sex education only be taught in high school, 7.9% (N=5) believed sex education should be taught in elementary school, and only 3.2% (N=2) believed sex education should not be taught in schools at all.

There was a marginal significant association between parent's age and the grade level parents believed sex education should be taught in school ($p>.05$) (see Figure 1). Of the 58.7% (N=37) of those who believed sex education should be taught in middle school, over half (56.7%, N=21) were between the ages of 26-35, and 29.7% were between the ages of 36-45.

Parental Education Level and Preferred Grade for Sex Education

In regard to the education level of parents, 58.7% (N=37) of the participants who believed sex education should be taught in middle school, 59.5% (N=22) were college graduates, 21.6% (N=8) had some college, and 16.2% (N=6) were high school graduates. Of the 28.6% (N=18) of the total participants who believed sex education should begin in high school, 61.1% (N=11) were college graduates, 11.1% (N=2) had some college, and 27.7% (N=5) had a high school diploma (see figure 1).

There was a significant association ($p< 0.05$) between parent's age and what type of sexual education should be taught in public schools (see Figures 9 & 11). Of the 73% (N=46) of respondents who believed abstinence-plus should be taught, 58.7% (N=27) were between the ages of 26-35 and 28.3% (N=13) were between the ages of 36-45 (see figure 2).

Parental Age, Type of Sexual Education, and Curricula Decision-Makers

Of all 63 participants, 73% (N=46) believed sex education should include information regarding abstinence-plus contraception, while 23.8% (N=15) believed it should be abstinence- only. Of the seventy-three percent (N=63) who believed abstinence-plus contraception should be taught, 58.7% (N=27) were between the ages of 26 and 35, and 28.3% (N=13) were between the ages of 36 and 45. Finally, when participants were asked to choose who should be considered most important when making the decision on sexual health

education being taught in public schools, 83% (N=52) listed parents as the most important, 71% (N=45) listed teachers, and 49% (N=31) listed public health officials (see table 1 & figure 2-5).

Table 1. Responses of Likert-scale Survey Questions

Item	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
Students should get more education about abstinence in sexual health education classes	60.32%	34.92%	3.17%	0%	1.59%
Students should get more education about both abstinence and birth control/condoms in sexual health education classes	43.55%	43.55%	8.06%	3.23%	1.61%
Students should get more education about birth control/condoms in sexual health education classes.	22.22%	55.56%	17.46%	4.76%	0%
Whether or not young people are sexually active, they should receive sexual health education to help them make more responsible choices.	43.55%	51.61%	3.23%	0%	1.61%
Young people need a clear message of abstinence until marriage.	62.90%	30.65%	1.61%	3.23%	1.61%
Giving young people information about both abstinence and birth control in sexual health education classes, would send a mixed message.	9.68%	17.74%	14.52%	46.77%	11.29%
Should schools be doing more to help prevent teen pregnancy and sexually transmitted infections among students.	36.51%	42.86%	19.05%	0%	1.59%

Implications

Important implications of the study included most parents endorsing implementation of middle school abstinence-plus sex education within Kentucky public schools. The majority of surveyed parents also believed that sex education should begin in middle school. The differences in attitudes towards sex education among the surveyed parents appears to be strongly influenced by the parent's age. Parents between the ages of 26-45 were more likely to believe that some form of sex education, whether that was abstinence-only or abstinence-plus, should be taught in public schools either beginning in middle school or high school. Another interesting finding was that parents with higher levels of education were more likely to endorse sex education being taught in public schools.

Future Research

One objective of this study was to use data in order to accurately advise school policymakers regarding the importance of sexual education in a Kentucky rural school. In addition, this study aimed to increase the public's awareness about parental attitudes and beliefs regarding what types of sex education (abstinence-only or abstinence-plus) should be taught in a rural community and at what grade level those teachings should begin.

Based on the findings, parents' opinions on sex education curriculum being taught in public schools' should influence the type of sex education curriculum that is being taught in public schools. It is recommended that further research be conducted on the attitudes and beliefs of Kentucky parents in regard to sexual education. This research should be used as a tool to guide school administrators and school boards in discussions regarding the implementation of such curricula in both middle and high schools. In addition, more studies need to include the impact of sex education programs on teen pregnancy and STD rates at both local and state

levels. This study should be a starting point to open up the conversation on the topic of sex education in public schools among parents and school policymakers.

Appendices

Figure 1. At what grade level should sexual health education classes begin in public schools?

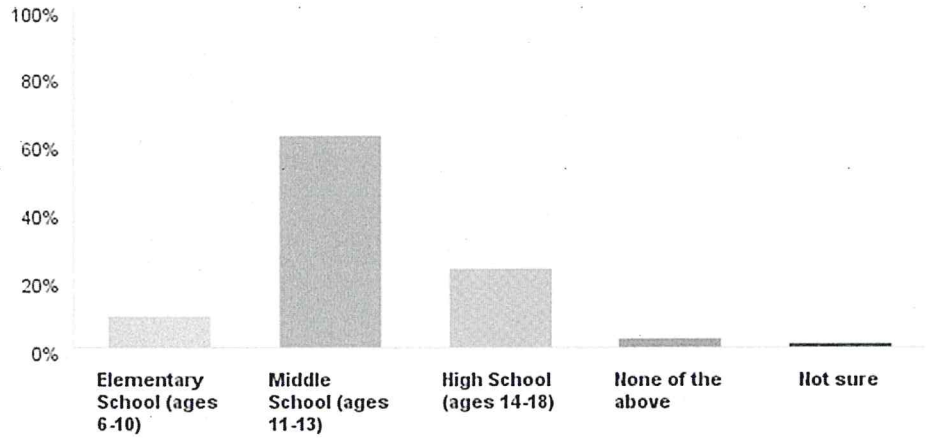


Figure 2. Which of the following statements represents your view on sexual health education in public school?

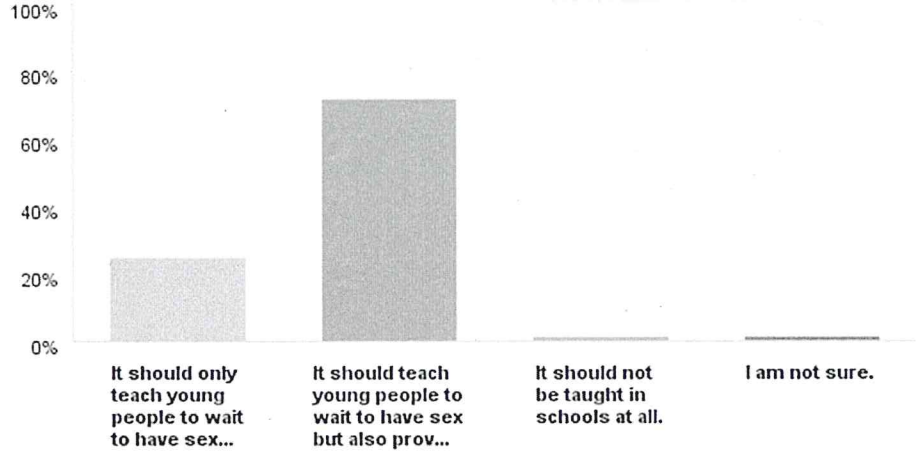


Figure 3. What grade level do you believe sexual health education should provide students with information regarding the use of condoms?

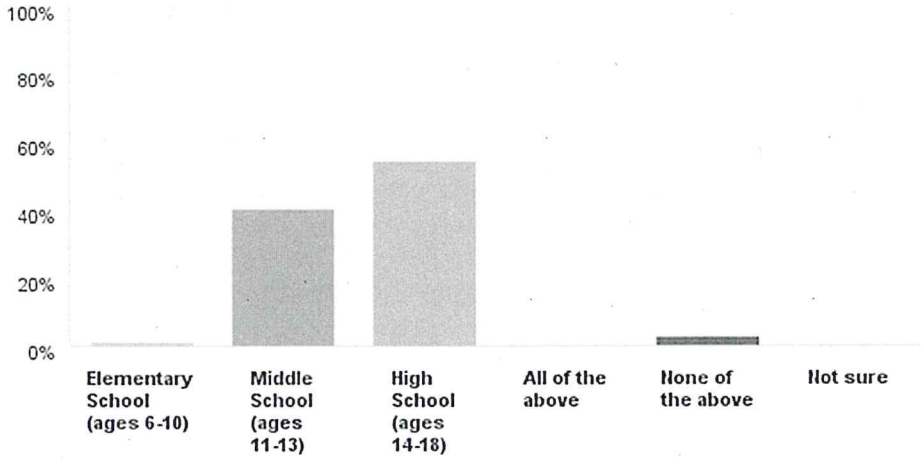


Figure 4. Choose the top 3 that you believe should make the decision regarding sexual health education being taught in public schools?

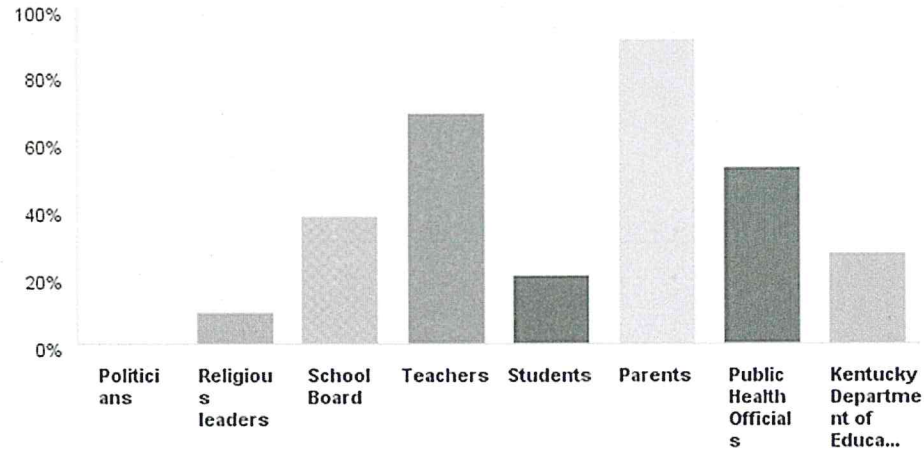
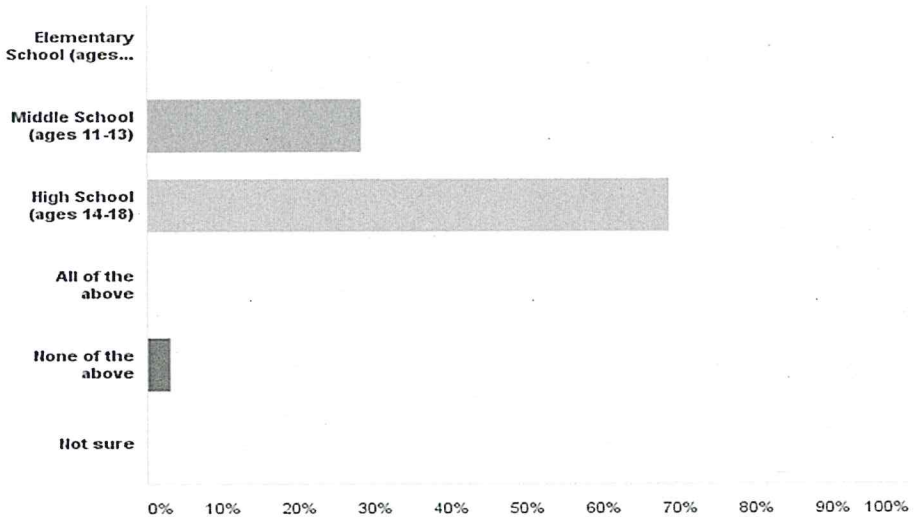


Figure 5. What grade level do you believe sexual health education should provide students with information regarding other forms of contraception such as birth control pills, contraceptive shot, patch, ring & barrier?



References

Centers for Disease Control & Prevention. (2015). Reproductive health: Teen pregnancy. Retrieved from http://www.cdc.gov/teenpregnancy/about/index.htm

Centers for Disease Control & Prevention. (2015). Sexually transmitted diseases. Retrieved from http://www.cdc.gov/std/stats/default.htm

Constantine, N. A., Jerman, P., & Huang, A. X. (2007). California parents' preferences and beliefs regarding school-based sex education policy. Perspectives on Sexual & Reproductive Health, 39(3), 167-175. Doi: 10.1363/3916707

Coyle, K. K., Gómez, C. A., Gregorich, S. E., Kirby, D. B. & Marín, B. V. (2004). Draw the line/respect the line: A randomized trial of a middle school intervention to reduce sexual risk behaviors. American Journal of Public Health, 94(5), 843-851.

County Health Rankings. (2015). Kentucky data. Retrieved from http://www.countyhealthrankings.org/app/kentucky/2015/

Cuccaro, P., Johnson, K., Markham, C, Peskin, M., & Tortolero, S. (2011). Dispelling the Myth: What parents really think about sex education in schools. Journal of Applied Research on Children: Informing Policy for Children at Risk, 2(2). Retrieved from http://www.academia.edu

Fisher, J. W. & Ha, T. T. (2011). The provision of sexual and reproductive health education to children in a remote mountainous commune in rural Vietnam: an exploratory study of parents' views. Sex Education, 11(1), 47-59. Doi:10.1080/14681811.2011.538148

Healthy People 2020. (2015). Sexually transmitted diseases. Retrieved from https://www.healthypeople.gov/2020/topics- objectives/topic/sexually-transmitted-diseases

Heller, J. R., & Johnson, H. L. (2013). Parental opinion concerning school sexuality education in a culturally diverse population in the USA. Sex Education, 13(5), 548-559. Doi:10.1080/14681811.2013.775063

McKee, C., Ragsdale, K., & Southward, L. H. (2014). What do parents in Mississippi really think about sex education in schools? Results of a state-level survey. Journal of Health Disparities Research & Practice, 7(1), 97- 119.

Millner, V., Mulekar, M., & Turrens, J. (2015). Parent' beliefs regarding sex education for their children in southern Alabama public schools. Sexuality Research and Social Policy, 12(2), 101-109.

National Conference of State Legislatures. (2015). State policies on sex education in schools. Retrieved from http://www.ncsl.org/research/health/state-policies-on-sex-education-in-schools.aspx

The National Campaign to Prevent Teen and Unplanned Pregnancy. (2011). Policy brief: Preventing teen and unplanned pregnancy makes good economic sense. Retrieved from https://thenationalcampaign.org/resource/briefly%E2%80%94policy-brief-preventing-teen- and-unplanned-pregnancy-makes-good-economic-sense

Sexuality Information and Education Council of the United States. (2011). A portrait of sexuality education and abstinence-only-until- marriage programs in the states. Retrieved from http://www.siecus.org

United States Census Bureau. (2015). State & county quick facts. Retrieved from http://quickfacts.census.gov/qfd/states/21000.html

Acknowledgements

I would like to acknowledge Susan Tortolero, Kimberly Johnson, Melissa Peskin, Paula Cuccaro, and Christine Markham for allowing me to use questions from a survey that they

created. I would also like to gratefully acknowledge the support received from Ryan Howard and Linda Anderson on this project.