

California State University, San Bernardino

CSUSB ScholarWorks

Theses Digitization Project

John M. Pfau Library

2009

Abstinence-only versus comprehensive sex education: Which model is likely to be supported by college students?

Ifeanyi Casimia Alozie

Follow this and additional works at: <https://scholarworks.lib.csusb.edu/etd-project>



Part of the [Education Commons](#), and the [Gender and Sexuality Commons](#)

Recommended Citation

Alozie, Ifeanyi Casimia, "Abstinence-only versus comprehensive sex education: Which model is likely to be supported by college students?" (2009). *Theses Digitization Project*. 4351.

<https://scholarworks.lib.csusb.edu/etd-project/4351>

This Project is brought to you for free and open access by the John M. Pfau Library at CSUSB ScholarWorks. It has been accepted for inclusion in Theses Digitization Project by an authorized administrator of CSUSB ScholarWorks. For more information, please contact scholarworks@csusb.edu.

ABSTINENCE-ONLY VERSUS COMPREHENSIVE SEX
EDUCATION: WHICH MODEL IS LIKELY TO BE
SUPPORTED BY COLLEGE STUDENTS?

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Ifeanyi Casimia Alozie
June 2009

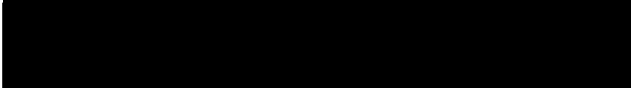
ABSTINENCE-ONLY VERSUS COMPREHENSIVE SEX
EDUCATION: WHICH MODEL IS LIKELY TO BE
SUPPORTED BY COLLEGE STUDENTS?

A Project
Presented to the
Faculty of
California State University,
San Bernardino

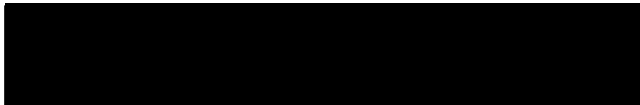
by
Ifeanyi Casimia Alozie

June 2009

Approved by:


Dr. Laurie Smith, Faculty Supervisor
Social Work

6-11-09
Date


Dr. Janet C. Chang,
M.S.W. Research Coordinator

ABSTRACT

The debate of what "works" or what "does not" continues to be the major issue surrounding the fight against teenage pregnancy and sexually transmitted diseases in this country. On one side of this debate are those who favor teaching abstinence-only sex education programs and on the other side are those who favor comprehensive sex education models. This study will look at the attitudes of college students who are parents as to what method they believe can be effective in preventing teenage pregnancy and sexually transmitted infections.

ACKNOWLEDGMENTS

I would like to use this section of the project to thank those who have encouraged, helped, inspired and motivated me throughout this endeavor. I am very thankful to Dr. Laurie Smith, Dr. Caroline McAllister, Dr. Rosemary McCaslin, Dr. Nancy Mary, Rachel Estrada LCSW, and all the students, staff and faculty of California State University, San Bernardino's School of Social Work.

I am also very grateful for the support I received from the following individuals: My parents, Mr. and Mrs. Oguchi Alozie and the entire family, Mrs. Elisa Guisico, Mr. Asher Himbing MSW, Rosa Garcia MSW, Adrian McClelland LCSW, Dr. Clifford Eke and family, and all the staff and participants of San Bernardino Adult Day Health Care Center.

Nonye, I did not forget you. Thank you for all your prayers and support. You are the best!

One Love!

Iffy

DEDICATION

This study is dedicated to all those that are standing up against inequality, oppression and injustice throughout the world.

Thank You.

TABLE OF CONTENTS

ABSTRACT	iii
ACKNOWLEDGMENTS	iv
LIST OF TABLES	viii
CHAPTER ONE: ASSESSMENT	
Introduction	1
Research Focus and Questions	1
Paradigm and Rationale for Chosen Paradigm	3
Literature Review	4
The Dilemma of Teenage Pregnancy and Sexually Transmitted Infections among America's Youths	4
Current United States Sex Education Policy	6
Abstinence-Only Versus Comprehensive Sex Education	8
Abstinence-Only Sex Education	8
Comprehensive Sex Education Programs	11
Acceptance of Sex Education Programs by Parents	12
Theories Guiding Conceptualization	15
Potential Contribution of Study to Micro and Macro Social Work Practice	16
Summary	17
CHAPTER TWO: PLANNING	
Introduction	19
Plan for Engagement	19

Research Site and Study Participants	19
Engagement Strategies	21
Self Preparation	23
Diversity Issues	23
Ethical Issues	24
Political Issues	25
Plan for Implementation	26
Data Gathering	26
Selection of Participants	27
Phases of Data Collection	27
Data Recording	28
Plan for Evaluation	28
Data Analysis	28
Plan for Termination	29
Communicating Findings to Study Site and Study Participants	29
Termination of Study	29
Plan for Follow Up	30
Ongoing Relationship with Study Participants	30
Summary	30

CHAPTER THREE: IMPLEMENTATION

Introduction	32
Research Site and Study Participants	32
Selection of Participants	32

Data Gathering	34
Data Recording	35
Summary	35
CHAPTER FOUR: EVALUATION	
Introduction	36
Data Analysis	36
Data Interpretation	36
Results	36
Discussion	51
Conclusion	56
Implications of Findings for Micro and Macro Practice	58
Summary	60
CHAPTER FIVE: TERMINATION AND FOLLOW UP	
Introduction	61
Communicating Findings to Study Site and Study Participants	61
Termination of Study	61
Ongoing Relationship with Study Participants	62
Summary	62
APPENDIX A: DATA COLLECTION INSTRUMENT	64
APPENDIX B: INFORMED CONSENT	74
APPENDIX C: DEBRIEFING STATEMENT	76
REFERENCES	78

LIST OF TABLES

Table 1. Demographics	37
Table 2. The Most Important Problem Facing Teens Today	40
Table 3. Level to Start Teaching Sex Education	42
Table 4. Approach to Teaching Sex Education	43
Table 5. Funds Allocation for Sex Education Program	44
Table 6. Impact of Contraceptives on Teens Sex Lives	46
Table 7. Teaching of Homosexuality as Part of Sex Education	48
Table 8. Morality of Sex for Unmarried Teens	50

CHAPTER ONE

ASSESSMENT

Introduction

This chapter describes the purpose of this research study, the epistemological paradigm that is going to be used to conduct this study and the researcher's main reason for choosing the paradigm. Also, in this chapter, the researcher of this study will discuss and outline the findings of past studies on effectiveness and acceptability of sex education programs and will use these findings to argue on the importance of this current project.

Research Focus and Questions

The purpose of this study is to check the accuracy as well as the validity of previous studies conducted on sex education programs in this country. Researchers working for both private and public institutions have conducted extensive studies that looked at the effectiveness and acceptability of sex education programs used in this country to prevent teenage pregnancy, specifically, abstinence-only sex education method and

comprehensive sex education programs (Kaiser Family Foundation, 2004; Sather & Zinn, 2002; Zanis, 2005).

The research question for this project is: which model of sex education (abstinence-only sex education model or comprehensive sex education model) is more likely to be accepted or supported by college students who are parents and why? And, are there reasons/factors that will influence their decisions as far as choosing a particular model over the other?

The importance of this study cannot be over-emphasized. First, the researcher intends to utilize this study to generate publicity on the epidemic of teenage pregnancy in this country as America continues possess the highest rate of teenage pregnancy among the most developed and industrialized countries of the world (Planned parenthood Federation of America, 1998). This study will raise awareness of teenage pregnancy among parents especially those parents that participated in this study by soliciting information about their beliefs and ideas about what they think is the right remedy to deal with teenage pregnancy. Second, this study could be utilized in the future by other researchers to validate the accuracy of previous studies that discuss parental

acceptability of sex education programs offered in this country and third, the researcher hope that this study will inspire and encourage American policy makers to adequately fund anti-teenage pregnancy measures that are viable and effective.

Paradigm and Rationale for Chosen Paradigm

The epistemological paradigm chosen for this project is the positivist paradigm as this study will try to answer an explanatory question. In the positivist paradigm, it is required that questions and hypotheses about causes and correlation be made prior to collection of data (Morris, 2006). The positivist paradigm is appropriate for this study because the questionnaire given to participants will contains variables/factors such as income, ethnicity, religious affiliation, gender, marital status, political affiliation/beliefs and the like that will be used to measure the choices of college students in regards to sex education programs. This study asks: are there factors associated with a parent's choice of a particular sex education model? Morris (2006) also suggests that when formulating hypotheses, a positivist

researcher needs to check past literature on issue being studied.

Literature Review

This section of this study will discuss the problem of teenage pregnancy and sexually transmitted diseases among America's youths, address current U.S. government sex education policies, compare and contrast the two most popular sex education programs in America and finally, look at past studies that address the issue of parental support for both comprehensive sex education model and abstinence-only sex education model.

The Dilemma of Teenage Pregnancy and Sexually Transmitted Infections among America's Youths

The United States has the highest rate of teenage pregnancy among the developed nations of the world (Hauser, 2006; Sather & Zinn, 2002). America's teenage pregnancy rate is more than two times that of Canada, approximately four times that of France, and more than six times the teenage pregnancy rate of Sweden (Mabray & Labauve, 2002). Mabray and Labauve further assert although Dutch adolescent females and American adolescent females begin experimenting sexually almost at the same

time, American female teens are about nine times more likely to become pregnant.

It is true that the rate of American teenage pregnancy rate is declining, but still, it is very problematic to live in a country where an estimated ninety-seven per a thousand women between the ages of fifteen and nineteen become pregnant each year and approximately seventy-eight percent of these pregnancies are never planned (Planned Parenthood Federation of America, 1998).

American teenagers are also catching sexually transmitted diseases at an alarming rate (McKeon, 2006; Brown & Simpson, 2002; Haglund, 2006). For instance, about 50% of all recent human immunodeficiency virus (HIV) infections in this nation and about two out of three of all sexually transmitted infections involve individuals below the age of 25 (McKeon, 2006; Starkman & Rajani, 2002). Starkman and Rajani (2002) further postulate that huge numbers of America's teens are engaging in sexual behaviors that could put them at risk for sexually transmitted infections such as HIV/AIDS. For instance, Starkman and Rajani (2002) assert that before graduating High school, approximately two out of three

American high school youths are sexually active and about one of five of these youths has been involved with more than four sexual partners. As frightening as this statistics are, finding consensus on effective methods to prevent or minimize teenage pregnancy continues to plague the solution to this problem (Mebane, Yam, & Rimer, 2006).

Current United States Sex Education Policy

The current debate concerning sex education focuses on the type of programs that should be offered in schools (Landry, Darroch, Singh, & Higgins, 2003; Mebane et al., 2006). Most sex educators favor and endorse comprehensive sex education programs while others, including some policy makers support abstinence-only sex education programs.

For years, prevention efforts against teenage pregnancy have concentrated on school based programs such as abstinence-only and abstinence plus safe sex programs (Borawski, Trapl, Lovegreen, Colabianchi, & Block, 2005; Haglund, 2006; Landry et al., 2003). The acceptance of abstinence-only model of sex education as the preferred method to combat teenage pregnancy was made possible in 1996 when the U.S. Congress attached the Abstinence

Education Grant funded under Section 510, Title V of the Social Security Act, to the Personal Reconciliation Act to begin fiscal year 1998 (Borawski et al., 2005; Landry et al., 2003; Sather et al., 2002). According to Borawski and his team, the aim of this law is to encourage teens to abstain from sex or to postpone sexual initiation.

When President George W. Bush came to power in 2000, he continued to support abstinence-only model of sex education programs. Many experts believe that under President Bush's leadership, federal government funding of abstinence-only sex programs has increased greatly (Waxman, 2004). Mebane et al. (2006) further explain that in the year 2003, the federal government designated \$117 million to programs that support abstinence-only sex education. Mebane and colleagues postulate that this allocation of fund is an increase of about 100% over the previous 22 years. In *The Content of Federally Funded Abstinence-Only Education Program*, Congressman Henry Waxman observes that in fiscal year 2005, the Bush's administration spent an estimated \$170 million on abstinence-only sex education programs (Waxman, 2004). President George Bush continues to support abstinence-only sex education programs even after

numerous studies could not find strong, clear evidence in their effectiveness in reducing teenage pregnancy (Starkman & Rajani, 2002).

Abstinence-Only Versus Comprehensive Sex Education

As describe earlier, the decision about what to include in teenage pregnancy prevention curriculum is made more complicated by lack of consensus in the education and medical communities about what programs are effective (Mebane et al., 2006). In the center of this controversy is which model of sex education to teach: abstinence-only sex education programs or comprehensive education programs. On the one hand, most sex educators prefer comprehensive-sex education programs which give a wide range of information to teens while other individuals advocate for abstinence-only sex education program (Borawski et al., 2005; Hauser, 2004; Starkman & Rajani, 2002).

Abstinence-Only Sex Education

Abstinence-only programs encourage abstinence from all sexual behavior (Hauser, 2004). Abstinence-only programs also prohibit the provision of information about contraception or disease prevention. The Bush

administration strongly supported the implementation of such programs and spent handsomely to encourage their viability (Waxman, 2004; Kaiser Family Foundation, 2004). This money is being spent on sex education classes including physical and health education classes although federal law does not endorse any forms of sexuality education in schools (Collins, Alagiri, & Summers, 2002) To ensure that schools receive funding and are able to provide sex education for teens, Collins and his colleagues state

Congress has created three programs that provide federal funding for sexuality education: 1) the Adolescent Family Life Act (AFLA); 2) targeted abstinence-only funding through the 1996 welfare reform legislation; and 3) the Special Projects of Regional and National Significance Community-Based Abstinence Education (SPRANS-CBAE) grant program. (Collins et al., 2002, p. 4)

According to Hauser (2004), the consensus among the supporters of abstinence-only form of sex education is that giving teens information about the benefits of

condoms and other contraception is very contrary to their message of abstinence-only.

Are abstinence-only programs effective? Some studies are encouraging while some are not. Collins and colleagues (2002) noted that in numerous studies conducted on abstinence-only sex education programs in 2001, only one was a peer-reviewed study and at the end, these researchers found that the study was inconclusive about the effectiveness of abstinence-only sex programs in preventing teenage pregnancy.

Borawski and colleagues (2005) found that students exposed to abstinence-only programs displayed and were able to maintain a great increase in HIV/STD knowledge at follow-up when compared to students who did not participate in the programs. Also, students in these programs reported a decline in their intention to engage in sexual activities in the next three months (Borawski et al., 2005).

As promising as these findings are, many studies have found the opposite. Many experts postulate that abstinence-only sex program often fail to provide accurate information about human sexuality (Waxman, 2004; Hauser, 2004; Starkman & Rajani, 2002). Waxman further

accuses abstinence-only programs of giving inaccurate and misleading information about abortion and contraceptives risks and that abstinence-only sex programs blur religion and science.

Comprehensive Sex Education Programs

Unlike abstinence-only sex education programs, comprehensive sex education programs teach teens about the importance of abstinence as well as ways to protect themselves from unplanned pregnancies and sexually transmitted infections (STIs) (Starkman & Rajani, 2002). Many sex educators think comprehensive sex education is effective including influential and powerful organizations such as American Medical Association, the American Academy of Pediatrics, the American Psychological Association and American Foundation for AIDS Research (Starkman & Rajani, 2002). Old and new studies have demonstrated that comprehensive sex education model could be effective in combating teenage pregnancy and STIs. For instance in 1993, a World Health Organization study found that effective programs in combating teenage pregnancy and STI are those programs that give information regarding abstinence, contraception and STI prevention (Starkman & Rajani, 2002). In another

encouraging study, Kirby and his colleagues (1991) looked at a particular intervention called *Reducing the Risk*. Kirby and his colleagues studied this intervention in urban and rural areas throughout the state of California. The intervention occurred in the health education classes of teens in grades nine through twelve for fifteen sessions. The intervention offered by "Reducing the Risk" emphasized avoidance of unprotected sex either by abstinence or by using protection. Interveners also use role plays to encourage active participations from teens. At the end of the intervention, the program was found to have delayed the initiation of intercourse, increased the frequency of contraceptive use for female participants and lower-risk youth and decreased the frequency of unprotected sexual intercourse among more sexually inexperienced youths (Collins et al., 2002; Kirby et al., 1991).

Acceptance of Sex Education Programs by Parents

Both proponents of abstinence-only sex education programs and comprehensive sex education programs have offered numerous studies to support their positions. On the side of abstinence-only programs, the supporters of abstinence programs are divided on which form of

abstinence programs to teach teens. Some favor abstinence-only method and some favor a method termed "abstinence plus." For instance, the Kaiser Family Foundation (2004) found that about fifteen percent of Americans favor the teaching of abstinence from sexual activities and not how to acquire condoms and other contraceptives and about forty-six percent agree that the most effective form of abstinence-only program is the one termed "abstinence plus." Supporters of abstinence plus agree that abstinence is the best but because some teens do not always abstain, so schools should also teach about condoms and contraception. Although, the methodology and ideology of abstinence plus is similar to that of comprehensive programs, supporters of abstinence plus adamantly believe in "do not give contraceptives/condoms unless you have to."

A 2008 poll conducted by Monmouth University in New Jersey found that parents of teenage daughters (40%) are nearly two times as likely as other parents (21%) to feel that education about contraception encourages teens to engage in sexual activities prematurely. This poll also found that about 50% of New Jerseyans agree that sex educators should educate teens that sexual activity is

only right when a person is either married(31%) or in a committed relationship (18%). In similar survey conducted in Florida, only about 8% of Floridians agree that school districts should teach abstinence (Winchester, 2008) thereby concurring with the findings of Kaiser Family Foundation (2004) that found that only fifteen percent of Americans propose teaching abstinence-only programs in schools.

The comprehensive sex education program has had its own share of publicity also. In Kaiser Family Foundation study (2004), majority of Americans, about 55% feel that providing information to teenagers about how to obtain and use condoms will not entice them to engage in sexual intercourse prematurely and about 77% believe that giving information about contraception usage may encourage teens to engage in safe sex. In Florida, most Floridians think that the curriculum should move beyond an abstinence-only method, which covers important topics such as how to prevent STDs and how to acquire contraception (Winchester, 2008). In another poll, the Minnesota Organization on Adolescent Pregnancy, Prevention and Parenting (2008) found that most Minnesotans (77%) think that that sexuality education need to include both

abstinence and contraception. A similar national survey conducted by Advocate for Youth in 1999 produced similar result. In the Advocate for Youth poll, 93% of Americans support sexuality education in high school and about 84% in junior high school. Also, 7 out 10 Americans according to this study oppose the provision of federal funds for abstinence-only sexuality education (McKeon, 2006).

Theories Guiding Conceptualization

The framework used to guide this project consists of the perspectives of empowerment and strengths-based practice. According to Zastrow and Kirst-Ashman (2007), "empowerment is the process of increasing personal, interpersonal or political power so that people can take action to improve their life situations" (Zastrow & Kirst-Ashman, 2007, p. 6). Empowerment entails giving power to individuals to make decisions about their destinies. With that said, the researcher believes that providing parents and policy-makers proper information regarding teenage pregnancy will enable them to make right choices about implementation of proper sex education programs in our schools.

The strengths perspective is very similar to the empowerment approach. Zastrow and colleague argue,

"[t]hroughout the assessment process and our quest to understand human behavior, it's critical to emphasize, develop, and nurture strengths and positive attributes in order to empower them" (p. 6). A form of strength that this project will offer to people is information. As the above literature review indicated, there are discrepancies in what is effective in preventing teenage pregnancy and STIs. This project will give people accurate information which will help them discern for themselves what methods are effective in preventing teenage pregnancy and STIs instead of having to believe in propaganda being orchestrated by politicians and special interests. Participation in this study will open door for dialogue between parents and politicians in determining what can be done to reduce teenage pregnancy.

Potential Contribution of Study to Micro and Macro Social Work Practice

Social workers are often called on to intervene with adolescents for the purpose of preventing teenage pregnancy (Franklin & Corcoran, 2000). Social workers practicing in direct settings can play the role of educators by giving valuable information to teenagers who are at risk for teenage pregnancy and STIs.. According to

Zastrow and Kirst-Ashman (2007), an educator role involves providing information to individual and other systems. This project will open the door for dialogue between parents and their teens about teenage pregnancy, ways to prevent it, and what present research are saying about both comprehensive sex education programs and as well as abstinence-only sex education programs.

At macro level, macro social workers can help policy makers understand the importance of formulating effective and viable legislations necessary to combat rapid rate of teenage pregnancy and STIs in this country. In this study, through the presentation of past studies on teenage pregnancy and the comparison of teenage pregnancy rate in this country and that of other nations, policy makers should understand that teenage pregnancy poses grave economical and political risks in America.

Summary

This chapter addressed the reasons for using the positivist paradigm for this study. The validity of this study was properly explained by the utilization of recent and past literature and finally, this chapter outlined and addressed some of the study's potential contributions

to social work practice knowledge at the micro as well as
at the macro level.

CHAPTER TWO

PLANNING

Introduction

In this section of the research project, all engagement techniques and tools utilized to conduct this project will be examined and discussed. This chapter will also discuss the study site, the participants in the study, diversity issues, political issues as well as ethical concerns. Finally, data gathering methods and data analysis techniques are presented and discussed.

Plan for Engagement

Research Site and Study Participants

This study was conducted at the campus of California State University, San Bernardino (CSUSB). CSUSB students who are parents and guardians made up the sample for this study. Most survey questionnaires were handed out to students as they went about their businesses during the summer session of 2008. The distribution of surveys to participants took place throughout the campus: main buildings, open fields and in front of the campus library. Potential participants were asked whether they would like to participate in a study about teenage

pregnancy. To encourage participation also, the researcher discussed the purpose of the study and as well as the gift card from Starbucks that was offered to participants that successfully completed they survey.

Other surveys were distributed to participants in the beginning of fall quarter of 2008, especially those participants that were social work students. The reason to this delay was that social work students at CSUSB do not attend classes during the summer. In all, more than fifty surveys were handed out and forty were valid to be included in the study. This discrepancy occurred because some participants were disqualified because of the mistakes they made when completing the survey. For instance question 4 of the survey specifically asked "how many school aged child/ren (K-12) are you the legal guardian of in your household"? And those participants who put "none" or "refused" were disqualified because this question checks the eligibility requirement of participants due to the fact that only guardians/ parents/grandparents are allowed to take part in this study.

The researcher's main reason for choosing this study site is to encourage all students, especially students

that are parents to be involved in finding solutions to reduce teenage pregnancy. This researcher also believes that this study will help these parents to view the problem of teenage pregnancy and sexually transmitted diseases from a different angle, an angle that is non-political and unbiased.

Engagement Strategies

The "parent opinion survey of school sexuality education" was adapted from previous surveys such as the North Carolina parent opinion survey of public school sexuality education (North Carolina Department of Health and Human Services, 2003) and from the Kaiser Family Foundation's General Public/Parents Survey (Kaiser, Family Foundation, 2004). Some elements of the questions were changed or modified by the researcher to fit the research question. The survey questionnaire contained forty-three questions and it took about ten minutes for most participants to complete the survey. Overall, survey distributions occurred in three days with the exception of those offered to social work students. On the first day of survey distribution, the researcher and a colleague worked for two to three hours and on the other

two days, the researcher handed out survey to participants alone for about two hours.

Before distributing questionnaires to potential participants, the researcher discussed the purpose of the research, its political/economical significance, ethical concerns and other issues with participants. Also subjects' questions and concerns regarding their involvement in this study were properly addressed. Those participants who proceeded to engage in the study were advised of their rights and given informed consent forms to sign (which had been approved by the Social Work sub-committee of the Institutional Review Board). Then, they were provided with copies of the survey. Some questions are personal and specific while some are not so specific. Some of the questions asked include the following: "what is your gender?" "What is your current marital status?" "How many school age children (K-12) are you the legal guardian of in your household?" "If sex education is taught, do you think sex education should be required for students, or should it be optional?" and "do you think sex education in schools makes it easier for you to talk to your child about sexual issues?"

Self Preparation

As part of the researcher's preparation for this study, previous important studies on sexuality education programs were properly examined. By using past studies as a foundation, the researcher was able to answer subjects' questions accurately and effectively. For example, many participants had great difficulty in understanding question number 12 which described current United States policy in allocation of funds for school sex education programs. Because the researcher reviewed numerous literatures on U.S. sex education policy, the researcher was able to help participants understand what exactly the question was asking from them.

The researcher also took a lesson in public speaking in order to appropriately communicate with subjects during the data gathering phase and also to prepare for termination phase of the study when results and the findings of the study will be communicated to participants and others.

Diversity Issues

Because of the controversial nature of teenage pregnancy/sexually transmitted infections and what methods are effective to combat it, the researcher

refrained from engaging in actions that could be unethical or stigmatizing to study participants. This process was accomplished through proper dialogue between the participants and the researcher. The researcher ensured that participants were treated with respect and dignity. The author was also very truthful to subjects and addressed their concerns very appropriately.

Most of subjects' concerns on this study focused primarily on the purpose of this study. Some participants were worried that their responses might be used to favor policies they do not embrace but those fears were eliminated when the researcher reassured them about the main purpose of this study, namely that it was to reduce the rate of teenage pregnancy/sexually transmitted diseases by examining which educational method is likely to be supported by parents and hopefully empower policy makers to embrace and fund appropriately that method.

Ethical Issues

One of the ethical issues that the researcher was very aware was maintaining participants' confidentiality and anonymity. To ensure the confidentiality as well as anonymity of all participants in this study, the researcher formulated survey questionnaires that

eliminated factors that could be used to identify participants. Survey instructions discouraged participants from sharing their answers with each other. Also, participants were asked not to write their names or sign on the surveys but rather initial on the space provided on the informed consent form. This was done to ensure that the researcher remained "blind" on the identity/responses of participants.

Also, the researcher did not allow his personal beliefs and values to interfere or influence the study. This was accomplished by the utilization of already established survey questionnaires.

Political Issues

The researcher acknowledges that teenage pregnancy and sexually transmitted infections and methods to fight them is one of the major issues that divide citizens of this country politically and also understands that some people might object to this study due to its controversial nature. But this concern was addressed and corrected through the recruitment and selection of "willing participants." The study focused on acquiring information from parents regarding which method of sex education they think are effective in preventing teenage

pregnancy and sexually transmitted diseases and the reason for their choice. Information solicited hopefully will be used to help advocate for effective sex education programs.

Plan for Implementation

Data Gathering

Participants were recruited from the campus of California State University, San Bernardino. Also, some students of social work took part in this study. As explained above, with the exception of students of social worker who received their survey packets in their department boxes, most survey packets were physically handed out to participants by the researcher and his colleague. Description of data gathering process is described below:

Each participant selected to engage in this study received a sealed envelop containing the survey questionnaire. The researcher again explained to the participants the purpose of the study, instructions for completing the survey and other important factors. The survey contained forty-three questions and took approximately ten minutes to complete. Questions in the

survey asked for participants' choice when it comes to sex education programs, personal values/beliefs, income level, political and religious affiliations, gender, ethnicity, number of children in school, age and the like.

Selection of Participants

Participants for this study were selected by "convenience sampling method". Convenience sampling methods involves the recruitment of participants who are available and are willing to take part in a study. As indicated in the beginning, majority of survey packets were physically handed out to willing participants at the CSUSB campus.

Phases of Data Collection

Once subjects agreed to participate in the research, they each received a sealed envelope. This envelope contained the survey, a pencil, a pen, and an eraser. The survey questions solicited information from participants regarding their knowledge of sex education programs and the reason for their choice. The researcher also provided the subjects instructions necessary to complete the survey and debriefed them about the study immediately after completion. For those participants who are students

of social work, the debriefing statement forms were included with the survey.

Data Recording

After all the survey questions were returned, the data/responses were initially recorded on a computer spreadsheet based on participants' responses to the aforementioned variables/questions. The responses were later transferred to the SPSS 16.0, arranged and coded for analysis and evaluation.

Plan for Evaluation

Data Analysis

This is a descriptive study of college parents' attitudes about teenage pregnancy, sexually transmitted and sex education programs. The study asks: which sex education program (abstinence-only sex education programs and comprehensive sex education programs) is more likely to be supported by college students who are parents and why. Data analysis will be explained more in detail in chapter four (the evaluation phase of this study).

Plan for Termination

Communicating Findings to Study Site and Study Participants

A small presentation will be provided to the participants and others. To encourage active participation, the researcher will offer participants and all present at this presentation handouts containing the summary of the research project. This handout will contain information about tools/methods used, the findings of the research study and other necessary items that will encourage dialogue/discussion between the researcher and the audience.

A discussion of the findings of this study will be led by the researcher in order to answer any lingering questions that the audience might have. All individuals present at the presentation ceremony will be encouraged to "air" their views and concerns regarding this research study. After the presentation ceremony, refreshments will be provided to all present.

Termination of Study

At the end of the presentation, the researcher will thank the participants and others involved in this study for their contributions in making this project a success.

Also, the audience at this presentation will be instructed on where to locate this study (the CSUSB's Pfau Library) if they are interested in inquiring more information about the study.

Plan for Follow Up

Ongoing Relationship with Study Participants

There will be no ongoing relationship between the study participants and the researcher except in the case of social work students which may be important for networking purpose. The researcher believes that this is necessary due to the sensitive nature of this study and to uphold his professional obligations of ensuring participants' anonymity and confidentiality.

Summary

In this chapter, the process involved in the selection of study site, study participants and engagement strategies were discussed. Diversity issues such as treatment of participants was presented and addressed. Ethical concerns as well as political issues were also discussed. This chapter also briefly touched on the method to terminate this study. The termination and follow up phase involves the presentation of study

findings to participants and others. Finally, this chapter addressed the issue regarding ongoing relationship between the researcher and the study participants.

CHAPTER THREE

IMPLEMENTATION

Introduction

This chapter will offer a thorough and detailed description of the data gathering process. It will describe the selection of study participants, the means by which surveys were distributed to subjects and the implementation of surveys. This section of the study will also discuss sampling method used.

Research Site and Study Participants

All participants selected were students of CSUSB. These subjects were selected based on their status as parents and guardians. These participants were "conveniently" sampled. Convenience sampling techniques depends on availability and as well as willingness of participants to take part in a study. In this case, CSUSB's students who took part in study did so willingly and upon their availability.

Selection of Participants

All selected participants were guardians/parents or grandparents. Twenty-five of these participants were male

and fifteen were female, making the total forty. Because of the sensitive nature of this study, the researcher ensured that only participants who were willing were offered survey. Before delivering the surveys to participants, the researcher and the participants went over the instructions to complete the survey including the purpose of the study, its risks and benefits and as well as conditions for participation. Going over the instructions with the subjects allowed participants to discuss with the researcher their concerns regarding the study. After the instructional period, participants were given informed consent forms to sign prior to completing the survey (except the social worker students that had their informed consent forms attached to the survey questionnaires). Once the consent forms were signed, subjects were offered copies of the survey to complete. (Please see Appendix B for a copy of the informed consent form and Appendix A for a copy of the instrument offered to participants) After the completion of the survey, all participants were given a copy of the debriefing statement. The debriefing contains a short explanation of the purpose of the study and the description of the study, the names of the researcher and the research

supervisor and where and when to obtain a copy of this study upon its completion (See Appendix C for a copy of the debriefing statement). Participants were encouraged to hand in their completed surveys to the researcher immediately and to refrain from discussing this study with other participants which aided in the maintenance of all subjects' confidentiality. The demography of the participants in this study is found on table 1.

Data Gathering

The survey questionnaire contains forty-three questions ranging from gender, marital status, income level to beliefs/values, political affiliation and current American sex education policies. Some questions were important in the measuring of participants' choice of sex education programs. For example, question 6 asked "Is sex education taught in your school system?" and question 9 asked "How important do you think it is to have sex education as part of the school curriculum?" and finally, questions 12 and 13 differentiated the two types of sex education programs provided in American schools.

Data Recording

When all participants handed in their completed survey, their responses were initially recorded in a computer spreadsheet. Participants were given identification numbers to match them with their survey questionnaires/responses. For instance, survey #1 contained the responses/answers for participant who completed survey #1, survey #2 contained the responses/answers for participant who completed survey #2 and so on. The participants' responses were later coded and inputted into the SPSS 16.0 system for analysis and interpretation. Please see chapter 4 for analysis and interpretation.

Summary

The chapter three of this study outlined the survey implementation process as well as its application. It described also steps taken during the distribution of the study survey and the selection of participants. Finally, this chapter described how and where the data collected was recorded prior to analysis.

CHAPTER FOUR

EVALUATION

Introduction

Chapter four describes the analysis of the data collected including methods and instruments utilized. This chapter will also present data interpretation and discussion on findings/results.

Data Analysis

Statistical Package for the Social Sciences, version 16.0 was utilized to analyze the data collected. The frequencies of variables were analyzed including the percentage. Below is the presentation of the data from this study.

Data Interpretation

Results

The number of participants in this study was forty. Of the forty, twenty-five were men (62.5%) and 15 were women (37.5%). Twenty-two of participants were married (55%), 7 were single/never married (17.5%), 2 were separated from their husbands/wives/significant others

Table 1. Demographics

	Freq. (N)	Percent (%)
GENDER:		
Females	15	37.5
Males	25	62.5
ETHNICITY		
White	5	12.5
Black/African-American	18	45
Asian	10	25
Hispanic	7	17.5
MARITAL STATUS:		
Married	22	55
Single/Never Married	7	17.5
Separated	2	5
Divorced	6	15
Living with a Significant other/Partner	3	7.5
POLITICAL PARTY AFFILIATION:		
Republican	6	15
Democrat	26	65
Independent	5	12.5
Something Else	1	2.5
Don't Know	2	5
AGE:		
18-29 yrs	6	15
30-41 yrs	19	47.5
42-53 yrs	10	25
54-65 yrs	5	12.5
INCOME:		
Under \$25,000	7	17.5
Over \$25,000	25	62.5
Don't Know	2	5
Refuse	6	15

(5%), 3 were divorcees (15%) and 3 were currently living with a significant other (7.5%).

For the variable "race," five participants (12.5%) identified themselves as White/Caucasians, 18 subjects (45%) recorded themselves as blacks or African-Americans, 10 (25%) were of Asian heritage while 7 (17.5%) were of Hispanic or Latino background. Please see Table 1 for the participants' demographics.

Question 5 asked respondents what they think is the "most important problem facing teens today." Respondents were given eight possible answers ranging from use of alcohol/illicit drugs to HIV/AIDS, STDs and so on. Nine out of forty respondents (about 22.5%) agreed that the use of illicit drugs/alcohol was the number one issue facing youths today, nine respondents (22.5%) believed that not getting education/academics poses serious problem for today's teenagers. Two respondents mentioned sex/promiscuity as the primary problem, two other respondents agreed that violence was the major issue; two respondents identified lack of discipline as a major dilemma, and lack of religion and media influence were identified as huge problems for teenagers by two respondents. Finally, 13 respondents, which is 32.5% of

participants agreed that "broken families/family values/bad parenting" was the biggest problem facing teenagers. Table 2 identified what participants think are the most important problems facing today's teens.

The "number of school age children in household" is a variable that identified the legitimacy of participants to engage in this study. In this variable, number of participants that had one school child in their household were 14 (35%), those that had two were 13 (32.5%), those with three were 2 (5.0%), 3 had five or more (7.5%), 4 had only 1 (2.5%) 6 participants refused to answer this question (15%) while 1 participant answered "I don't know" (2.5%).

In question six of the survey, respondents were asked whether "sex education is taught in their children's schools." More than 57% stated that they were aware of sex education programs in their schools, about 8% did not know, 32% answered "don't know/not sure" while 2.5% (1 respondent) refused to answer this question.

Table 2. The Most Important Problem Facing Teens Today

	Freq. (N)	Percent (%)
Use of alcohol or illegal drugs	9	22.5
Academics, getting an education	9	22.5
Sex, Promiscuity	2	5
Violence	3	7.5
Broken families, family values, bad parenting	13	32.5
Lack of discipline	2	5
Lack of religion	1	2.5
Media influence	1	2.5
Total	40	100

In this study, more than 77% of respondents (31 out of 40 participants) agreed that "sex education should be offered in schools." About 12.5% (5 participants) disagreed on the offering of sex education programs in schools, while 10% were not sure/ did not answer.

Deciding on what level to commence teaching sex education in schools is another area that supporters of comprehensive sex education programs and abstinence-only sex education programs disagree. In this present study, more than 12% of respondents believed that sex education should start as early as 5th grade, about 47.5% believed that sex education should commence in the 6th grade, 7.5%

of participants agreed that sex educators should begin teaching kids about sex in the 7th grade, 10% agreed that 8th grade is the best place to start, about 20% of participants believed that sex education should start during the high school years (that is from the ninth grade to the twelfth grade) while a respondent answered "don't know" to this answer.

The importance of sex education in schools is the heart of question 9 of the survey. This question asked: "how important do you think it is to have sex education as part of the school curriculum?" Majority of participants (85%) believed that having sex education as part of the school curriculum is very important, 10% concurred that it is somewhat important and about 5% believed that it is not too important. See Table 3.

Effectiveness of sex education in preventing unintended pregnancy and STDs has been debated vigorously by both the supporters of abstinence-only sex education programs and comprehensive sex education programs. In the study, 22.5% believed it is very effective, about 40% agreed it is somewhat effective, more than 7% believed that it is not too effective, 10% of respondents agreed that it is not effective at all while another 10% of the

Table 3. Level to Start Teaching Sex Education

	Freq. (N)	Percent (%)
ELEMENTARY SCHOOL (K-5)	5	12.5
Grade 6	19	47.5
Grade 7	3	7.5
Grade 8	4	10
High School (9-12)	8	20
Don't Know	1	2.5
Total	40	100

participants did not know the effectiveness of sex education in schools.

On approach to teaching sexuality education, respondents split evenly on this question. For instance, nineteen out of forty (47.5%) respondents agreed that "when it comes to sex, teenagers need to have limits set, they must be told what is acceptable and what is not" while another nineteen out of forty respondents (47.5%) agreed that "ultimately teenagers need to make their own decisions, so their education needs to be more in the form of providing information and guidance." The remaining two respondents answered "don't know" to this question.

Table 4. Approach to Teaching Sex Education

	Freq. (N)	Percent (%)
When it comes to sex, teenagers need to have limits set, they must be told what is acceptable and what is not.	19	47.5
Ultimately teenagers need to make their own decisions, so their education needs to be more in the form of providing information and guidance.	19	47.5
Don't Know	2	5
Total	40	100

Allocation of funds by the federal government to sex education programs is another issue that divides citizens of this nation politically. Question 13 asked respondents which programs should be given money in order to prevent or minimize teenage pregnancy and STIs. About 20% of respondents agreed that "the federal government should fund sex education programs that have 'abstaining activity' as their only purpose." 70% of participants believed that the money should be used to "fund more comprehensive sex programs that include information on how to obtain and use condom and other contraceptives." More than 7% did not know and 2.5 % refused to answer.

Table 5. Funds Allocation for Sex Education Program

	Freq. (N)	Percent (%)
The federal government should fund sex education programs that have "abstaining from sexual activity" as their only purpose	8	20
The money should be used to fund more comprehensive sex education programs that include information on how to obtain and use condom and other contraceptives	28	70
Don't know	3	7.5
Refuse	1	2.5
Total	40	100

Question 14 asked respondents whether they agree or disagree with this statement: "abstinence from sexual activity outside of marriage is the expected standard for all school-age children." 65% of participants agreed, more than 27% disagreed and more than 7% did not know. More than 75% of respondents also agreed that "sexual activity outside of marriage is likely to have harmful psychological and physical effects on teens." 25% of respondents disagreed about the harmful effects of sexual activity outside of marriage for teens and 2.5% of participants refused to answer this question.

Question 16 asked participants whether "sex education should be required or be made optional for students." More than 65% of respondents agreed that government should require students to take part in sex education classes and 32.5% believed that sex education should be optional for students.

Provision of condoms and other contraceptives to teenagers is one of the central positions of comprehensive sex education programs but this issue has come under attack from opponents of such programs. Abstinence-only program supporters believe that given teens information regarding where to obtain condoms will likely encourage them to engage in sexual intercourse earlier (Hauser, 2004). In this current study, 30% of respondents believed that giving teenagers "information on condoms and other contraceptives will encourage them to engage in sexual intercourse earlier" while 55% disagreed and 15% did not know. Similarly, about 70% of respondents believed providing teenagers "information about condoms and other contraceptives will more likely encourage them to practice safe sex," 22.5% believed that it will not encourage them to practice safe sex and 7.5% of respondents answered "don't know."

Table 6. Impact of Contraceptives on Teens Sex Lives

	Freq. (N)	Percent (%)
<u>What concerns you more?</u>		
Providing information about how to obtain and use condoms and other contraception might encourage teens to have sexual intercourse	8	20
That not providing information about how to obtain condoms and other contraception might mean more teens will have unsafe sexual intercourse	25	62.5
Don't know	7	17.5
Total	40	100
<u>Do you think giving teens information on condoms/contraception will encourage them to have sexual intercourse earlier or not?</u>		
Yes, will encourage them	12	30
No, will not encourage them	22	55
Don't Know	6	15
Total	40	100
<u>Do you think giving contraception info. to teens makes it more likely that they will practice safe sex now or in the future or not?</u>		
More likely to practice safe sex	28	70
Not more likely to practice safe sex	9	22.5
Don't Know	3	7.5
Total	40	100

Question 20 asked participants what concerned them most when it comes to provision of information about condom usage. 20% of participants believed that providing

information about how to obtain and use condoms and other contraceptives might encourage teens to have sexual intercourse while more than 62% determined that "not providing information about how to obtain condoms and other contraceptives might mean more teenagers will have unsafe sexual intercourse." About 17.5% of participants refused to answer this particular question.

The issue of homosexuality as part of sex education program was brought up on question 17 of the survey. 22.5% of participants (9 out of 40 subjects) believed that sex educators should "teach that homosexuality is wrong, 7.5% (3 participants) agreed that sex educators should teach that homosexuality is acceptable," 47.5% (19 out of 40 participants) believed that teacher should "teach only what homosexuality is without discussing whether it is wrong or acceptable," 10% (4 out of 40 subjects) believed that schools "should not discuss homosexuality at all," 2.5% refused to answer this question while 10% of participants answered "I don't know" to this question.

Table 7. Teaching of Homosexuality as Part of Sex

Education

	Freq. (N)	Percent (%)
<u>What should be taught about homosexuality?</u>		
Teach that homosexuality is wrong	9	22.5
Teach that homosexuality is acceptable	3	7.5
Teach only what homosexuality is without discussing whether it is wrong or acceptable	19	47.5
Schools should not discuss homosexuality at all	4	10
Don't Know	4	10
Refuse	1	2.5
Total	40	100

In this study, more than 50% of subjects believe that teenage pregnancy rate has increased, only about 8% believe that the rate had reduced, 10% of respondents believe that the rate stayed about the same while 17.5% did not answer this question. When subjects were later asked about the reason for this decline, about 35% believed that "the fear of contracting HIV/AIDS" orchestrated this decline, about 17.5% blamed "changing moral values" for the decline, more than 25% attributed the decline to "comprehensive sex education programs

offered in some schools," about 7.5% believed that the decline was a result of "abstinence-only sex education programs," another 7.5% argued that "news and entertainment programs about safer sex" contributed to this recent decline and 5% believed that "public health campaigns should be praised for the decrease of teenage pregnancy rate."

"Morality of sexual intercourse by unmarried adults" is the focus of question 33. In this question, 37.5% of subjects believed that it is immoral for unmarried adults to engage in sexual intercourse even if they are in committed relationships; about 47.5% believed that there is absolutely nothing wrong for unmarried adults to engage in sexual intercourse and 10% of the participants refused to answer this question. Later, the subjects were asked whether it is immoral or moral for unmarried teens to engage in sexual intercourse. More than 67% agreed that it is immoral for unmarried teens to engage in sexual intercourse and about 28% believed it is morally right for unmarried teens to engage in sexual intercourse.

Table 8. Morality of Sex for Unmarried Teens

	Freq. (N)	Percent (%)
<u>Do You Think It Is immoral For Unmarried Teens to Engage In Sexual Activities?</u>		
Yes	27	67.5
No	11	27.5
Don't Know	2	5
Total	40	100

Questions 35 and 36 looked at subjects' religious affiliations. 70% of subjects called themselves Christians, more than 22% were affiliated with other religions and about 7.5% did not identify themselves with any religious organization. Of those who called themselves Christians, 35% identified themselves as evangelical/Pentecostal, 45% did not believe in evangelical/Pentecostal ideology.

On abortion and other political issues, 45% of subjects were pro-choice believers, 35% were pro-lifers and 20% "did not care." About 75% of subjects registered to vote for the 2008 elections and 25% did not register. About 15% of subjects were republicans, 65% were democrats, more than 12% were independents and about 2% belonged to "something else." In political views, 20% of

subjects called themselves liberals, 37.5% identified themselves as moderates, 12.5% were conservatives and about 5% called themselves something else.

The last two questions of the survey deal with subjects' household income and age. Question 41 asked subjects their household income for the year of 2007 before taxes. More than 17% of the subjects had an income below \$25,000 in 2007, majority (about 63%) of subjects made \$25,000 or more in 2007 and 20% of participants refused to answer this question.

Participants were divided into four groups based on their age—those between the ages of 18 and 29 years; those between the ages of 30 and 41 years; those between 42 and 53 years and finally, those between the ages of 54 and 65 years old. 15% of participants were between the ages of 18 and 29 years; 47.5% were between the ages of 30 and 41 years; 25% belonged to the age bracket of 42 and 53 years old while about 12.5% were between the ages 54 and 65 years old.

Discussion

Prior to Governor Sarah Palin's admission of her teenage daughter's pregnancy in 2008, the issue of teenage pregnancy has dominated and continued to dominate

America's mass media. Bristol Palin's pregnancy is not an isolated incident. For instance, numerous media organizations throughout the country have reported about high school female teens purposely getting pregnant en masse. The indication here is that teenage pregnancy, STIs and what can be done about these issues continues to generate debates. Past studies and as well as this current study accurately suggest that most Americans acknowledge the economical and political consequences of teenage pregnancy and STI. For example, more than 57% of participants of this study believed that teenage pregnancy has generated more debates; more than 77% of participants agreed that schools should teach sex education and 85% of participants agreed that having sex education curriculum in school is very important.

According to this study's findings, participants were divided on approach to teaching sex education in schools. For instance, on question 12, participants were asked: "which of the following statement comes closer to their view." About 47.5% of participants agreed that "when it comes to sex, teens need to have limits set; they must be told what is acceptable and what is not" (the abstinence-only education view). The other 47.5%

agreed that teens need to "make their own decisions, so their education needs to be more in the form of providing information and guidance." As the above findings suggest, there is no clear consensus in this study just as in other studies what sex education curriculum should contain.

Furthermore, the study found that more participants agreed that sex educators should teach teens about how to obtain and use contraceptives/condoms. For example, more than 62% argued that not providing teens information about how to obtain condoms/contraceptives might lead them to have unsafe sexual intercourse and more than 50% of participants believed that providing information about condom/contraceptives to teens will not encourage them to engage in sexual activities prematurely, points strongly endorse by activists of comprehensive-sex education programs.

The researcher also found that most participants believed that government allocation of funds to abstinence-only sex education programs is not the right way to deal with teenage pregnancy and STIs. For example in this study, about 70% of participants acknowledged that the federal government should "fund more

comprehensive sex education programs that include information on how to obtain and use condoms and other contraceptives" compared to 20% of participants who believed that the federal government should "fund sex education programs that have abstaining from sexual activity as their only purpose."

Although the participants of this study unequivocally believed that schools and government should focus more on comprehensive sex education programs than abstinence-only programs, there are some limitations worth talking about before the utilization of this study to make case for one particular model over the other. First, the total number of participants in this study is forty. Forty participants is not enough to accurately determine the parental acceptability of one sex education model over the other. Also, this study only focused on parents that are students at a local university. The researcher believes that focusing on students only highly omitted important information that could have been obtained from "non-student parents." Second, there maybe some bias on the side of some participants. For instance, some participants made their choices about what form of model to support prior to completing the entire survey.

For example some participants asked the researcher to explain some of the differences between abstinence-only programs and comprehensive sex programs as well as the current U.S. sex education policy including fund allocation and the like which may have caused them to focus their attention prematurely on answers that have comprehensive sex education contents. It is also safe to say here that most college students tend to be liberal minded and their ideology may have played a significant role in their answers. For instance, 26 out of 40 participants in this study identified themselves as democrats and major supporters of comprehensive sex education programs are democrats. More studies in this issue are desperately needed and it is the hope of this researcher that these future studies are inclusive and thorough. That is, these studies include people from all walks of life, different experiential backgrounds, and different ideological backgrounds. Also, teenagers themselves should be included in future studies as this population can provide accurate and important answers to the issue of teenage pregnancy and STIs. Finally, according to Collins et al., (2002), no amount of research will ever settle the debate of sex education

programs in this country. The purpose of this present research is to expose the epidemic of teenage pregnancy to the American people by generating dialogue between involved parties including schools, government, teenagers and their parents. It is hoped that this study will be utilized by future researchers as a foundation in their quest in finding solutions to the problem of teenage pregnancy.

Conclusion

For years, helping professionals has stood up against inequality, social injustice, oppression, and other social ills. The good work of these professionals can be seen in areas such as in civil rights, women's rights, gay's rights and the like. At the same time also, these professions have inadvertently omitted issues such as teenage pregnancy and sexually transmitted diseases from their list of social issues worth tackling. Yes, it is true that the rate of teenage pregnancy in this country has declined in recent years and this decline can be attributed to government and non-government agencies, groups and individuals who have dedicated their time, resources and energy in finding solutions to the issues of teenage pregnancy and STIs. Still, this does not mean

that we have to pat ourselves on our backs and declare victory when more and more America's teens are getting pregnant and contracting STIs daily. With that said, more work is desperately needed in the fight against teenage pregnancy and STI. As Starkman and Rajani (2002) already observed, the United States continues to have the highest rate of teenage pregnancy among the developed nations of the world and this result means that there is a need for all hands to be on deck in attacking teenage pregnancy and STIs in America. The fact to the matter is that no quantity of research will ever settle the debate on "what works" and "what does not" in teenage pregnancy and STIs prevention but according to Collins and colleagues (2002), research can provide parents, educators, and policy makers accurate information to make their decisions regarding what to teach our teens.

With Obama administration's promise of transparency and President Obama's promise to fight teenage pregnancy, STIs and his pledge to uphold women's right to choose, it is time for social work profession and other stakeholders such as parents, educators, medical professionals and law enforcement entities to use their influence to support and lobby for funds for programs that are effective in

fighting teenage pregnancy and STIs. With more than two decades of abstinence-only programs and millions of tax payers' dollars spent and still, the U.S. continues to have the highest rate of teenage pregnancy among the developed nations of the world suggests that change in current U.S. sex education policy is desperately needed. With that said, it is time to turn to a new chapter in our quest to find the solution to teenage pregnancy and STIs--- and hopefully this chapter will include not just abstinence-only sex programs but also comprehensive sex education programs. With the help of professionals such as social workers' endorsement, comprehensive sex education programs maybe the remedy for teenage pregnancy and STIs prevention in this country.

Implications of Findings for Micro and Macro Practice

In system theories of social work practice, social workers were taught about issue of equifinality. Equifinality, according Zatrov and Kirst-Ashman (2007) refers to the fact that there are many different means to the same end. Equifinality in other words means that there are different solutions for a particular problem. As the findings of this study suggest, teenage pregnancy

and sexually transmitted diseases are problems for all Americans, especially those ones in helping professions such as social workers and the like that often come in contact with pregnant teenagers. In this study, the majority of the participants agreed that teenage pregnancy is a problem. They also agreed that sex education should be offered in schools but the major issue here, just like in other studies on teenage pregnancy and sex education, was being unable to reach consensus on how to deal with it.

In micro social work practice, social workers must acknowledge that there are different ways to dealing with issue of preventing teenage pregnancy. Social workers must also recognize also that teenage pregnancy will continue to pose serious problems politically and economically for all Americans. So it is very imperative that social workers get involved in finding the solution. In this case, social workers must provide accurate information to teenagers and parents on "what works" in preventing teenage pregnancy. This means that social workers must adequately and thoroughly check the accuracy of all studies before endorsing or embracing a particular method.

As advocates, social workers must provide their expertise in helping to formulate appropriate sex education programs. As indicated earlier in this study, most American schools teach abstinence-only programs even when most studies disagreed on its effectiveness in preventing teenage pregnancy (Starkman & Rajani, 2002). As most studies and this study indicated, most Americans accept comprehensive-sex education program as a great way to reduce teenage pregnancy. So, there is a great need for social workers to encourage policy-makers to fund adequately comprehensive-sex education programs.

Summary

This chapter provided the findings of the study. This chapter also provided discussion on the study by comparing the result of current study with other studies on teenage pregnancy and sex education programs. Lastly, the implications of findings in social work practice were presented and addressed.

CHAPTER FIVE
TERMINATION AND FOLLOW UP

Introduction

This chapter will address the presentation of findings to participants and others. This chapter also will look at ongoing relationship between the researcher and the participants as well as the processes involved in the termination of this study.

Communicating Findings to Study Site
and Study Participants

Informal discussions regarding this study occurred between the researcher and some participants. These participants who were involved in these discussions were members of researcher's classmates. Participants not involved these discussions and others who were interested in this study were encouraged to locate a copy of the study after September 2009 at CSUSB Pfau Library.

Termination of Study

Termination occurred right after participants returned the questionnaires and were debriefed about the study. All participants who were interested in the outcome of the study were invited to visit the California

State University, San Bernardino Library (The Pfau Library) where a copy of this study can be located after September, 2009. Most participants were also encouraged to attend "poster day 2009," a research symposium where the researcher would be able to answer more questions from the participants.

Ongoing Relationship with Study Participants

Apart from the participants who were colleagues/classmates of the researcher, the researcher did not maintain an ongoing relationship with the study participants. This decision was based on two important reasons. First, researcher believed that not having an ongoing relationship with participants would help preserve participants' confidentiality and as well as anonymity. Second, except for those participants that were students of social work who took part in this study, it was highly difficult for the researcher to locate some of these participants, making an ongoing relationship between the researcher and the participants impossible.

Summary

This chapter provided a short discussion about the termination process of this study. It also explained the

presentation of findings to the study participants and others.

APPENDIX A
DATA COLLECTION INSTRUMENT

Parent Opinion Survey of School Sexuality Education

1. What is your gender?
 - (a) Male
 - (b) Female

2. What is your current marital status?
 - (a) Married
 - (b) Single/Never been married
 - (c) Separated
 - (d) Divorced
 - (e) Living with a partner/significant other
 - (f) Widowed
 - (g) Don't know
 - (h) Refuse to answer

3. Which one or more of the following will you say is your race?
 - (a) White
 - (b) Black or African-American
 - (c) Asian
 - (d) Native Hawaiian or other Pacific Islander
 - (e) American Indian, Alaskan Native
 - (f) Hispanic or Latino
 - (g) Other (**specify**) _____
 - (h) Don't know/Not sure
 - (i) Refuse

4. How many school age children (K-12) are you the legal guardian of in your household?
 - (a) 1
 - (b) 2
 - (c) 3
 - (d) 4
 - (e) 5 or more
 - (f) Don't know
 - (g) Refuse

5. What do you think is the most important problem facing teens today?
 - (a) Use of alcohol or illegal drugs
 - (b) Academics, getting education
 - (c) Sex, promiscuity
 - (d) Violence
 - (e) Broken families, family values, bad parenting
 - (f) Lack of discipline
 - (g) Lack of religion
 - (h) Media influence

6. Is sex education taught in your public school system? By sex education I mean classes referring to sexual behavior, and sexual health, including human development, relationships, and communication skills.
 - (a) yes
 - (b) No
 - (c) Don't know/Not sure
 - (d) Refuse to answer

7. In your opinion, should any sex education be taught in public/private schools, in any grade between K-12?
 - (a) Yes
 - (b) No
 - (c) Don't know/Not sure
 - (d) Refuse to answer

8. In your opinion, at what level do you think sex education should first be taught?
 - (a) Elementary school (K-5)
 - (b) Grade 6
 - (c) Grade 7
 - (d) Grade 8
 - (e) High school (9-12)
 - (f) Don't know
 - (g) Refuse to answer

9. How important do you think it is to have sex education as part of the school curriculum?
 - (a) Very important
 - (b) Somewhat important
 - (c) Not too important
 - (d) Not taught at all
 - (e) Don't know
 - (f) Refuse

10. Is it your impression that there has been more debate or controversy in our society over sex education during the last few years, or not?
- (a) Yes, more debate
 - (b) No
 - (c) Don't know
 - (d) Refuse
11. How effective do you think the sex education in schools is helping teens avoid HIV/AIDS/other STDs; avoid pregnancy; postpone having sexual intercourse; make responsible decisions about sex?
- (a) Very effective
 - (b) Somewhat effective
 - (c) Not too effective
 - (d) Not effective at all
 - (e) Don't know
 - (f) Refuse
12. As you know, there are different approaches to teaching about sex and sexuality in the schools. Which of the following two statements comes closer to your views?
- (a) When it comes to sex, teenagers need to have limits set, they must be told what is acceptable and what is not
 - (b) Ultimately teenagers need to make their own decisions, so their education needs to be more in the form of providing information and guidance
 - (c) Don't know
 - (d) Refuse
13. In order for schools to get money from the federal government for sex education program, the law requires that the exclusive purpose of the program be to teach the benefits of "abstaining" from sexual activity." Which of the following statements comes closer to your view?
- (a) The federal government should fund sex education programs that have "abstaining from sexual activity" as their only purpose
 - (b) The money should be used to fund more comprehensive sex education programs that include information on how to obtain and use condoms and other contraceptives.
 - (c) Don't know
 - (d) Refuse

14. Please tell me whether you agree or disagree with this statement:
abstinence from sexuality activity outside of marriage is the expected
standard for all school-age children.
- (a) Agree
 - (b) Disagree
 - (c) Don't know
 - (d) Refuse
15. Please tell me whether you agree or disagree with this statement:
sexual activity outside of marriage is likely to have harmful
psychological and physical effects on teens.
- (a) Agree
 - (b) Disagree
 - (c) Don't know
 - (d) Refuse
16. If sex education is taught, do you think sex education should be
required for students, or should it be optional?
- (a) Required
 - (b) Optional
 - (c) Don't know
 - (d) Refuse
17. What do you think schools should teach about homosexuality? Should
schools teach that homosexuality is wrong, that homosexuality is
acceptable, only what homosexuality is without discussing whether it is
wrong or acceptable, or should schools not discuss homosexuality at
all?
- (a) Teach that homosexuality is wrong
 - (b) Teach that homosexuality is acceptable
 - (c) Teach only what homosexuality is without discussing whether it is
wrong or acceptable
 - (d) Schools should not discuss homosexuality at all
 - (e) Don't know
 - (f) Refuse
18. Do you think that giving teens information about how to obtain and use
condoms and other contraceptives encourages them to have sexual
intercourse earlier than they would have or do you think giving teens
this information will not encourage them to have sexual intercourse
earlier?
- (a) Yes, will encourage them
 - (b) No, will not encourage them
 - (c) Don't know
 - (d) Refuse

19. Do you think that giving teens information about how to obtain and use condoms and other contraception makes it more likely that they will practice safe sex now or in the future, or not.
- (a) More likely to practice safe sex
 - (b) Not more likely to practice safe sex
 - (c) Don't know
 - (d) Refuse
20. What concerns you more?
- (a) That providing information about how to obtain and use condoms and other contraception might encourage teens to have sexual intercourse
 - (b) That NOT providing information about how to obtain and use condoms and other contraception might mean more teens will have unsafe sexual intercourse
 - (c) Don't know
 - (d) Refuse
21. About what percentage of 12th graders do you think report they have had sexual intercourse?
- (a) 20%
 - (b) 40%
 - (c) 60%
 - (d) 80%
 - (e) Don't know
 - (f) Refuse
22. Do you think it is morally wrong for unmarried adults to engage in sexual intercourse or not?
- (a) Yes
 - (b) No
 - (c) Don't know
 - (d) Refuse
23. In the last few years, would you say that the teen pregnancy rate in the U.S. increased, decreased, stayed about the same; or don't you know enough to say?
- (a) Increased
 - (b) Decreased
 - (c) Stayed about the same
 - (d) Don't know
 - (e) Refuse

24. Has your child/ren who is/are in K-12 grade completed or is/are your child/ren currently participating in sex education course at school?
- (a) Yes
 - (b) No
25. Do you think sex education in schools makes it easier for you to talk to your child about sexual issues?
- (a) Agree
 - (b) Disagree
 - (c) Don't know
 - (d) Refuse
26. Do you think school's sex education programs raises subjects that you don't think your child should be discussing
- (a) Agree
 - (b) Disagree
 - (c) Don't know
 - (d) Refuse
27. When your child/ren begin/s to date, or if your child/ren is/are now dating, how much do you want to know about his/her/their sexual behaviors?
- (a) Nearly everything
 - (b) A lot
 - (c) Some
 - (d) Not much
 - (e) Don't know
 - (f) Refuse
28. Compared with your parents when you were growing up, do you think you have been or would be more open with your child/ren about sex and sexual issues in general, less open, or about as open as your parents were with you?
- (a) More open
 - (b) Less open
 - (c) About the same
 - (d) Don't know
 - (e) Refuse

29. Do you think that schools are doing a better job today teaching sex education than they did when you were in school, did a better job teaching sex ed when you were in school, or doing about the same now as they did when you were in school?
- (a) Better job today
 - (b) Better job when your were in school
 - (c) About the same
 - (d) Don't know
 - (e) Refuse
30. Overall, would say your parents did a very good job, a good job, a fair job or a poor job in talking to you about sexual issues when you were growing up?
- (a) Very good job
 - (b) Good job
 - (c) Fair job
 - (d) Poor job
 - (e) Don't know
 - (f) Refuse
31. How familiar are you with the sex education programs in your community's schools? Would you say you are very familiar, somewhat familiar, not too familiar, or not all familiar?
- (a) Very familiar
 - (b) Somewhat familiar
 - (c) Not too familiar
 - (d) Don't know
 - (e) Refuse
32. Do you think it is morally wrong for unmarried adults to engage in sexual intercourse or not?
- (a) Yes
 - (b) No
 - (c) Don't know
 - (d) Refuse
33. Do you think it is a sin for unmarried adults to engage in sexual intercourse or not?
- (a) Yes
 - (b) No
 - (c) Don't know
 - (d) Refuse

34. Do you think it is morally wrong for unmarried teens to engage in sexual intercourse, or not?
- (a) Yes
 - (b) No
 - (c) Don't know
 - (d) Refuse
35. Do you consider yourself a Christian?
- (a) Yes
 - (b) No
 - (c) Don't know
 - (d) Refuse
36. Would you consider yourself a born-again or evangelical Christian, or not? (Only if answered yes on #35)
- (a) Yes
 - (b) No
 - (c) Don't know
 - (d) Refuse
37. With respect to the abortion issue in general, would you consider yourself to be pro-choice or pro-life?
- (a) Pro-choice
 - (b) Pro-life
 - (c) Don't know
 - (d) Refuse
38. Some people are registered to vote and others are not. Are you currently registered to vote at your present address?
- (a) Registered
 - (b) No, not registered
 - (c) Don't know
 - (d) Refuse
39. In politics today, do you consider yourself a Republican, a Democrat, an Independent, or something else?
- (a) Republican
 - (b) Democrat
 - (c) Independent
 - (d) Something else
 - (e) Don't know
 - (f) Refuse

40. Would say your views in most political matters are liberal, moderate, conservative, something else, or haven't you this much thought?
- (a) Liberal
 - (b) Moderate
 - (c) Conservative
 - (d) Something else
 - (e) Haven't you give this much thought
 - (f) Don't know
 - (g) Refuse
41. Last year that is in 2007, what was your total household income from all sources before taxes? Was it over or under \$25,000?
- (a) Under \$25,000
 - (b) Over \$25,000
 - (c) Don't know
 - (d) Refuse
42. What is your age? Please indicate here: _____
43. Statistics show that the teen pregnancy rate has decreased in the last few years, what do you think is the number one reason for this possible decline?
- (a) Fear of HIV/AIDS
 - (b) Changing moral values
 - (c) Comprehensive sex education programs that include information about contraception.
 - (d) Abstinence education in schools
 - (f) News and entertainment programs about safer sex
 - (e) Public health campaigns.

APPENDIX B
INFORMED CONSENT

Informed Consent

The study in which you are being asked to participate is designed to investigate the opinions of college students who are parents regarding appropriate sex education programs. This study is being conducted by Ifeanyi Casimia Alozie under the supervision of Dr. Laurie Smith, Associate Professor of Social Work. This study has been approved by the Department of Social Work Sub-committee of the Institutional Review Board at California State University, San Bernardino.

In this study, you will be asked to fill out a survey and answer several questions that will take between 15 to 20 minutes to complete. You will be asked questions about your ethnicity, political and religious affiliations, marital status, gender, income level, beliefs/values, sex education policies, and anti-teenage pregnancy measures. Please note that all your answers will be held in the strictest of confidentiality by the researcher.

Your participation in this study is completely voluntary. You have the right to refuse to answer any question or withdraw from the study without any penalty. There are no major foreseeable risks attached to this study. A small incentive of gift card from Starbucks will be offered for your participation in this study.

By placing a check mark in the box below, I acknowledge that I have been informed of, and that I understand the nature and purpose of this study and I freely consent to participate. I also acknowledge that I am at least 18 years old.

If you have any questions or concerns about this study, please feel free to contact Dr. Laurie Smith at (909) 537-3837.

Please Place Mark: _____ Date: _____

APPENDIX C
DEBRIEFING STATEMENT

Debriefing Statement

The survey in which you just completed examined the opinions of college students who are parents regarding appropriate sex education programs. The survey was conducted by Ifeanyi C. Alozie, a graduate student at California State University, San Bernardino. It is the researcher's goal to use the results of this study to improve policies regarding sex education for all public and private schools.

Thank you for your participation and if you have questions or concerns about this study, please do not hesitate to contact my research supervisor, Prof. Laurie Smith at (909) 537-3837. The results of this study will be made available at California State University, San Bernardino Library after September, 2009.

REFERENCES

- Advocates for Youth. (1999). *Americans support sexuality including information on abstinence and contraception*. Retrieved October 10, 2008, from <http://www.advocatesforyouth.org/factsfigures/suppsexed.html>
- Borawski, E. A., Trapl, E. S., Lovegreen, L. D., Colabianchi, N., & Block, T. (2005). Effectiveness of abstinence-only intervention in middle school teens. *American Journal of Health Behavior, 29*(5), 423-434.
- Brown, E., & Simpson, E. S. (2000). Comprehensive STD/HIV prevention education targeting U.S. adolescents: review of an ethical dilemma and proposed ethical framework. *Nursing Ethics, 7*(4), 339-349.
- Collins, C., Alagiri, P., & Summers, T. (2002). *Abstinence only vs. comprehensive sex education: What are the arguments? What is the evidence?* Policy Monograph Series, San Francisco: AIDS Research Institute, University of California.
- Franklin, C., & Corcoran, J. (2000). Preventing adolescent pregnancy: A review of program and practices. *Social Work, 45*(1), 40-52
- Haglund, K. (2006). Recommendation for sexuality education for early adolescents. *Journal of Obstetrics, Gynecologic & Neonatal Nursing, 35*(3), 369-375.
- Hauser, D. (2004). *Five years of abstinence-only-until marriage education: assessing the impact*. Retrieved January 31, 2008, from <http://www.advocatesforyouth.org>
- Kaiser Family Foundation. (2004). *Sex education in America: General public/parents survey*. Menlo Park, CA: Author.

- Kirby, D., Barth, R. P., Leland, N., & Fetro, J. V. (1991). Reducing the risk: impact of a new curriculum on sexual risk-taking. *Family Planning Perspectives, 23*(6), 253-263.
- Landry, D., Darroch, J., Singh, S., & Higgins, J. (2003). Factors associated with the context of sex education in U.S. public secondary schools. *Perspectives on Sexual and Reproductive Health, 35*(6), 261-269.
- Mabray, D., & Labauve, B. (2002). A multidimensional approach to sexual education. *Sex Education, 2*(1), 31-44.
- McCaffree, K. A., & Matlack, A. L. (2001). Does sexuality education last? Self reported benefits of a high school comprehensive sexuality education course. *Journal of Sex Education and Therapy, 26*(4), 347-357.
- McKeon, B. (2006). *Effective sex education*. Retrieved October 10, 2008, from www.advocatesforyouth.org
- Mebane, F., Yam, E., & Rimer, B. (2006). Sex education and the news: lessons from how journalists framed virginity pledges. *Journal of Health Communication, 11*, 583-606.
- Minnesota Organization on Adolescent Pregnancy, Prevention and Parenting. (2008). *Minnesota sexuality education survey*. Retrieved October 10, 2008, from http://www.moapp.org/resources/sexed_survey/sexed_surveyresults.html
- Monmouth University Polling Institute. (2008). *Jersey views on teen pregnancy and sex ed*. Retrieved October 10, 2008, from <http://www.monmouth.edu/polling>
- Morris, T. (2006). *Social work practice: Four alternative paradigms*. Thousands Oakes, CA: Sage Publication.
- North Carolina Department of Health and Human Services. (2003, October). *North Carolina parent opinion survey of public school sexuality education*. Raleigh, NC: Author.

- Planned Parenthood Federation of America. (1998). *The facts about birth control*. New York: Author.
- Sather, L., & Zinn, K. (2002). Effects of abstinence-only education on adolescent attitude and values concerning premarital sexual intercourse. *Family and Community Health, 25*(2), 1-15.
- Starkman, N., & Rajani, N. (2002). The case for comprehensive sex education. *Aids Patient Care and STDs, 16*(7), 313-318.
- Waxman, H. A. (2004, December). *The content of federally funded abstinence-only education programs*. Washington DC: U.S. House of Representatives.
- Winchester, D. (2008, March 1). Floridians want sex ed in schools. *St Petersburg Times, 1-8*.
- Zanis, D. A. (2005). Use of a sexual abstinence-only curriculum with sexuality active youths. *Children & Schools, 27*(1), 59-63.
- Zastrow, C., & Kirst-Ashman, K. (2007). *Understanding human behavior and the social environment* (7th ed.). Belmont, CA: Thomson Brooks/Cole.