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Sex Education Background of Students at MSU, Mankato Prior to Enrollment at the University

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By:

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Dr. Dawn Larsen

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Dr. Anne Dahlman

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Abstract

Sex Education Background of Students at MSU, Mankato Prior to Enrollment at the University

Natalie McConkey, M.S. Minnesota State University (MSU) Mankato, 2013

The purpose of this study was to determine what key concepts were recalled in high school sex education curricula by students at MSU. The participants in this study were MSU, students enrolled in 2013 spring semester Health and the Environment course. An electronic survey consisting of 43 questions was distributed though the survey program SurveyMonkey. The survey was sent out to 596 MSU students, and data was collected from 39 MSU, M students.

Roughly, 73% of the participants reported receiving comprehensive sex education compared to 19% of participants reporting abstinence-only education in high school. The key concepts that received major emphasis from participants who reported receiving comprehensive sex education included: STDs, HIV and AIDS, and contraception, reproduction, and sexual abstinence. As for key concepts that rated highest among abstinence-only educated participants included: sexual abstinence, puberty, decision-making, reproductive health, and STDs.

Results indicated that participants, who reportedly received comprehensive sex education received no emphasis of the following key concepts: sexuality and the arts, sexual fantasy, gender identity and masturbation. For abstinence-only participants sexual orientation, gender identity, and sexuality and religion was reported.

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Chapter One: Introduction

The debate on abstinence-only and comprehensive sex education is a controversial issue. Some parents and teachers believe in an abstinence-only approach when it comes to their children and students, while others are firm believers of using comprehensive sex education curricula. Abstinence-only curricula emphasize abstinence as the only option when it comes to sex before marriage, and includes discussions on values and character building (Collins, Alagiri, & Summer, 2002). While emphasizing the benefits of abstinence, comprehensive sex education acknowledges that teenagers will become sexually active and educates them about contraception and disease-prevention methods (Collins, Alagiri, & Summer, 2002).

Sex education is a very important pillar in a child's development. What a child learns during these times, paves the road for their future sexual behavior. With the high rates of teen pregnancy and sexually transmitted diseases, it is obvious that something isn't working. There needs to be a universal evaluation conducted on the current curricula implemented in schools today. From there we can determine what is working and what's not (Monahan, 2001).

One of the health challenges on university campuses is promoting responsible sexual behaviors. The American College Health Association (2012) created *Healthy Campus 2020* to establish nationwide health objectives for college campuses and to act as a framework for creating and developing strategies to improve student health. *Healthy Campus 2020* is categorized into ten leading health indicators, with one being responsible sexual behavior. The goal of this health indicator is to promote healthy sexual behaviors, strengthen community capacity, and increase access to quality services to prevent sexually transmitted diseases (STDs) and their complications.

According to the Centers for Disease Control and Prevention (CDC), in 2006-2008, 42% of never-married females and 43% of never married males, aged 15-19 years, engaged in sexual intercourse. Furthermore, 87% of people aged 20-24 years reported engaging in sexual intercourse at least once. These statistics show that as the adolescent and young adult population age, they are having sexual intercourse. Public health concerns regarding adolescents and young adults participating in sexual intercourse include preventing inconsistent and incorrect condom use, sexually transmitted diseases (STDs), unintended or unwanted pregnancy, and abortion (Crosby, Yarber, & Sanders, 2005)

Statement of the Problem

Young adults face several sexual health issues when entering college. These include STDs and unintended pregnancies caused by engaging in risky sexual behaviors. Research has found the age group 15 to 24 year olds to be at a much higher risk for STDs due to at-risk behavioral practices, which include unprotected intercourse and sex practices (U.S. Department of Health & Human Services, 2009).

Although there are national recommendations regarding school sex education, wide variations exist in type of and intensity of curricula implemented. Understanding students' perspectives on the sex education they received during high school will help inform to what extent a comprehensive education was reportedly received.

Purpose Statement

Sexual health curricula aims to provide life saving education to young adults who will potentially carry and safely practice the knowledge learned for the rest of their lives. The purpose of this study was to determine the extent key concepts were emphasized in selected students' high school sex education curricula, based on their perceptions and recall. The

information gathered for this study, is important to assist educators, teachers, and school personal to evaluate their current curricula based on the SIECUS: Guidelines and help them strengthen their current curricula.

Research Questions

This study addressed the following questions:

1. What percentage of students reported receiving comprehensive sex education in high school?
2. What percentage of students reported receiving abstinence-only education in high school?
3. Based on participant perceptions, to what extent were key concepts emphasized in selected students' high school sex education curricula?

Limitations

The following were limitations of this research project:

1. The timeline for responding to the survey may have limited students' participation in the study, due to spring break vacation.
2. This survey relied on self-reported data from the participants. Self-reporting may result in skewed and unverifiable data.
3. Concerns related to the controversy surrounding the content of sexual health education may have limited students' participation in the study.
4. The online format for conducting the survey may have limited students' participation in the study.
5. Small sample size.

Delimitations

The following were delimitations of this research paper:

1. The population was limited to Minnesota State University, Mankato students enrolled in HLTH 101.
2. This study was limited by time and financial constraints.

Assumptions

The following were assumptions of this research paper:

1. Participants responded truthfully to the survey.
2. Accurate recall was performed.

Definition of Terms

Abstinence-only sex education this curricula promotes abstinence from all sexual activity, as the only option for unmarried people. It rarely provides education on sexual and reproductive health education, particularly regarding birth control, sexually transmitted infections, and safe sex practices. It focuses on the importance of marriage and values (Sexuality Information and Education Council of the United States, 2008, p.1).

Comprehensive sexuality education curricula addresses abstinence as the best practice for avoiding unintended pregnancy and STDs, but incorporates age-appropriate, medically accurate education on a broad set of topics related to sexuality including human development, relationships, decision-making, abstinence, contraception, and disease prevention. It also provides students with opportunities for developing skills such as interpersonal and communication skills and helps students explore their own values and goals, as well as options (Advocates for Youth, 2001, p.1).

Health and Environment (HLTH 101) course is a college health course that focuses on encouraging development of physical, mental, social, and environmental health of the individual. The course ultimately fosters decision-making through a variety of instructional strategies (Minnesota State University, Mankato, 2012, p.2).

SIECUS Sexuality Information and Education Council of the United States promotes comprehensive education about sexuality, and advocates the right of individuals to make responsible sexual choices (Sexuality Information and Education Council of the United States, n.d., p.1).

SIECUS: Guidelines for Comprehensive Sexuality Education A national task force of experts in the fields of adolescent development, health care, and education, developed a framework of the key concepts, topics, and messages that all sexuality education programs can use (SIECUS, 2004, p.15).

SIECUS: Curriculum Evaluation Tool a curriculum evaluation tool for educators used to help school districts and schools conduct a clear, complete and consistent analysis of written health education curricula, based on the *Guidelines for Comprehensive Sexuality Education* (SIECUS, 2004, p.89).

Chapter Two: Review of Literature

The purpose of this study was to investigate what key concepts were recalled in high school sex education curricula among students enrolled at MSU, M. The first section of this chapter will focus on current adolescent and young adult sexuality. The second section addresses federal policies in the United States regarding sex education. The third section identifies evidence-based sexual health education curricula currently used today. In addition, SIECUS *Guidelines of Comprehensive Sexuality Education* regarding sexual health education will be reviewed.

According to Collins, Alagiri, & Summer (2002), "Sexuality education is intended to serve a very practical public health purpose, to reduce STDs, HIV/AIDS, and unintended pregnancy among the country's young adults" (p. 2). The debate continues as to which curricula is the best way to help adolescents avoid, or reduce sexual risk taking behavior. Many who support a more comprehensive approach agree it is the most effective way to build young adolescent's knowledge, attitudes, and skills for when they do become sexually active. Comprehensive sex education promotes abstinence but also includes discussion regarding contraception and condoms. Abstinence-only education supporters believe abstinence is the only method that should be emphasized and educated (Hauser, 2008).

Current Issues with Adolescents, Young Adults and Sex

Sexually active teenagers who have had sexual intercourse in the past three months are at high risk of unintended pregnancy and STDs. Teens that engage in risky sexual behavior, such as not using contraceptives, using contraceptives inconsistently, and/or having multiple sex partners are at an even higher risk for unintended pregnancy and STDs (DiCelmente, 2002).

The percentage of high school students who are sexually active have fluctuated since 1991, ranging from 33 to 38 percent. In 2011, roughly 34% of high school students reported being sexually active (US Department of Health and Human Services, 2012). Males were slightly more likely than females to report having had sex (49% vs. 46%) (Kaiser Family Foundation, 2013).

According to the Kaiser Family Foundation (2013), 89% of males and 92% of females ages 22-24 years old, reported having already had sexual intercourse. Roughly 9% of all sexually active adolescents were 13 years or younger when they became sexually active. In addition, 55% of males and 54% of females ages 15-19 stated they had engaged in oral sex with somebody of the opposite sex.

According to Kaiser Family Foundation (2013), 67% of high school males and 54% of high school females reported they used a condom the last time they engaged in sexual intercourse. About one-fifth of adolescents reported that pulling-out prior to ejaculation or having sex during a females menstrual cycle were safer sex behaviors despite the fact that these methods do not provide protection against pregnancy or STD transmission. With that being said, it is important to note 33% of males and 46% of females reported they did not use a condom the last time they engaged in sexual intercourse. It is obvious that consistent condom use is a critical issue for adolescents and young adults who are sexually active.

Federal Policies in the United States Regarding Sex Education

In 1996, U.S. Congress signed into law the Welfare Reform Act. The Welfare Reform Law added Title V, Section 510(b) of the Social Security Act which allowed a new stream of funding grants to states utilizing abstinence-only programs. This law was enacted quietly during the Bush Administration, without public or legislative debate (Hauser, 2008).

Beginning in Fiscal Year 1998, under the Title V- Welfare Reform Act, the U.S. Department of Health and Human Services allocated $50 million in federal funds that would be distributed to states teaching abstinence-only education each year. The Maternal and Child Health Bureau determined the grant amount available to each state. States that accepted funds had to match every four federal dollars with three state raised dollars. States had to use the funds directly or distribute the funds throughout the community to community-based organizations, schools, and city, county, and state health departments (Advocates for Youth, 2007).

In order to receive federal funding states were required to strictly follow the A-H guideline definition of abstinence education prescribed in the Social Security Act. According to SIECUS (2010a):

> All programs that receive Title V abstinence-only funds must adhere to this definition which specifies in part, 'that a mutually faithful monogamous relationship in the context of marriage is the expected standard of all human sexual activity 'and that 'sexual activity outside the context of marriage is likely to have harmful psychological and physical effects.' (para. 10)

These guidelines include:

A. Has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity.
B. Teaches abstinence from sexual activity outside marriage as the expected standard for all school age children.
C. Teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems.
D. Teaches that a mutually faithful monogamous relationship in context of marriage is the expected standard of human sexual activity.
E. Teaches that sexual activity outside of context marriage is likely to have harmful psychological and physical effects.
F. Teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society.
G. Teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances.
H. Teaches the importance of attaining self-sufficiency before engaging in sexual activity (Maternal and Child Health Bureau, n.d., p.22).

In 2007, the individual states that received federal funding were also required to provide assurance that the abstinence-only curricula being used did not emphasize or promote contraception and/or condom use. Efforts were also made to ensure federal funds were not being spent on pre-adolescents and later redefined the target population as 12- 29 years old. Once Congress started tightening the program requirements, several states including California, Connecticut, Maine, New Jersey, Montana, Ohio, Rhode Island, and Wisconsin turned down millions of dollars in federal grants (Howell, 2007).

According to Howell (2007), "In 2000, Congress created the Special Projects of Regional and National Significance Community-based Abstinence Education Program (CBAE), a new abstinence-only education funding opportunity" (p.3). As defined by Section 510, Title V of Social Security Act, the main objective of CBAE was to promote abstinence-only education towards adolescents ages 12 to 18. The purpose of these programs were to educate young adolescents, as well as create a healthy environment within communities that solely supported teen's decisions to postpone sexual activity until marriage (U.S. Department of Health and Human Services, n.d.a).

In 2010, President Obama eliminated all funding for Community-Based Abstinence Education (CABE) ($110 million) and Title V abstinence-only education program ($50 million). President Obama redirected federal funds and awarded the U.S. Department of Health and Human Services (HHS) funds for two new programs: 1) the Personal Responsibility Education Program (PREP) and 2) the Teen Pregnancy Prevention Initiative (TPPI) (SIECUS, 2010b).

The President's Teen Pregnancy Prevention Initiative (TPPI), received $110 million in federal funding for Fiscal Year 2010. TPPI was broken down into two funding tiers. Tier 1 received $75 million and provided funding towards evidence-based programs that had been

proven to prevent unintended teen pregnancy and address current sexual risk behaviors. Tier 2 received $15.2 million and provided funding to develop and test additional evidence-based models and innovative strategies. Roughly, $9.8 million was utilized to support cooperative agreements awarded by the Centers for Disease Control and Prevention in partnership with the Office of Adolescent Health (OAH) for community-wide teenage pregnancy prevention programs. Finally $10 million was set aside solely for research, evaluation, and technical assistance (SIECUS, 2010b).

The Administration on Children, Youth, and Families (ACYF), provided the Personal Responsibility Education Program (PREP) with $75 million in mandatory funds, which was geared towards evidence based programs to states and territories that educate youth on abstinence, contraception, and sexually transmitted diseases, and on other adulthood preparation topics such as healthy relationships, communication with parents, and financial literacy. Funded programs were required to be medically accurate and age appropriate. States were also required to incorporate elements of programs that were evidence based (The National Campaign to Prevent Teen and Unplanned Pregnancy, 2012a).

In 2010, reauthorized from The Affordable Care Act, $50 million in mandatory funds were provided annually for State Abstinence grants. Funds were allocated for states and territories that used abstinence-only education as their main form of sexual health education (The National Campaign to Prevent Teen and Unplanned Pregnancy, 2012b). In Fiscal Year 2012, 36 states accepted funds. Minnesota was included, receiving $589,227 (U.S. Department of Health & Human Services, 2012a).

States and territories that received State Abstinence Education funds were required to match three dollars for every four dollars spent. States were required to follow the A-H federal

abstinence-only-until-marriage definition and could not use funds to contradict any of the A-H provisions (SIECUS, 2010b).

Evidence-Based Abstinence-Only Education Curricula

An abstinence-only education approach focuses on educating young adolescents that the best means of avoiding unintended pregnancy, HIV and other sexually transmitted diseases is by abstaining from sex before marriage (Avert, 2013). Many supporters of abstinence-only education tend to have a strong background in or connection to Christian organizations that have strong beliefs and views regarding sex and sexuality and view sex before marriage as morally wrong (Maher, 2005).

Supporters of abstinence-only education believe the main objective of this curricula is to equip and encourage young adolescents to refuse and avoid sex altogether. Abstinence-only education programs may also exclude any information that conflicts with this view. Thus resulting in, failing to include basic information on STDs and HIV and how transmission can be avoided (Avert 2013).

Selected evidence-based abstinence-only sex education curricula have been recommended by the Department of Health and Human Services for state and territories receiving State Abstinence grants to use as curricula. Two of these curricula are examined in the following pages.

***Promoting health among teens-abstinence only*.** In this Promoting Health Among Teens-Abstinence Only curriculum, junior high students are educated on four core elements, these include: medically accurate information on puberty; HIV, STDs, and pregnancy prevention strategies; building negotiation and problem solving skills; as well as self-efficacy in adolescents and the desire to practice abstinence (Select Media, Inc, 2013).

Jemmott, Jemmot, & Fong, (2010) conducted an evaluation on the program Promoting Health Among Teens-Abstinence Only. The study focused on students in grades 6 and 7 who attended four public middle schools in low-income African American community in the northeastern United States. Surveys were administered before the intervention, and at five later periods (3, 6, 12, 18, and 24 months) after the intervention. Across the five follow-up periods, the results indicated that the participants were significantly less likely to report having sexual intercourse in the previous three months. Adolescents who were sexually inexperienced at the beginning of the program were also significantly less likely to report having initiated sexual intercourse (REACH, n.d)

Heritage keepers abstinence education. The Heritage Keepers Abstinence Education curriculum is designed to provide education to youth on the benefits of abstaining from premarital sex. Its primary focus is on instilling refusal skills and tactics to help practice abstinence and emphasizing the importance of building relationships without engaging in sexual activity. Information regarding male and female reproductive systems and STDs are also highlighted in this curriculum (U.S. Department of Health and Human Services, n.d.a).

Weed, Birch, Erickson, & Olson, (2011) conducted an evaluation on the effectiveness of Heritage Keepers Abstinence Education curriculum. The study surveyed a total of 2,215 junior high students and compared 1,828 students from 34 schools that implemented the program with 387 students from 7 schools that did not implement the program. Data were collected before and after the program and again a year after the program ended. The results indicated that the students participating in the curriculum were less likely to report having ever had sex.

Evidence- Based Comprehensive Sex Education Curricula

According to the Centers for Disease and Prevention (CDC) (2007):

> Health education is integral to the primary mission of schools. It provides young people with the knowledge and skills they need to become successful learners and healthy and productive adults. Health education is a fundamental part of an overall school health program. Increasing the number of schools that provide health education on key health problems facing young people is a critical health objective for improving our nation's health. (p.2, para. 1)

Advocates for comprehensive sex education focus on sex education curricula and programs as the most effective way in addressing the sexual health issues young adolescents face daily. This curricula advocates the importance and the value of abstinence while also acknowledging the true reality that not all teens will remain abstinent until marriage (Carroll, 2009).

To guide comprehensive sexual education, Advocates for Youth, a non-profit organization developed a set of guidelines to distinguish comprehensive sex education from abstinence-only education:

1. Teaches that sexuality is a natural, normal, healthy part of life.
2. Teaches that abstinence from sexual intercourse is the most effective method of preventing unintended pregnancy and sexually transmitted disease, including HIV.
3. Provides values-based education and offers students the opportunity to explore and define their individual values as well as the values of their families and communities.
4. Include a wide variety of sexually related topics, such as human development, relationships, interpersonal skills, sexual expression, sexual health, and society and culture.
5. Include accurate, factual information on abortion, masturbation, and sexual orientation.
6. Provides positive messages about sexuality and sexual expression, including the benefits of abstinence.
7. Teaches that proper use of latex condoms, along with water-lubricants, can greatly reduce, but not eliminate, the risk of unintended pregnancy and sexually transmitted infections, including HIV.
8. Teaches that consistent use of modern methods of contraception can greatly reduce a couple's risk for unintended pregnancy.
9. Includes accurate medical information about STDs, including HIV; teaches that individuals can avoid STDs.
10. Teaches that religious values can play an important role in an individual's decisions about sexual expression; offers students the opportunity to explore their own and their family's religious values.

11. Teaches that a woman faced with an unintended pregnancy has options: carrying the pregnancy to term and raising the baby, or carrying the pregnancy to term and placing the baby for adoption, or ending the pregnancy with an abortion (Advocates for Youth, 2001, p. 1)

Selected evidence-based comprehensive sex education curricula have been recommended by the Department of Health and Human Services for states and territories receiving PREP funds to implement. Several of these curricula are examined in the following pages.

Safer choices. The main objective of the Safer Choices program is to reduce the number of sexually active students and increase the use of contraception among students who are sexually active. This curriculum aims to create behavioral change among students, by educating them on HIV and STDs, as well as promoting more positive norms and attitudes towards abstinence and condom use. The use of interactive activities and classmate chosen peer leaders help facilitate in class activities (U.S. Department of Health and Human Services, n.d.b).

Kirby (2011) used a randomized trial to assess Safer Choices program effectiveness. This study included ten schools in California and ten schools in Texas. Five schools in each state were assigned to the Safer Choices program and the remaining states were assigned to a similar standard program that covered the same issues. A total of 3,869 surveys were administered to 9th grade students in fall and spring of their 9th grade year and again in spring of their 10th and 11th grade year. The study reported a positive change with regard to student behavior. Overall, the students were more likely to have used a condom the last time they had sex.

Teen outreach program. The Teen Outreach Program is designed to prevent pregnancy and encourage academic progress among young adolescents. This curriculum has two main components, small group discussion sessions with a teacher and participation in volunteer service learning in the community. Discussion topics facilitated by the teacher include growth and development, values clarification, communication skills, family relationships and

community resources. The volunteer service learning component can be anything from mentoring to serving as a hospital aid (The U.S. Department of Health and Human Services, 2012b).

Allen and Philliber (1997), conducted a program evaluation on the Teen Outreach Program. It included 695 high school students in grades 9th through 12th. Surveys were administered before and after the program, at the beginning and end of the school year. The research indicated that female adolescents participating in the program were significantly less likely to report a pregnancy during the academic year of the program.

Be proud, be responsible. The primary focus of Be Proud, Be Responsible is on behavior modification and building knowledge, understanding and a sense of sexual health responsibility regarding STD/HIV risk among young adolescents. The aim of this program is to affect knowledge, beliefs, and intentions associated with the use of contraception and sexual behaviors, as well as building negotiation skills, problem solving skills, self-efficacy, and confidence (The U.S. Department of Health and Human Services, 2012c).

Jemmott, Jemmott, Fong, & Morales (2010), conducted an evaluation on the effectiveness of the program. A total of 1,707 students ages 13 to 18 were administered surveys before the intervention; immediately after the intervention; and three, six, and twelve months after the intervention. Results indicated adolescents who participated in the program reported more consistent and frequent condom use in the first three months after the last intervention.

According to Planned Parenthood (2013), “accurate and thorough evaluations of sexual health curricula is the best practice for determining program effectiveness. Evaluating sexual health education curricula is valuable because it requires clear-cut descriptions of the desired outcomes for learning” (para. 3).

SIECUS: Guidelines of Comprehensive Sexuality Education

The Sexuality Information and Education Council of the United States (SIECUS) created a set of guidelines for sexuality education in kindergarten through 12th grade. These guidelines incorporate age appropriate matter including sexual development, reproductive health, interpersonal relationships, affection, intimacy, body image and gender roles (SIECUS, 2004). Carroll (2009) stated,

> The overachieving goal of SIECUS is to help young people develop a positive view of sexuality, provide them with information they need to take care of their sexual health, and help them acquire skills to make decisions now and in the future. Comprehensive sex education programs acknowledge both that abstinence remains the *most* effective way to avoid pregnancy and that the reality is children and teens need *all* of the information in order to make safe and healthy decisions about their lives (p.45, para. 1).

The *Guidelines for Comprehensive Sexuality Education: Kindergarten-12th Grade*, published by SIECUS, provides a framework and sense of guidance to help educators evaluate existing curricula and create new sexuality education programs. Created by a national task force in the fields of adolescent development, health care, and education, the *Guidelines* provide a framework of the key concepts, topics, and messages that all sexuality education programs should include (SIECUS, 2004).

The *Guidelines* are organized into six key components, each of which encompasses one essential area of learning for young people.

Table 3.1
SIECUS Guidelines for Comprehensive Sexuality Education Key Concepts

Key Components	Definition
Human Development	Human development is characterized by the interrelationship between physical, emotional, social, and intellectual growth
Relationships	Relationships play a central role throughout our lives.

Personal Skills	Healthy sexuality requires the development and use of specific personal and interpersonal skills.
Sexual Behavior	Sexuality is a central part of being human, and individuals express their sexuality in a variety of ways.
Sexual Health	The promotion of sexual health requires specific information and attitudes to avoid unwanted consequences of sexual behavior.
Society and Culture	Social and cultural environments shape the way individuals learn about and express their sexuality.

The Sexuality Information and Education Council of the United States, (2004, p.15).

Support for Comprehensive Sex Education

A Kaiser Family Foundation study (2004), reported that students in grades 7-12 would have liked more information on sexual and reproductive health during their time in sex education. Roughly, half of the students reported needing more information about what to do in the event of a rape or assault, how to get tested for HIV and other STDs, medically accurate information on HIV/AIDS and other STDs, and how to talk with your partner about birth control. Two in five also reported wanting more factual information on birth control and how to use and where to get birth control, as well as how to handle pressure to have sex (Dailard, 2001).

According to researchers reporting the results of a 2005-2006 nationally representative survey of U.S. adults, published by the *Archives of Pediatrics and Adolescent Medicine* (as cited in Boonstra, 2009):

> There was far greater support among adults for comprehensive sex education than for the abstinence-only approach, regardless of respondents' political leanings and frequency of attendance at religious services. Overall, 82% of those polled supported a comprehensive

> approach, and 68% favored instruction on how to use a condom; only 36% supported abstinence-only education (p. 10, para. 4).

In 2006, Minnesota Department of Education and Safe and Healthy Learners Unit HIV Prevention Program developed and implemented a Health Implementation survey, directed towards health teachers. The survey tool determined that Minnesota students are receiving at both the middle school and high school levels a broad ranged comprehensive sex education curriculum. Roughly 90% of school districts reported covering a range of topics that were central to a comprehensive sex education curriculum (Minnesota Organization on Adolescent Pregnancy, Prevention and Parenting, 2007).

Summary

In Fiscal Year 2010, President Obama redirected funds into two new programs: 1) Teen Pregnancy Prevention Initiative and 2) Personal Responsibility Education Program. States and territories were given the opportunity to receive federal funds under the stipulation they educate adolescents on both abstinence and contraception to prevent pregnancy and STDs, while using an evidence-based curricula recommended by the Department of Health and Human Services. Evidence-based curricula addressed in the literature review included: Safer Choices, Heritage Keepers Abstinence Education, and Be Proud Be Responsible.

SIECUS *Guidelines of Comprehensive Sexuality Education* offers a set of guidelines to help educators evaluate existing curricula and create new sexual health education curricula. The *Guidelines* are organized into six key components and encompass one essential area of learning for young people, these include: human development, relationships, personal skills, sexual behavior, sexual health, and society and culture.

Chapter Three: Methodology

The purpose of this study was to determine to what extent key concepts were addressed in selected students high school sex education curricula, based on their perceptions. The study was reviewed and approved by the Minnesota State University, Mankato Institutional Review Board [See Appendix]. This chapter will detail the methodology used in this study, which includes research design, instrumentation, participant selection, data collection, and data analysis.

Research Design

This research design was a quantitative research study. The data collection method included an electronic cross-sectional survey distributed to MSU,M students who were enrolled in Health and the Enviornment 101, during Spring Semester 2013. The survey items were designed to identify the key concepts students recalled being emphasized during their high school sex education program.

Instrumentation

This study utilized a survey instrument design based on the SIECUS *Guidelines* Curriculum Evaluation Tool (SIECUS, 2004). The purpose of the survey was to determine (a) demographic information and characteristics of the students; (b) students previous exposure to sex education curricula; and (c) the extent to which key concepts were emphasized in selected students' high school sex education curricula.

The survey instrument consisted of six demographic and characteristics questions and 37 questions drawn from the SIECUS *Guidelines* Curriculum Evaluation Tool. Using a Likert scale, participants were asked to rate each 37 key concepts; according to their recall of received in

class. The Likert scale ranged from one to five, one representing no emphasis to five representing major emphasis.

Participant Selection

This study surveyed students enrolled in Health and the Environment (HLTH 101) courses at Minnesota State University, Mankato, during the Spring of 2013. The Health and the Environment course is an elective general education course offered at Minnesota State University, Mankato. HLTH 101 is designed to introduce the wellness concept and encourage development of physical, mental, social, and environmental health. The HLTH 101 course was selected because participants are typically first or second year college students.

Data Collection

Upon approval by the Minnesota State University, Mankato Institutional Review Board, an electronic survey was sent out through the survey website SurveyMonkey®. The time period for participants to complete the survey was one week. The survey was sent to 596 MSU, M students enrolled in 2013 Spring Semester, HLTH 101. An email was sent to each participant containing an invitation to take part in the study. The email addressed the reason for conducting the study, a statement of consent illustrating confidentiality and that the survey was voluntary. An electronic reminder was sent five days later, to students that had yet to complete the survey.

Data Analysis

After the survey completion date, data were entered by the researcher into a Statistical Program for Social Sciences (SPSS) data file. Data analysis of this study consisted of descriptive statistics, primarily frequency. Frequency tables were used to characterize the participants in the study and answer research questions one through three. Findings from this study can be found in Chapter Four.

Chapter Four: Results and Discussion

Relying on MSU,M students perceptions, research was conducted to determine to what extent certain key concepts were emphasized during their high school sex education. Participants demographic characteristics are presented as well as results related to the research questions.

Demographics and Characteristics of the Participants

The demographics and characteristics of the participants in this study are presented in Table 4.1. There were 596 surveys sent out over electronic mail. Thirty nine surveys were returned. Sixty-nine percent (n=27) of participants were females. Race/ethnicity was separated into five categories; most participants were Caucasian (85%) n=32. Fifty-three percent (n=20) of students reported their classification as freshman. Ninety-seven percent (n=38) of participants attended public high school and 95% (n=37) of participants received sex education in high school.

Table 4.1

Demographic and Characteristics of the Sample

Characteristic	*n*	%
Gender		
Male	12	31
Female	27	69
Ethnicity		
African American	3	8
Asian/Pacific Islanders	2	5
Caucasian	32	82
Latino or Hispanic	1	3
Native American	0	0
Other	1	3
Year in College		
Freshman	20	53
Sophomore	10	26
Junior	8	21
Senior	0	0
Form of High-School Attended		
Public	38	97
Private	1	3
Home-School	0	0
Other	0	0
Received Sex Education		
Yes	37	95
No	1	3
Do Not Remember	1	3

Comprehensive Sex Education

When asked what form of sex education curricula was received, 73% (n=26) of the respondents stated comprehensive sexuality education. The participants rated a list of key concepts in terms

of the amount of emphasis each topic was recalled during high school sex education .The scale ranged from no emphasis (1) to major emphasis (5) results are presented in Table 4.2.

The key concepts that received major emphasis, based on the perceptions of students who received comprehensive sex education, included: STDs (70%) n=19; HIV and AIDS (55%) n=15; contraception (44%) n=12; reproduction (33%) n=9; and sexual abstinence (26%) n=7. The key concepts that received addressed to some extent, based on perceptions of students included: friendships (89%) n=24; assertiveness (89%) n=24; families (85%) n=23; abortion (85%) n=23; and communication (81%) n=22. Last, the key concepts that received no emphasis, based on perceptions of students included: sexuality and the arts (65%) n=17; sexual fantasy (56%) n=15; sexual dysfunction (52%) n=14; gender identity (41%) n=11; and masturbation (37%) n=10.

Abstinence-Only Education

When asked what form of sex education curricula they received in high school, 19% (n=7) of the respondents stated abstinence-only. The key concepts that received major emphasis, based on perceptions of students who received abstinence-only education, included: sexual abstinence (57%) n=4; puberty (29%) n=2; decision-making (29%) n=2; reproductive health (29%) n=2; STDs (29%) n=2; and HIV and AIDS (29%) n=2 (see Table 4.2). The key concepts that were addressed to some extent, based on perceptions of students included: looking for help (100%) n=7; marriage and lifetime commitments (100%) n=7; love (100%) n=7; values (86%) n=6; and raising children (86%) n=6. Last, the key concepts that received no emphasis, based on perceptions of students included: gender roles (43%) n=3; sexuality and religion (43%) n=3; sexual fantasy (43%) n=3; sexual identity (43%) n=3; and sexual orientation (43%) n=3.

Table 4.2

Key Concepts in Abstinence-Only Education and Comprehensive Sex Education

Characteristic *(n) %*

Key Concepts	No Emphasis (1)	Addressed to Some Extent (2-4)	Major Emphasis (5)
Reproductive and Sexual Anatomy and Physiology	A: 1 (14.3%) C: 1 (3.7%)	A: 5 (71.4%) C: 19 (70.3%)	A: 1 (14.3%) C: 7 (25.9%)
Puberty	A: 0 (0%) C: 1 (3.7%)	A: 5 (85.7%) C: 19 (70.3%)	A: 2 (28.6%) C: 7 (25.9%)
Reproduction	A: 0 (0%) C: 0 (0%)	A: 6 (85.8%) C: 18 (66.7%)	A: 1 (14.3%) C: 9 (33.3%)
Body Image	A: 1 (14.3%) C: 2 (7.7%)	A: 6 (85.8%) C: 18 (69.2%)	A: 0 (0%) C: 6 (23.1%)
Sexual Orientation	A: 3 (42.9%) C: 8 (29.6%)	A: 4 (57.1%) C: 17 (62.9%)	A: 0 (0%) C: 2 (7.4%)
Gender Identity	A: 3 (42.9%) C: 11 (40.7%)	A: 4 (57.1%) C: 16 (59.2%)	A: 0 (0%) C: 0 (0%)
Families	A: 1 (14.3%) C: 1 (3.7%)	A: 6 (85.8%) C: 23 (85.1%)	A: 0 (0%) C: 3 (11.1%)
Friendships	A: 1 (14.3%) C: 1 (3.7%)	A: 5 (71.4%) C: 24 (88.8%)	A: 1 (14.3%) C: 2 (7.4%)
Love	A: 0 (0%) C: 4 (14.8%)	A: 7 (100%) C: 20 (74.0%)	A: 0 (0%) C: 3 (11.1%)
Romantic Relationships and Dating	A: 1 (14.3%) C: 2 (7.4%)	A: 5 (71.4%) C: 22 (81.4%)	A: 1 (14.3%) C: 3 (11.1%)
Marriage and Lifetime Commitments	A: 0 (0%) C: 4 (14.8%)	A: 7 (100%) C: 19 (70.3%)	A: 0 (0%) C: 4 (14.8%)
Raising Children	A: 1 (14.3%) C: 3 (11.1%)	A: 6 (85.8%) C: 22 (81.4%)	A: 0 (0%) C: 2 (7.4%)
Values	A: 1 (14.3%) C: 3 (11.1%)	A: 6 (85.8%) C: 19 (70.3%)	A: 0 (0%) C: 5 (18.5%)
Decision-Making	A: 1 (14.3%) C: 1 (3.7%)	A: 4 (57.1%) C: 21 (77.7%)	A: 2 (28.6%) C: 5 (18.5%)
Communication	A: 1 (14.3%) C: 1 (3.7%)	A: 6 (85.8%) C: 22 (81.4%)	A: 0 (0%) C: 4 (14.8%)
Assertiveness	A: 1 (14.3%) C: 2 (7.4%)	A: 5 (71.4%) C: 24 (88.8%)	A: 1 (14.3%) C: 1 (3.7%)
Negotiation	A: 2 (28.6%) C: 5 (18.5%)	A: 5 (71.4%) C: 22 (81.4%)	A: 0 (0%) C: 0 (0%)
Looking for Help	A: 0 (0%) C: 2 (7.4%)	A: 7 (100%) C: 21 (77.7%)	A: 0 (0%) C: 4 (14.8%)
Notes: A= Abstinence-Only, C= Comprehensive Sex Education			

Table 4.2 (continued)

Key Concepts in Abstinence-Only Education and Comprehensive Sex Education

Characteristic	*(n) %*		
Sexuality throughout Life	A: 1 (14.3%) C: 6 (23.1%)	A: 6 (85.8%) C: 20 (74.0%)	A: 0 (0%) C: 1 (3.7%)
Masturbation	A: 2 (28.6%) C: 10 (37.0%)	A: 5 (71.4%) C: 17 (62.9%)	A: 0 (0%) C: 0 (0.0%)
Shared Sexual Behavior	A: 2 (28.6%) C: 9 (33.3%)	A: 5 (71.4%) C: 15 (55.6%)	A: 0 (0%) C: 3 (11.1%)
Sexual Abstinence	A: 0 (0%) C: 2 (7.4%)	A: 3 (42.9%) C: 18 (66.7%)	A: 4 (57.1%) C: 7 (25.9%)
Sexual Fantasy	A: 3 (42.9%) C: 15 (55.5%)	A: 4 (57.1%) C: 11 (40.7%)	A: 0 (0%) C: 1 (3.7%)
Sexual Dysfunction	A: 1 (14.3%) C: 14 (51.9%)	A: 6 (85.8%) C: 13 (48.1%)	A: 0 (0%) C: 0 (0%)
Reproductive Health	A: 1 (14.3%) C: 1 (3.7%)	A: 4 (57.1%) C: 20 (74.0%)	A: 2 (28.6%) C: 6 (23.1%)
Contraception	A: 0 (0%) C: 2 (7.4%)	A: 5 (71.4%) C: 13 (48.1%)	A: 2 (28.6%) C: 12 (44.4%)
Pregnancy and Prenatal Care	A: 1 (14.3%) C: 1 (3.7%)	A: 4 (57.1%) C: 22 (81.4%)	A: 2 (28.6%) C: 4 (14.8%)
Abortion	A: 2 (28.6%) C: 3 (11.5%)	A: 5 (71.4%) C: 22 (84.6%)	A: 0 (0%) C: 1 (3.8%)
STDs	A: 0 (0%) C: 0 (0%)	A: 5 (71.4%) C: 8 (29.6%)	A: 2 (28.6%) C: 19 (70.3%)
HIV and AIDS	A: 1 (14.3%) C: 0 (0%)	A: 4 (57.1%) C: 12 (44.4%)	A: 2 (28.6%) C: 15 (55.5%)
Sexual Abuse, Assault, Violence, and Harassment	A: 1 (14.3%) C: 1 (3.7%)	A: 5 (71.4%) C: 20 (74.0%)	A: 1 (14.3%) C: 6 (23.1%)
Sexuality and Society	A: 2 (28.6%) C: 6 (23.1%)	A: 4 (57.1%) C: 19 (70.3%)	A: 1 (14.3%) C: 2 (7.4%)
Gender Roles	A: 3 (42.9%) C: 8 (29.6%)	A: 4 (57.1%) C: 19 (70.3%)	A: 0 (0%) C: 0 (0%)
Sexuality and Religion	A: 3 (42.9%) C: 10 (37.0%)	A: 4 (57.1%) C: 16 (59.2%)	A: 0 (0%) C: 1 (3.7%)
Diversity	A: 2 (28.6%) C: 6 (23.1%)	A: 5 (71.4%) C: 19 (73.0%)	A: 0 (0%) C: 1 (3.8%)
Sexuality and the Media	A: 2 (28.6%) C: 5 (19.2%)	A: 5 (71.4%) C: 19 (73.0%)	A: 0 (0%) C: 2 (7.7%)
Sexuality and the Arts	A: 2 (28.6%) C: 17 (65.4%)	A: 5 (71.4%) C: 8 (30.7%)	A: 0 (0%) C: 1 (3.8%)

Summary

The results of this study revealed that the sample included more female (69%) n=27 participants than males (31%) n=12 participants. Most participants were Caucasian (85%) n=32 and freshmen (53%) n=20 or sophomores (26%) n=10 at MSU,M. The largest proportion of participants attended public high school (97%) n=38 and received sex education in high school (95%) n=37.

Seventy-three percent (n=26) of participants reportedly received comprehensive sex education and 19% (n=7) received abstinence-only education, whereas 5% (n=7) stated they had received a different form of sex education. The key concepts that received major emphasis, based on the perceptions of students who received comprehensive sex education, included: STDs (70%) n=19; HIV and AIDS (55%) n=15; contraception (44%) n=12; reproduction (33%) n=9; and sexual abstinence (26%) n=7. The key concepts that received no emphasis, based on perceptions of students included: sexuality and the arts (65%) n=17; sexual fantasy (56%) n=15; sexual dysfunction (52%) n=14; gender identity (41%) n=11; and masturbation (37%) n=10.

The key concepts that received major emphasis, based on perceptions of students who received abstinence-only education, included: sexual abstinence (57%) n=4; puberty (29%) n=2; decision-making (29%) n=2; reproductive health (29%) n=2; STDs (29%) n=2; and HIV and AIDS (29%) n=2. Last, the key concepts that received no emphasis, based on perceptions of students included: gender roles (43%) n=3; sexuality and religion (43%) n=3; sexual fantasy (43%) n=3; sexual identity (43%) n=3; and sexual orientation (43%) n=3.

Chapter Five: Summary, Conclusion, and Recommendations

This chapter will summarize the general findings of this research study, which surveyed MSU,M students enrolled in Health and the Environment 101, regarding the sexual education curricula they recalled receiving in high school. This chapter will discuss significant findings from the research regarding the sexual health curricula most received among the participants, as well as key concepts that rated high and low in terms of emphasis. Conclusions of this research as well as recommendations for future research will be included.

Summary

Over half of the participants in this study were freshman students (53%) n=20. The majority of participants were Caucasian (85%) n=32 and females (70%) n=27. African Americans accounted for 10% (n=3) of the population, Asian/Pacific Islanders accounted for 5% (n=2), and Latino/Hispanic for 3% (n=1). The results indicated that most of the participants were taught some form of sex education in high school, primarily from a comprehensive sex education curriculum. Based on students' reports of high school sex education curricula, over 73% (n=26) of participants received comprehensive sex education.

A major component of this study was, based on participants perception determine to what extent key concepts were emphasized in selected students' high school sex education curricula. Based on the results the key concepts reported to receive major emphasis from participants who received comprehensive sex education included: STDs; HIV and AIDS; and contraception; reproduction; and sexual abstinence. As for key concepts that rated highest among abstinence-only educated participants this included: sexual abstinence; puberty; decision-making; reproductive health; and STDs.

Key concepts that rated high in terms of concepts somewhat addressed, in comprehensive sex education, participants identified: friendships; assertiveness; families; and abortion. As for abstinence-only participants this included: looking for help; marriage and lifetime commitments; love; and values rated highest.

Results indicated that participants, who reportedly received comprehensive sex education, received no emphasis from the following key concepts: sexuality and the arts; sexual fantasy; gender identity; and masturbation and as for abstinence-only participant's sexual orientation; gender identity; and sexuality and religion also received no emphasis.

Conclusion

The majority of participants in this study received a comprehensive sex education that addressed major emphasis on topics such as abstinence, STDs, HIV and AIDS, and contraception. With the United States having one of the highest incidences of unintended pregnancies and STDs in the entire industrialized world, based on the results it is obvious that current sex education curricula are missing something.

Eventually, almost all adolescents will become sexually active adults, whether they are married or not. As young adolescents grow in their sexual maturity, it is important to help them manage their sexual actions as responsible and consequence free as possible. Curriculum content is clearly an important component to a successful program. Having a uniform sex education curricula for all United States schools to follow, would establish clear standards for school districts and would also guarantee that students have the opportunity to learn vital information and be given the tools to make healthy sexual choices.

Having uniform standards for curricula implementation, as well as guidelines that outline expected outcomes for students' knowledge and skills, would hold schools accountable. But, without uniform standards, there is no regulation or accountability.

Recommendations for Practice

The author recommends establishing a uniform and consistent sexuality education curricula and increasing accountability and evaluation procedures to assess impact. Having a mandated uniform curriculum that emphasized age appropriate, unbiased, and medically accurate information, would guarantee students an opportunity to learn and better prepare themselves for their sexual future. Policies showed place clear cut standards for school districts to follow and increase educator commitment in the fight against poor health indicators among youth and young adolescents.

Recommendations for Further Studies

Findings of the research concluded that the majority of participants reported to receive comprehensive sex education. The results of this study were limited due to a small sample of participants; a larger and more diverse sample size is needed for more generalized results. To better understand sexual health education, the researcher would recommend qualitative research. Splitting up the abstinence-only participants and the comprehensive sex education participants to ask more in-depth and open ended questions regarding the curricula they received in high school would provide greater insight into which key concepts were emphasized and were not emphasized.

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Appendixes

Sex Education Background of Students at MSU, Mankato, Prior to Enrollment at the University

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The purpose of this research survey is to assess what key concepts were recalled being addressed in high school sex education curricula of students at MSU, M. Please read through each question and answer to the best of your ability. The survey will take 10-15 minutes to complete. Your participation is completely voluntary and greatly appreciated.

Demographic Information:

1. What is your sex?

- ☐ Female
- ☐ Male

2. To which racial or ethnic group(s) do you most identify?

- ☐ African American
- ☐ Asian/Pacific Islanders
- ☐ Caucasian
- ☐ Latino or Hispanic
- ☐ Native American
- ☐ Other

3. What year are you in school?

- ☐ Freshman
- ☐ Sophomore
- ☐ Junior
- ☐ Senior
- ☐ Other

4. What form of high school did you attend?

- ☐ Public
- ☐ Private
- ☐ Home-school
- ☐ Other

5. Did you receive sex education in high school, typically between the grades of 9th -12th?

- ☐ Yes
- ☐ No
- ☐ Do not remember

6. If so, which sex education program did you receive in high school?

- ☐ Abstinence-Only Education: *Sex education that emphasizes abstinence from sex, and excludes many other types of sexual and reproductive health education, particularly regarding birth control, sexually transmitted infections, and safe sex practices.*
- ☐ Comprehensive Sexuality Education: *These programs include age-appropriate, medically accurate information on a broad set of topics related to sexuality including human development, relationships, decision-making, abstinence, contraception, and disease prevention. They provide students with opportunities for developing skills as well as learning information.*
- ☐ Other
- ☐ Do not remember

Directions: *Please rate each of the following key concepts in terms of the amount of emphasis each topic received in your high school sex education program.*

Key Concepts	1 No Emphasis	2	3 Addressed But Not a Major Emphasis	4	5 Major Emphasis
1. Reproductive and Sexual Anatomy and Physiology	**1**	**2**	**3**	**4**	**5**
2. Puberty	**1**	**2**	**3**	**4**	**5**
3. Reproduction	**1**	**2**	**3**	**4**	**5**
4. Body Image	**1**	**2**	**3**	**4**	**5**
5. Sexual Orientation	**1**	**2**	**3**	**4**	**5**
6. Gender Identity	**1**	**2**	**3**	**4**	**5**
7. Families	**1**	**2**	**3**		**5**
8. Friendships	**1**	**2**	**3**	**4**	**5**
9. Love	**1**	**2**	**3**	**4**	**5**
10. Romantic Relationships and Dating	**1**	**2**	**3**	**4**	**5**
11. Marriage and Lifetime Commitments	**1**	**2**	**3**	**4**	**5**
12. Raising Children	**1**	**2**	**3**	**4**	**5**
13. Values	**1**	**2**	**3**	**4**	**5**
14. Decision-Making	**1**	**2**	**3**	**4**	**5**
15. Communication	**1**	**2**	**3**	**4**	**5**
16. Assertiveness	**1**	**2**	**3**	**4**	**5**
17. Negotiation	**1**	**2**	**3**	**4**	**5**
18. Looking for Help	**1**	**2**	**3**	**4**	**5**
19. Sexuality throughout Life	**1**	**2**	**3**	**4**	**5**

20. Masturbation	**1**	**2**	**3**	**4**	**5**
21. Shared Sexual Behavior	**1**	**2**	**3**	**4**	**5**
22. Sexual Abstinence	**1**	**2**	**3**	**4**	**5**
23. Sexual Fantasy	**1**	**2**	**3**	**4**	**5**
24. Sexual Dysfunction	**1**	**2**	**3**	**4**	**5**
25. Reproductive Health	**1**	**2**	**3**	**4**	**5**
26. Contraception	**1**	**2**	**3**	**4**	**5**
27. Pregnancy and Prenatal Care	**1**	**2**	**3**	**4**	**5**
28. Abortion	**1**	**2**	**3**	**4**	**5**
29. STDs	**1**	**2**	**3**	**4**	**5**
30. HIV and AIDS	**1**	**2**	**3**	**4**	**5**
31. Sexual Abuse Assault, Violence, and Harassment	**1**	**2**	**3**	**4**	**5**
32. Sexuality and Society	**1**	**2**	**3**	**4**	**5**
33. Gender Roles	**1**	**2**	**3**	**4**	**5**
34. Sexuality and Religion	**1**	**2**	**3**	**4**	**5**
35. Diversity	**1**	**2**	**3**	**4**	**5**
36. Sexuality and the Media	**1**	**2**	**3**	**4**	**5**
37. Sexuality and the Arts	**1**	**2**	**3**	**4**	**5**

Informed Consent Statement

The Department of Health Science of Minnesota State University, Mankato supports the practice of protection for human subjects participating in research. The following information is provided for you to decide whether you wish to participate in the present research study. You may refuse to not participate in the study. If you agree to participate, you are free to withdraw at any time. If you withdraw from the study, there will be no penalty. By participating in this online survey, your consent is implied.

Purpose

The purpose of the study is to survey Minnesota State University, Mankato students and gather data on what key concepts were addressed in high school sex education curricula of students at MSU, M.

Procedure

You will be asked to complete an online survey. The survey consists of 43 questions and will take roughly 10-15 minutes. Questions will include details regarding your demographics and sexuality education.

Risks/Discomforts

There are minimal risks for participation in this study. However, you may feel emotional discomfort when answering questions about sexuality education. Supportive resources (including MSU,M counseling center contact information) will be provided to you. This study involves the internet and email communication and while effort will be made to protect your privacy, security and confidentiality of your responses, it cannot be completely guaranteed because it is possible that, through intent or accident, someone other than the researchers may see your responses. The principal investigator will do everything in her power to protect the information you provide; this includes keeping all information confidential and secured in a locked file.

Benefits

There are no direct benefits to subjects. Society might benefit by the increased understanding of the importance sexual health education has on our future youth.

Confidentiality

All information provided will remain confidential and will only be reported as group data with no identifying information. All data, including surveys will be kept in a secure location and only those directly involved with the research will have access to them. After three years, all documentation and computer files related to this study will be destroyed. By participating in this study, you give permission for the use and disclosure of your information for purposes of the study at any time in the future.

QUESTIONS ABOUT PARTICIPATION

Questions about procedures should be directed to the researcher listed at the end of this consent form.

If you would like more information about the specific privacy and anonymity risks posed by online surveys, please contact the Minnesota State University, Mankato Information and

Technology Services Help Desk (507-389-6654) and ask to speak to the Information Security Manager.

PARTICIPANT CERTIFICATION:

I have read this Informed Consent Statement. I have had the opportunity to ask, and I have received answers to, any questions I had regarding the study. I understand that if I have any additional questions about my rights as a research participant, I may call (507) 389-1242 and speak to the MSU Institutional Review Board Coordinator, Dr. Barry Ries.

I agree to take part in the study as a research participant. By participating I implied consent that I am at least 18 years old and that I have received a copy of this Informed Consent Statement.

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