

# **Sex-Related Education Policy and Practices in Mississippi Public Schools**

*Prepared for*

**The Center for Mississippi Health Policy**

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## Overview

This report summarizes the findings from the 2015 evaluation of Sex-Related Education (SRE) policies and practices in Mississippi public schools and, whenever possible, compares findings to the 2012 evaluation of the implementation of SRE policy in Mississippi (Kolbo, Werle, Harbaugh, & Arrington, 2012). This report includes both quantitative and qualitative data collected from SRE instructors via written surveys and focus groups. Both the 2012 and 2015 studies were collaborative efforts between the Mississippi Department of Education, Mississippi State Department of Health, and The University of Southern Mississippi.

The evaluation was intended to assess the implementation of Section 37-13-171 and 37-13-173, Mississippi Code 1972, as amended through the passage of House Bill 999 of the 2011 Regular Session of the Mississippi Legislature. Accordingly, each local school board was to adopt a SRE policy to implement Abstinence-Only (AO) or Abstinence-Plus (AP) education into its local school district's curriculum by June 30, 2012, or to adopt the SRE program developed by the Mississippi Department of Human Services and the Mississippi State Department of Health.

## Executive Summary

**Data Collection.** In 2015, data were provided by SRE instructors. The 2012 data were provided by school principals.

**Policy.** More than three-quarters (76.1%) of SRE instructors report that their districts have adopted a policy, which is essentially the same as principals reported in 2012 (76.2%). In 2015 more schools adopted AO (42.7%) than AP (28.1%), with 23.9% reporting no policy or not knowing the policy.

**Curriculum.** Most (74.5%) are using one of three different curricula, Choosing the Best, Draw the Line/Respect the Line, and Reducing the Risk, with many AO and AP using the same curriculum.

**Grade Distribution.** The distribution of when SRE is taught appears quite similar to 2012, with most SRE taught in grades 7, 8, and 9. However, lower percentages were reported in 2015 than in 2012 for all middle school grades and higher percentages among all high school grades.

**SRE Instructors.** Most SRE instructors are Health Education teachers (particularly at high school level) and Physical Education teachers, followed by school nurses and other teachers.

**Hours of Instruction.** Most (63%) provide eight (8) hours or less of SRE instruction per year. Higher numbers of hours of instruction were reported in AP schools and high schools.

**Scheduling SRE.** The most common manner of scheduling the SRE curriculum (74.7%) was teaching a set number of hours or weeks in SRE or other required courses.

**Gender Separation.** The majority (70.7%) are complying with the gender separation requirement. The lowest percent of separation was among high schools (50.0%). About half (49.7%) thought gender separation should be required. Most AO schools (57.5%) and middle schools (65.3%) supported the requirement of gender separation. Very few participants (15.0%) expressed problems with gender separation.

**Parental Approval.** Receiving parental approval for students to receive SRE instruction appeared to be problematic, with only about a third (35.4%) reporting 100% parental approval. Half (50%) of the SRE Instructors reported 76% or higher rates of parental approval. This would suggest while the majority of schools may have a SRE policy and implemented a curriculum, many students did not receive SRE this year or received SRE instruction without parental approval.

**Changes in Parental Approval.** Since the previous year, approximately half (44.8%) indicated that parental approval remained the same, while 13.8% reported that it had increased, 11% reported that it had decreased, and 30.3% did not know. It is worth noting

the highest rate remaining the same (69.0%) was among AO schools. It is also worth noting the highest rate of increasing parental approval (23.9%) was among AP schools.

**Registration for SRE Instruction.** Registration was handled in a number of different ways by schools during this past year, with 55.7% sending home letters with students, 34.9% having parents sign opt-In letters at the beginning of the school year, and 18.1% having parents sign opt-out letters at the beginning of the school year.

**Coverage of Required Content.** The four areas *most frequently reported* as being covered in SRE instruction were:

- 93.1% - The social, psychological and health gains to be realized by abstaining from sexual activity, and the likely negative psychological and physical **effects of not abstaining**.
- 90.6% - That **abstinence from sexual activity** before marriage, and fidelity within marriage, is the only certain way to avoid out-of wedlock pregnancy, sexually transmitted diseases and related health problems.
- 87.2% - That **unwanted sexual advances** are irresponsible and teaches how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances.
- 78.5% - The **harmful consequences** to the child, the child's parents and society that bearing children out of wedlock is likely to produce, including the health, education, financial and other difficulties the child and his or her parents are likely to face, as well as the inappropriateness of the social and economic burden placed on others.

The *four areas least frequently reported* as being covered were:

- 40.3% - The **current state law** related to sexual conduct, including forcible rape, statutory rape, paternity establishment, child support and homosexual activity.
- 36.9% - **How parents discuss abstinence with their children**.
- 16.1% - **How condoms or other contraceptives are applied**.
- 15.4% - That **abortion** can be used to prevent the birth of a baby.

**Condom or Contraceptive Demonstration.** The majority (51%) of the respondents thought condom or contraceptive demonstration should be allowed at the discretion of the district, 37.2% thought it should be prohibited, and 11.7% thought it should be required. Higher percentages of AP schools and high schools thought it should be allowed at the discretion of the district.

**Professional Development.** Just over half (around 60%) reported *receiving professional development* on the same areas of the law that they were *most likely to cover* in SRE instruction. These include:

- 64.6% - The social, psychological and health gains to be realized by abstaining from sexual activity, and the likely negative psychological and physical **effects of not abstaining**.
- 61.9% - The **harmful consequences** to the child, the child's parents and society that bearing children out of wedlock is likely to produce, including the health, education, financial and other difficulties the child and his or her parents are likely to face, as well as the inappropriateness of the social and economic burden placed on others.
- 61.2% - That **abstinence from sexual activity** before marriage, and fidelity within marriage, is the only certain way to avoid out-of wedlock pregnancy, sexually transmitted diseases and related health problems.
- 61.2% - That **unwanted sexual advances** are irresponsible and teaches how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances.

They were *least likely* to receive professional development on:

- 37.4% - The **current state law** related to sexual conduct, including forcible rape, statutory rape, paternity establishment, child support and homosexual activity.
- 36.7% - **How parents discuss abstinence with their children**.
- 19.7% - **How condoms or other contraceptives are applied**.
- 15.0% - That **abortion** can be used to prevent the birth of a baby.

**Hours of Professional Development Received.** Approximately one third (32.0%) left this question blank. Of those who responded, 35.0% indicated receiving no

training/professional development. Another 46.2% indicated receiving 8 or fewer hours of training/professional development. The remaining 18.8% indicated receiving more than 8 hours of training/professional development.

**How Professional Development Provided.** Of those instructors who had received training, training occurred in the form of workshops, seminars, or conferences. A smaller number of instructors noted their training was provided by the curriculum providers for their school or was provided as a district-wide training. Many of the SRE instructors indicated the professional development they received was a one-time-only training.

**Instructor Interest in More Professional Development.** Over three-quarters (76.3%) of SRE instructors indicated that they would be interested in more professional development, including 72.5% among AO schools, 78.3% among AP schools, 82.9% among middle schools, and 71.4% among high schools.

**Barriers to SRE Professional Development.** Approximately half (45.8%) of the SRE instructors indicated barriers to receiving the SRE training/professional development that they needed. Barriers indicated by the SRE instructors included the time they spent away from work for training. Also noted was the cost related to receiving SRE training, obtaining district and school approval, and awareness and availability of SRE training they needed.

**Topics Desired by Instructors for Professional Development.** The most frequently noted topic for future SRE professional development was effective instruction and strategies for keeping the attention of students. Similarly, the instructors desired professional development on contraceptives, STI's, AIDS, LGBTQ education, and teen pregnancy.

**How to be Better Prepared to Provide SRE Instruction.** Almost half (42.5%) indicated a need for more planning time, 27.4% indicated greater support from administration, 25.3% indicated technical assistance from the Mississippi Department of Education (MDE), and 28.1% indicated technical assistance from vendors of the curricula.

**Assessment of Student Knowledge of Content Covered in SRE.** The majority (62.1%) of instructors reported that they were currently assessing student knowledge of content covered in SRE. Of those who indicated that they were not currently assessing student knowledge, over half (54.0%) believed there should be an assessment.

**Perceived Effectiveness of SRE. SRE instructors were asked about their perceptions of SRE effectiveness in thirteen different areas.** A majority of the SRE instructors Agree or Strongly Agree that their efforts were effective in nine of the thirteen areas. The three areas in which SRE is perceived as being the most effective (over 70%) included: increasing student knowledge (89.8%), creating safe/supportive environments (80.7%), and promoting health relationships (77.6%). A majority of SRE instructors were neutral with regard to the effectiveness of SRE in the prevention of drop-outs (54.2%). The prevention of drop-outs was also one of the four areas in which SRE is perceived as least effective (28.4%), along with increasing HIV and other STD testing (38.7%), decreasing sexual risk behaviors (46.3%), and preventing unintended pregnancy (48.6%).

**Changes in Curriculum or Implementation Plan since 2012.** Over half (64.1%) of the SRE instructors did not believe that their SRE curriculum or implementation plan changed since 2012, 9.9% believed there was change, and 26.1% indicated that they did not know.

**Resources, Materials, and Services that are most Helpful in SRE Implementation.** The most helpful resources in implementing SRE were the selected curriculum used in their school, followed by books, videos, and pamphlets.

**Challenges and Barriers Experienced by Those Teaching SRE.** Most (87%) instructors responded to the question regarding challenges and barriers they experience in teaching SRE. The most frequent answer was time related issues (time taken to teach the SRE, time away from other courses, planning time) at 21%. The next most frequent response was related to scheduling (11%) and staffing (11%) with untrained staff, uncooperative teachers during pull out process, and lack of support from co-workers and



administration. These findings are strikingly similar to 2012, with the most common responses related to time and scheduling.

**Suggested Changes for making SRE More Effective.** Just over half (58%) of the instructors responded to the open-ended question regarding suggestions for making SRE more effective. The most frequent answer was training for all SRE instructors (23%), followed by SRE beginning at a younger age (12.1%), parental and community involvement and education (12.1%), and offering SRE as a required course (11.1%).

**Qualitative Focus Group Summary.** The focus group discussions brought to light several themes as to what are the important considerations of those teaching SRE. Many of the focus group participants voiced a great need and desire for professional development or training related to SRE. Many stated that they were not sure exactly what they were supposed to be teaching and had simply been given a book before the school year with instructions to teach SRE. Many expressed appreciation that attending the focus group and hearing other SRE instructors share their experiences had provided them with ideas of ways to implement SRE in their schools as well as validation because they were often experiencing similar struggles. One of those common struggles involved a feeling by SRE instructors of not being supported by the administration at their schools. A second common struggle indicated by the focus group participants was that the curriculum and policy adopted by their schools did not always fit the needs of their students. Overall, the focus group process was a positive experience for the participants with many asking if this could become a recurring event.

## Method

### *Subjects and Sampling*

The sample used for this study was initially established by Westat, Inc. for the School Health Profiles (biannual collaborative efforts between the Centers for Disease Control and Prevention and state and local education and health agencies to assess school health policies and programs). All regular secondary public schools having at least one of grades 6 through 12 were included in the sampling frame. Schools were sorted by estimated enrollment in the target grades within school level (high schools, middle schools, and junior/senior high schools combined) before sampling. Systematic equal probability sampling with a random start was used to select schools for the evaluation.

In both 2012 and 2015, the randomly selected middle and high schools who had participated in the School Health Profiles were invited to participate in evaluation of SRE. In 2012, 241 (77%) of 310 invited schools participated in the study. In 2015, 173 (74%) of 233 invited schools participated in the study.

In the 2012 ISREP study, the school principal or other school designee completed the questionnaire. In 2015, a primary person at each school who was responsible for teaching SRE completed the questionnaire. That person was invited to participate in the study by completing the SRE questionnaire and attend a focus group. A total of 65 SRE instructors also participated in the focus group.

### *Instruments*

A 30-item questionnaire was constructed, then reviewed, revised, and approved by representatives of the Mississippi Department of Education's Office of Healthy Schools. Many of the questions came directly from the 2012 evaluation, others directly from the current law (i.e., Mississippi Code 37-13-171 and 37-13-173), and others were intended to provide additional clarity as to the actual implementation of the curriculum in each school. A copy of the questionnaire is attached.

### *Procedures*

The study received Institutional Review Board approval through the Human Subjects Committee at USM. Superintendents and principals from the 233 randomly selected schools were first contacted by mail in mid-February 2015 by Dr. Carey Wright, State Superintendent of Education, informing the schools of the study. The principals also received a self-addressed, stamped postcard in order to provide the contact information of the SRE instructor. Principals received follow-up correspondence via mail, email, phone, and fax to gather the contact information of the individual responsible for teaching SRE at the school. Once the principal provided the name of the SRE instructor, that person was contacted via phone, email, and fax to invite them to participate in the study by completing the questionnaire and attending the focus group meeting. Data collection continued through May 2015.

## 2015 Findings

### SRE Policy Adopted by School District

According to SRE instructors in 2015, 42.7% of their school districts adopted an AO policy. Another 28.1% adopted an AP policy, with 5.3% reporting an adoption of both AO and AP. Fourteen percent reported that their school was not currently implementing the SRE policy and could not indicate which policy the district adopted, and 9.9% reported that they did not know what policy their district had adopted.

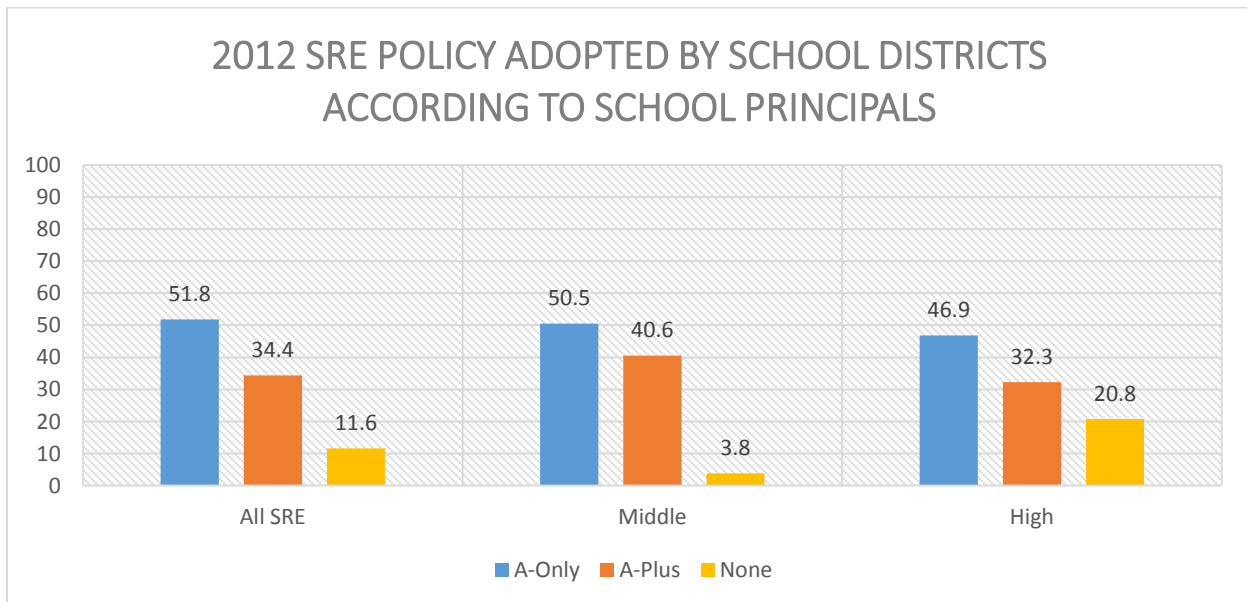
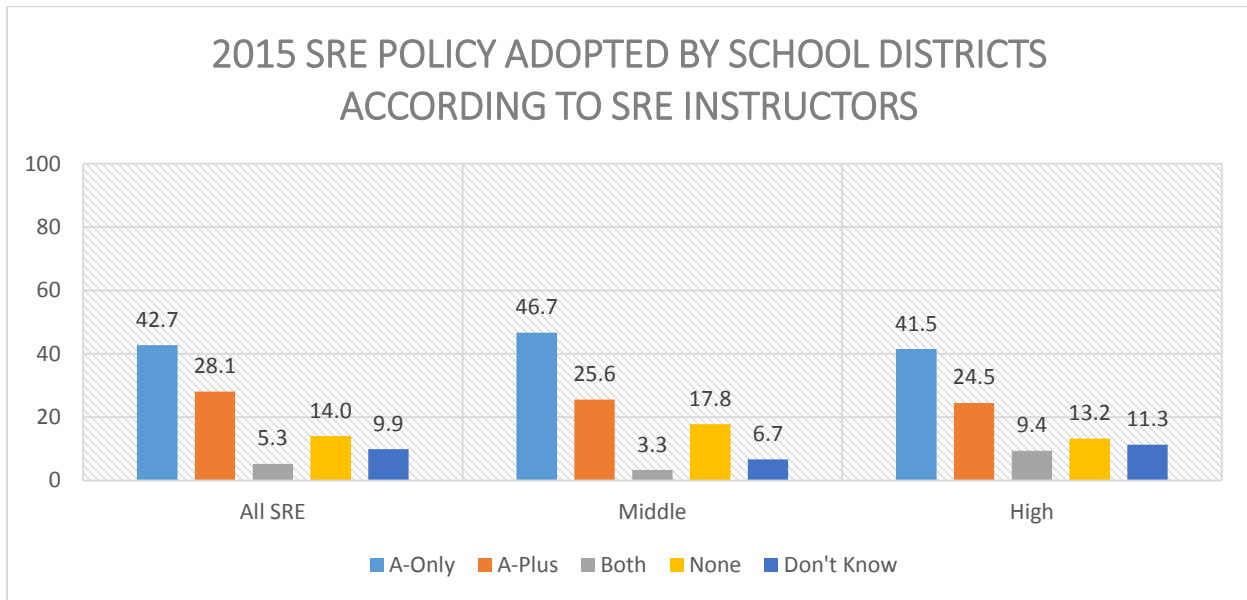
When the data were separated into two educational levels, middle and high school, the division of AO and AP policies changed somewhat. In the middle schools, 46.7% adopted an AO policy and 25.6% adopted an AP policy, with 3.3% adopting both AO and AP, 17.8% were not implementing the SRE policy, and 6.7% did not know what policy their district had adopted.

In the high schools, 41.5% adopted an AO policy and 24.5% adopted an AP policy. Another 9.4% adopted both AO and AP, 13.2% were not implementing the SRE policy, and 11.3% did not know what policy their district had adopted.

In 2015, 42.7% of SRE instructors (presented in the following table) reported that their district adopted an AO policy, compared to 51.8% of principals in 2012 (presented in the second table). Likewise, in 2015, 28.1% of SRE instructors reported that their district adopted an AP policy, compared to 34.4% of principals in 2012. Also, in 2015, 14.0% of SRE instructors reported that their district adopted no policy, compared to 11.6% of principals in 2012.

In 2015, 46.7% of SRE instructors in middle schools, reported that their district adopted an AO policy, compared to 50.5% of principals in 2012. Likewise, in 2015, 25.6% of SRE instructors in middle schools, reported that their district adopted an AP policy, compared to 40.6% of principals in 2012. Also, in 2015, 17.8% of SRE instructors in middle schools, reported that their district adopted no policy, compared to 3.8% of principals in 2012.

In 2015, 41.5% of SRE instructors in high schools, reported that their district adopted an AO policy, compared to 46.9% of principals in 2012. Likewise, in 2015, 24.5% of SRE instructors in high schools, reported that their district adopted an AP policy, compared to 32.3% of principals in 2012. Also, in 2015, 13.2% of SRE instructors in high schools, reported that their district adopted no policy, compared to 20.8% of principals in 2012.

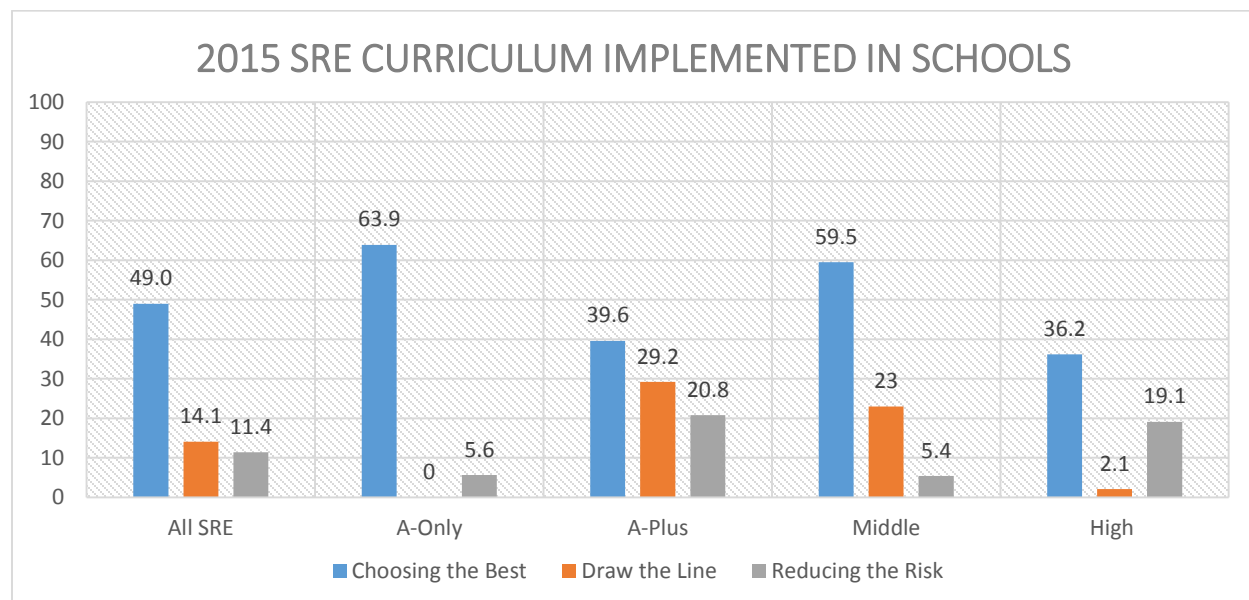


## SRE Curriculum Implemented by School

While many options were available, the three curriculum most often reported by SRE instructors in 2015 included “Choosing the Best” (49.0%), followed by, “Draw the Line/Respect the Line” (14.1%) and “Reducing the Risk” (11.4%). Several other curricula were used, such as Abstinence and Marriage Programs, Great Body Shop, HealthTeacher.com, Heritage Keepers, Making a Difference, Promoting Health among Teens, Rise to your Dreams, and WAIT Training. None of these are presented or discussed here as less than 10% reported using them.

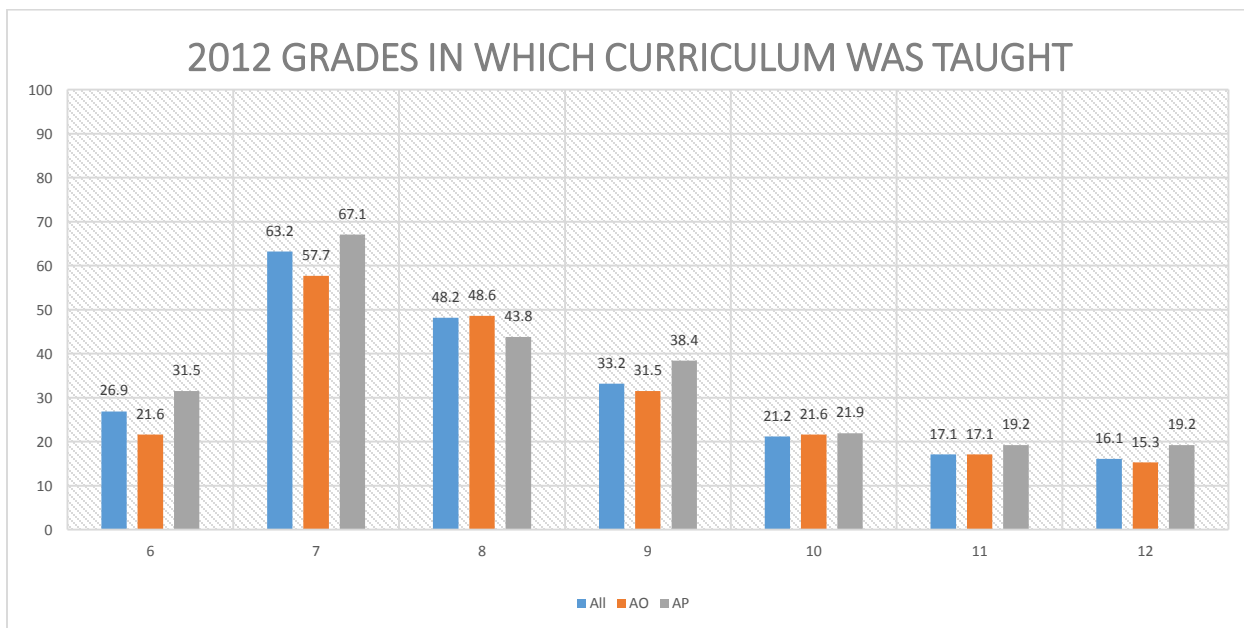
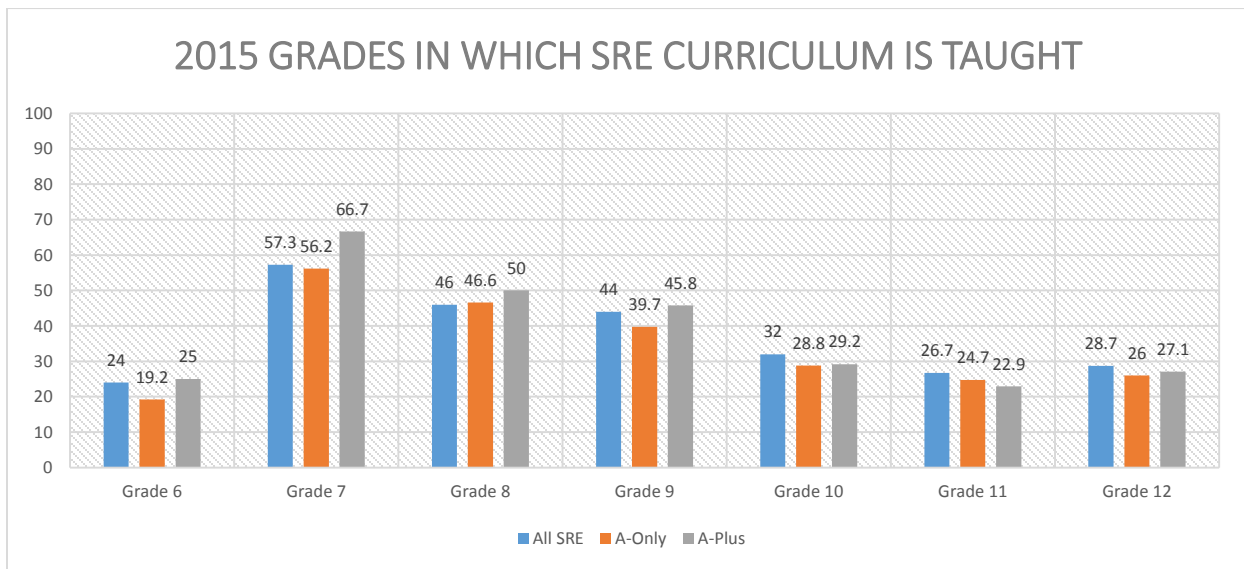
There appeared to be an overlap of two curricula being used by AO and AP schools, with 63.9% of AO schools and 39.6% of AP schools using “Choosing the Best”, and 5.6% of the AO and 20.8% of the AP using “Reducing the Risk”. In the case of “Draw the Line/Respect the Line”, no AO schools used it while 29.2% of the AP schools did.

The rates of implementation reported in 2015 by SRE instructors appear lower than those reported by principals in 2012, where 74% of AO schools implemented “Choosing the Best” and another 7.8% implemented “WAIT Training”. Among the AP schools in 2012, 39% implemented “Choosing the Best” and another 34% implemented “Draw the Line/Respect the Line”.



## Grades in Which SRE Curriculum is Taught

Data on the grades in which the SRE Curriculum was implemented are presented in two tables, with the first representing 2015 and then second representing 2012. In both studies, Grade 7 is the most common grade, followed by Grades 8 and 9. The data suggest a slight shift to higher rates among high school and lower among middle school grades. Rates declined in Grades 6, 7, and 8. Rates increased in Grades 9, 10, 11, and 12. In 2015 the least common grade in which SRE was taught was Grade 6.



## **SRE Instructors**

SRE instruction was provided primarily by Health Education teachers (46.3%), Physical Education teachers (27.5%), other classroom teachers (19.5%), school nurses (18.8%) and mental health/school counselors (8.1%). However, these findings varied by grade level.

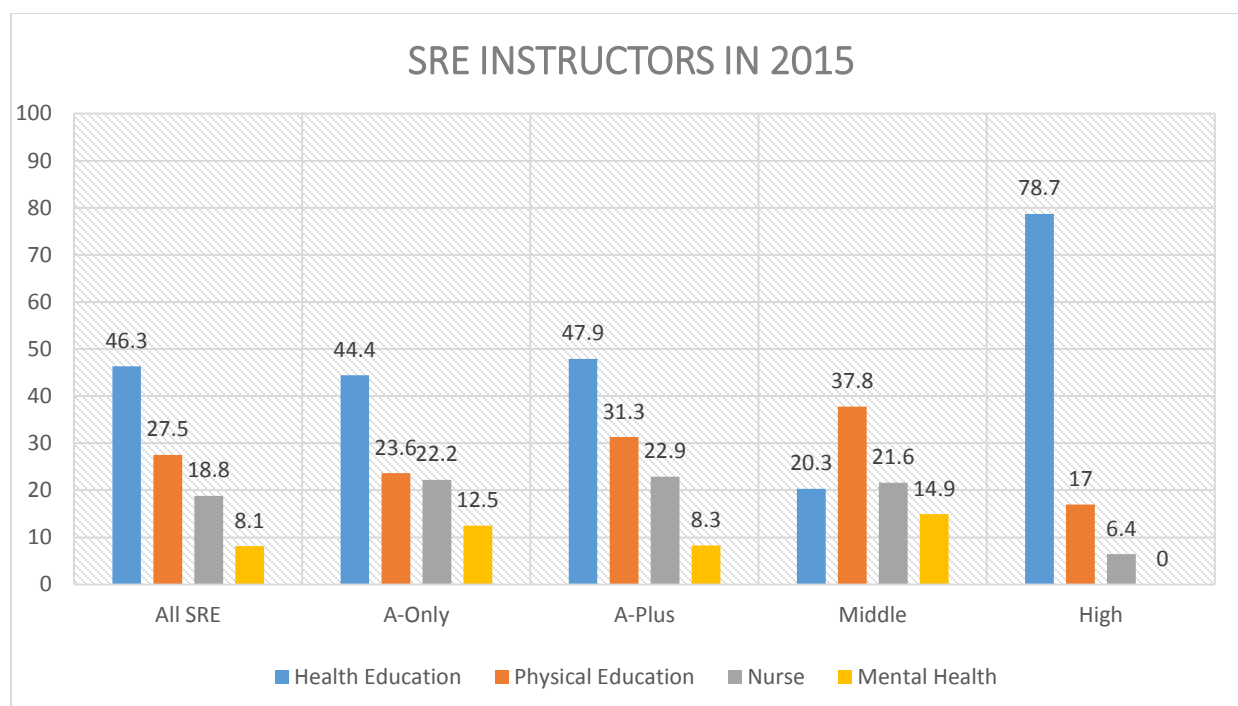
Among middle schools, SRE instruction was distributed among Physical Education teachers (37.8%), followed by nurses (21.6%), health education teachers (20.3%) and mental health counselors (14.9%). Among high schools, SRE instruction was distributed among Health Education teachers (78.7%), followed by Physical Education teachers (17.0%), and school nurses (6.4%).

The SRE instructors were asked to list partners outside of the school who assisted in teaching SRE. Among the 24 (13.9%) who responded to this question, seven (26.9%) listed clinics as partners, such as SEMHRI Teen Pregnancy Prevention Program, Center for Pregnancy Choices, Parkgate Pregnancy, Pregnancy Council, and Covenant House.

There are differences between what SRE instructors reported in 2015 and principals reported in 2012. A similar percent of principals reported using Health Education teachers (46.1%) and Physical Education teachers (30.1%). However in 2012, higher percentages of principals reported using nurses (33.2%) and other teachers (24.9%).

Differences are also apparent by grade levels. In 2012, principals in middle schools were most likely to report using Physical Education teachers (34.3%), followed by nurses (34.3%), other teachers (30.3%), and Health Education teachers (29.3%). In 2012, principals in high schools were most likely to use Health Education teachers (78.4%), followed by nurses (28.4%), Physical Education teachers (24.3%) and other teachers (18.9%).





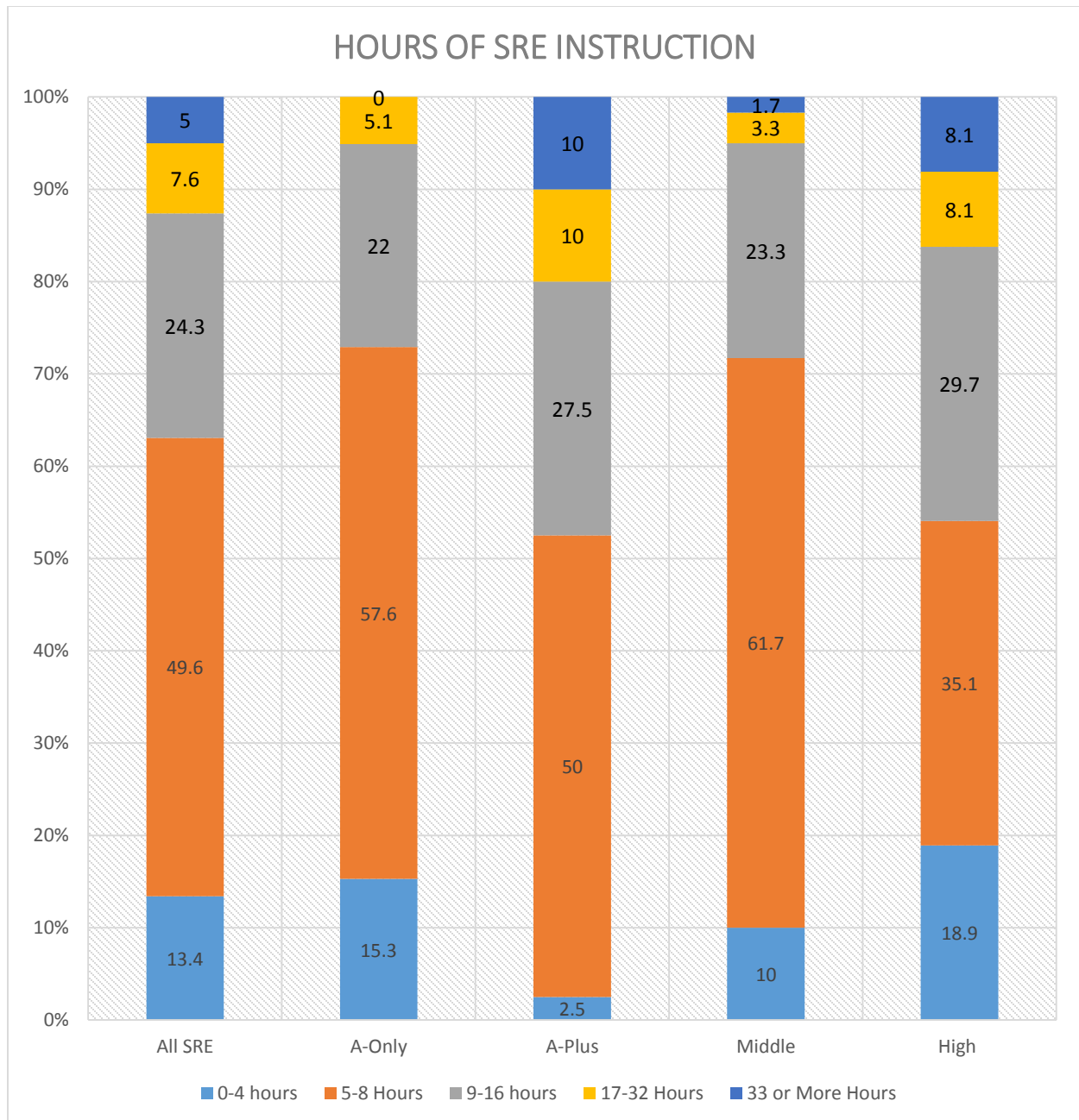
### Hours of SRE Instruction Students Receive Per Year

Sixty-three percent of the SRE instructors indicate that students receive 8 or less hours of SRE instruction per year. In other words, 37% indicated that students receive more than 8 hours of instruction per year. Hours of instruction varied by policy and grade level.

Among AO schools, 72.9% receive 8 or less hours of instruction; 27.1% receive more than 8 hours. Among AP schools, 52.5% receive 8 or less hours of instruction; 47.5% receive more than 8 hours.

Among middle schools, 71.7% receive 8 or less hours of instruction; 28.3% receive more than 8 hours. Among high schools, 54.1% receive 8 or less hours of instruction; 45.9% receive more than 8 hours.

It appears that students in AP schools and high schools receive more SRE instruction than AO schools and middle schools. It is worth noting that while more middle school students (in grades 7 and 8) are likely to receive SRE instruction, actual time receiving SRE instruction is lower than in the high school grades.



### Scheduling of SRE Curriculum

According to the instructors, the least implemented method of scheduling SRE instruction is teaching it over an entire semester. The most common approach was teaching SRE for a set number of hours or weeks in a course. More specifically, 4.7% of the instructors indicated that the curriculum was taught over an entire semester in a required SRE course, 34.7% through a set number of hours or weeks within a required SRE course,

22.0% within other required courses, 18.0% through a set number of hours or weeks within other required courses, and 8.7% when the school schedule had openings for additional content in a course or other school event.

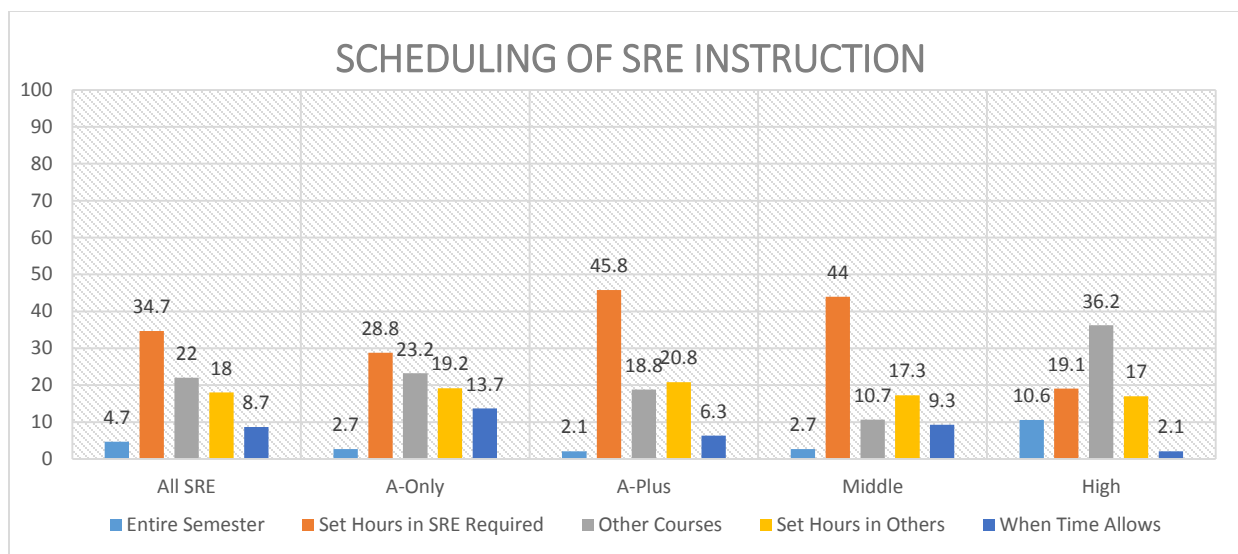
Among AO schools, 2.7% indicated that the curriculum was taught within an entire semester in a required SRE course, 28.8% through a set number of hours or weeks in a required SRE course, 23.3% in other required courses, 19.2% through a set number of hours or weeks in other required courses, and 13.7% when the school schedule had openings for additional content in a course or other school event.

Among AP schools, 2.1% indicated that the curriculum was taught within an entire semester in a required SRE course, 45.8% through a set number of hours or weeks in a required SRE course, 18.8% in other required courses, 20.8% through a set number of hours or weeks in other required courses, and 6.3% when the school schedule had openings for additional content in a course or other school event.

Among middle schools, 2.7% indicated that the curriculum was taught within an entire semester in a required SRE course, 44.0% through a set number of hours or weeks in a required SRE course, 10.7% in other required courses, 17.3% through a set number of hours or weeks in other required courses, and 9.3% when the school schedule had openings for additional content in a course or other school event.

Among high schools, 10.6% indicated that the curriculum was taught within an entire semester in a required SRE course, 19.1% through a set number of hours or weeks in a required SRE course, 36.2% in other required courses, 17.0% through a set number of hours or weeks in other required courses, and 2.1% when the school schedule had openings for additional content in a course or other school event.

The SRE instructors were asked to identify required courses in which SRE curricula might be included. Among the 16 (29.6%) SRE instructors in high school who responded, 81.3% indicated Health or Contemporary Health. Among the 11 (13.9%) of SRE instructors in the middle schools who responded, 37.3% indicated Health. The remaining 72.7% indicated Physical Education, Band, Music, ICT, Arts, or Study Hall.



### Separation of Students by Gender during SRE Instruction

According to Mississippi Code 37-13-171, “At all times when sex-related education is discussed or taught, boys and girls shall be separated according to gender into different classrooms, sex-related education instruction may not be conducted when boys and girls are in the company of any students of the opposite gender.”

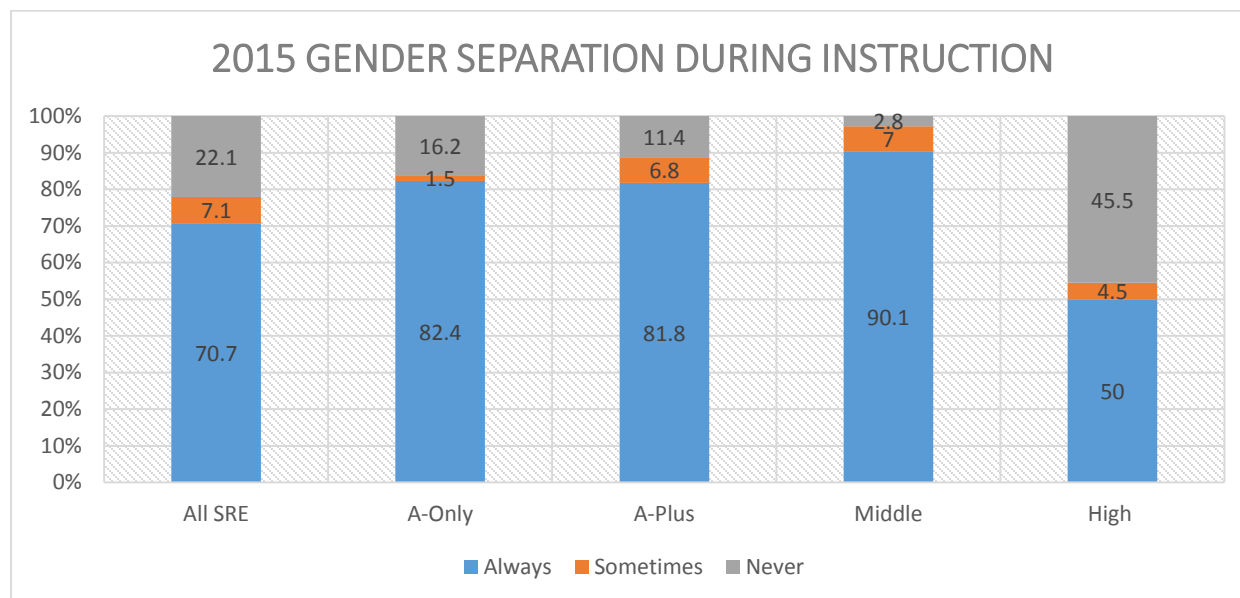
The majority of respondents (70.7%) indicated that all (100%) of the classes where they taught SRE the students were separated by gender, while 22.1% reported that separation never occurred. Differences were noted by grade level.

Among AO instructors, 82.4% reported that all (100%) of the classes where they taught SRE the students were separated by gender, while 16.2% reported that separation never occurred. Among AP instructors, only 81.8% reported that all (100%) of the classes where they taught SRE the students were separated by gender, while 11.4% reported that separation never occurred.

Among middle school instructors, 90.1% reported that all (100%) of the classes where they taught SRE the students were separated by gender, while 2.8% reported that separation never occurred. Among high school instructors, only 50.0% reported that all

(100%) of the classes where they taught SRE the students were separated by gender, while 45.5% reported that separation never occurred.

Back in 2012, 84.9% of principals reported that all (100%) of classes were separated by gender, with 82.7% of AO schools, 89.0% of AP schools, 95.9% of middle schools and 67.6% of high schools.



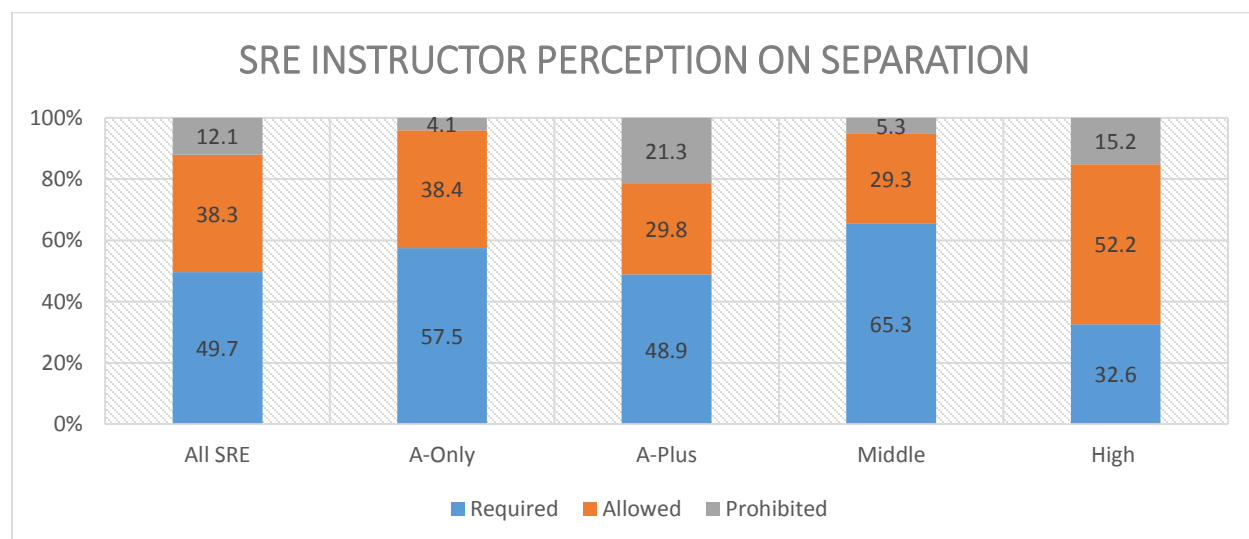
### **SRE Instructor Perceptions of Requiring Gender Separation**

Perceptions varied by both policy and grade level, with most AO schools and middle schools indicating gender separation should be required. AP schools and high schools were less likely to support the gender separation requirement..

Approximately half (49.7%) of all SRE instructors reported that they thought gender separation should be required, while 38.3% thought gender separation should be allowed, and 12.1% thought it should be prohibited.

Among AO schools, 57.5% thought gender separation should be required, 38.4% thought gender separation should be allowed, and 4.1% thought it should be prohibited. Among AP schools, 48.9% thought gender separation should be required, 29.8% thought gender separation should be allowed, and 21.3% thought it should be prohibited.

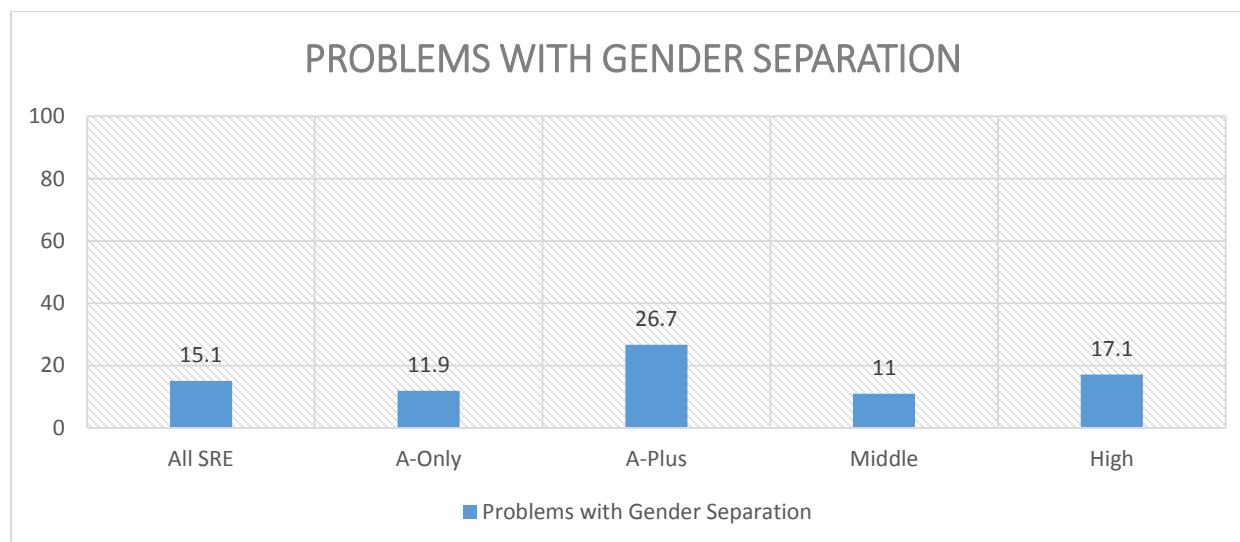
Among middle schools, 65.3% thought gender separation should be required, while 29.3% thought gender separation should be allowed, and 5.3% thought it should be prohibited. Among high schools, 32.6% thought gender separation should be required, while 52.2% thought gender separation should be allowed, and 15.2% thought it should be prohibited.



### **Problems Associated with Separating Students during SRE Instruction**

Very few (15.1%) of SRE instructors reported experiencing problems with gender separation. There were differences by policy and grade level, with the highest levels of problems noted among AP schools and high schools. Problems were noted among 11.9% of AO schools, 26.7% of AP schools, 11.0% of middle schools, and 17.1% of high schools.

When asked to list specific problems, SRE instructors noted gender separation negatively affected the overall classroom experience for students, limiting the use of selected curricula, interaction between genders, and communication between students of opposite genders. Reported at a lesser rate were issues with scheduling and the time taken to separate classes.



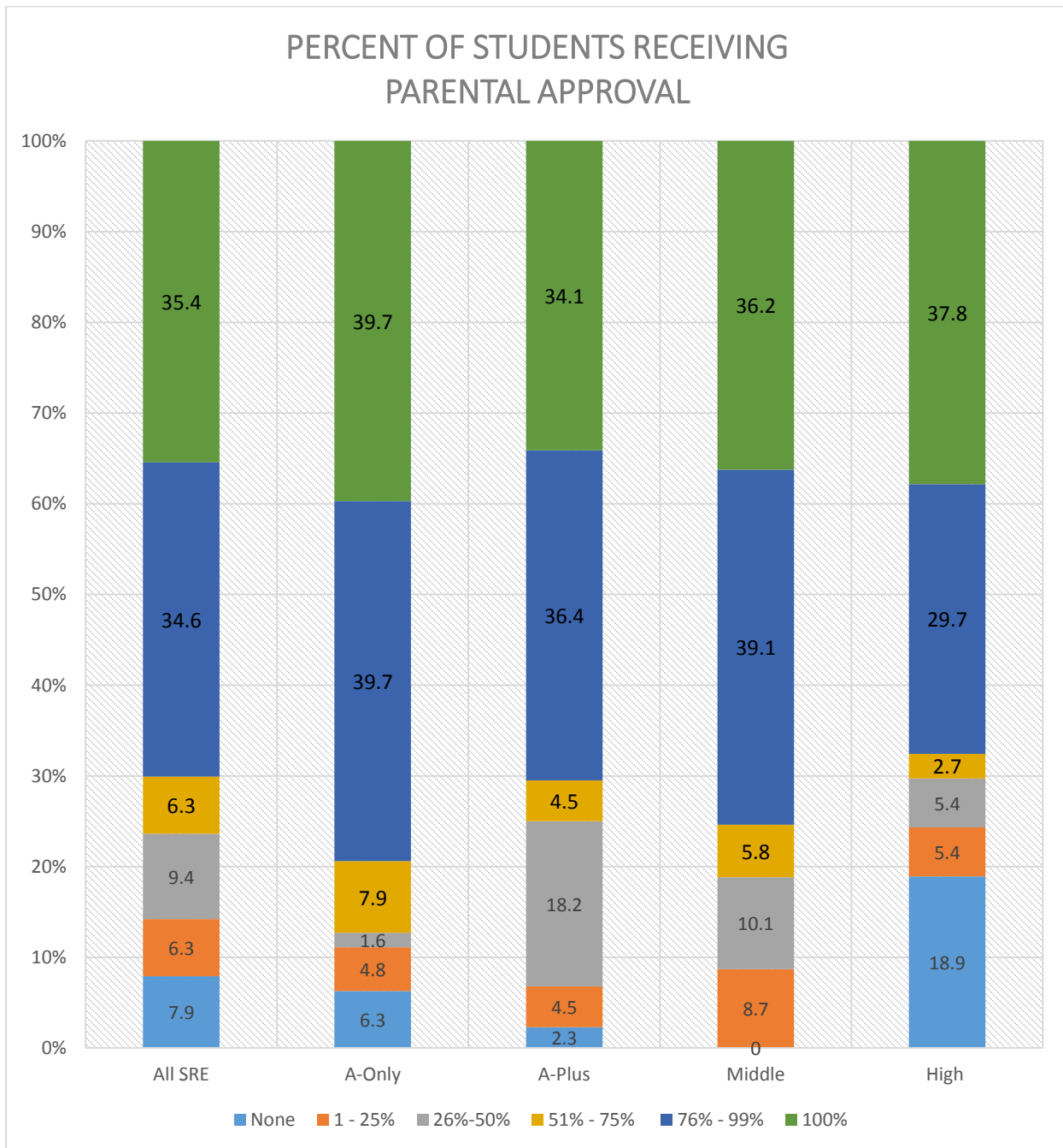
### **Percent of Students Receiving Formal Parental Approval**

According to Mississippi Code 37-13-173, “Each school providing instruction or any other presentation on human sexuality in the classroom, assembly or other official setting shall be required to provide no less than one (1) week’s written notice thereof to the parent of children in such programs of instruction. The written notice must inform the parents of their right to request the inclusion of their child for such instruction or presentation. The notice also must inform the parents of the right, and the appropriate process, to review the curriculum and all materials to be used in the lesson or presentation. Upon the request of any parent, the school shall excuse the parent’s child from such instruction or presentation, without detriment to the student”.

Just over a third of SRE instructors (35.4%) indicated that their school received 100% parental approval. In those cases all students received approval to participate in the SRE instruction. Half (50%) of the SRE Instructors reported 76% or higher rates of parental approval. In those cases, it appears that most, but not all, students received approval to participate in SRE instruction. Among the schools with 76% or higher rates of parental approval, the data do not indicate whether only those students with parental approval then participated in SRE or if all students participated even without some receiving parental approval. Another 7.9% of the SRE Instructors indicated no (0%) parental approval, suggesting that either no students received SRE instruction or that students

were taught SRE without parental approval. Differences between AO, AP, middle, and high schools are presented in the table below.

In the 2012 study, participants reported on efforts to seek parental approval, but did not report actual percentages of approval. As such comparisons cannot be made.





## **Changes in Parental Approval over Time**

Since the previous year, 44.8% of SRE Instructors indicated that parental approval for their child to participate in SRE remained the same, while 13.8% reported that it had increased, 11% reported that it had decreased, and 30.3% did not know.

Among AO schools, 60.0% indicated that parental approval for their child to participate in SRE remained the same, while 11.4% reported that it had increased, 4.3% reported that it had decreased, and 24.4% did not know.

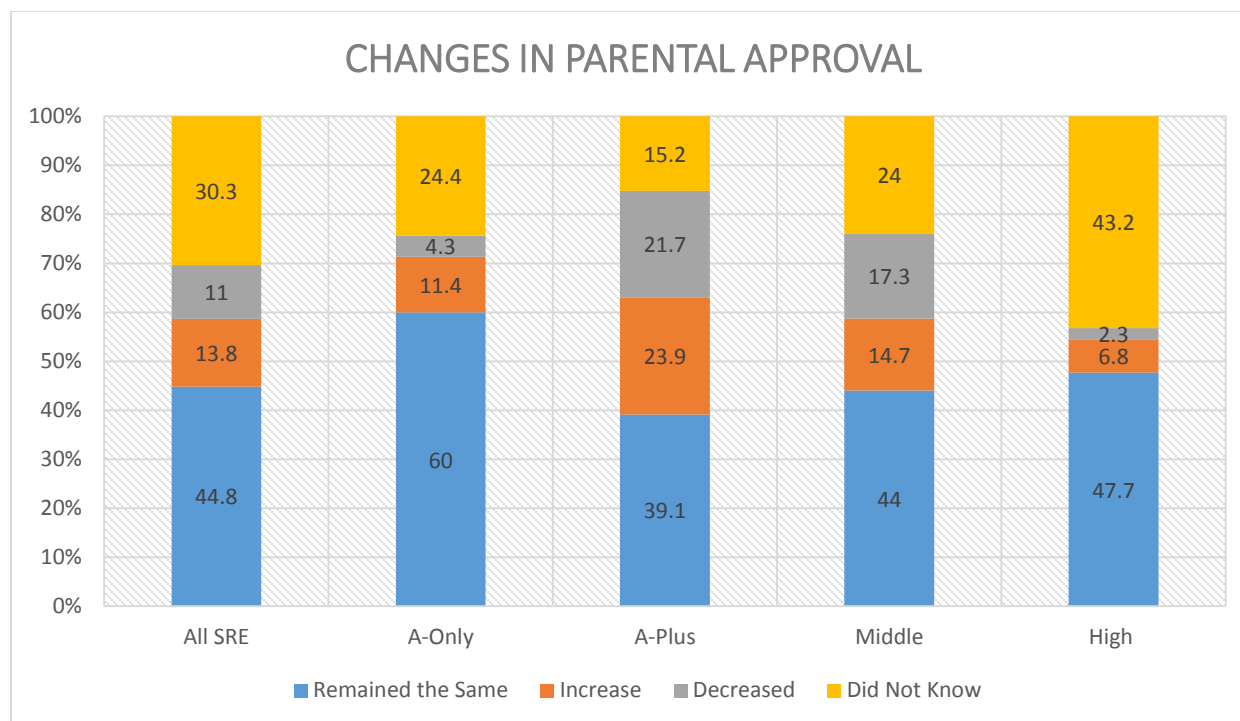
Among AP schools, 39.1% indicated that parental approval for their child to participate in SRE remained the same, while 23.9% reported that it had increased, 21.7% reported that it had decreased, and 15.2% did not know.

Among middle schools, 44.0% indicated that parental approval for their child to participate in SRE remained the same, while 14.7% reported that it had increased, 17.3% reported that it had decreased, and 24.0% did not know.

Among high schools, 47.7% of indicated that parental approval for their child to participate in SRE remained the same, while 6.8% reported that it had increased, 2.3% reported that it had decreased, and 43.2% did not know.

It is worth noting the highest rate remaining the same (60.0%) was among AO schools. It is also worth noting the highest rate of increasing parental approval (23.9%) was among AP schools.

Many of the SRE instructors noted the need to increase parental education of SRE content through workshops, abbreviated SRE courses, meetings, and individual phone calls. Also, they supported including opt-in during school registration.



### Registration for SRE Instruction

Registration was handled in a number of different ways by schools during this past year. SRE instructors were able to select more than one option and, as such, the totals in the following discussion do not total 100%.

According to the SRE instructors, 55.7% sent home letters with students, 34.9% had parents sign Opt-In letters at the beginning of the school year, 18.1% had parents sign Opt-Out letters at the beginning of the school year, 2.0% provided information in the school newsletter, and 4.0% provided information about classes on the school website.

For AO schools, 57.5% sent home letters with students, 28.8% had parents sign Opt-In letters at the beginning of the school year, 23.3% had parents sign Opt-Out letters at the beginning of the school year, none (0%) provided information in the school newsletter, and none (0%) provided information about classes on the school website.

For AP schools, 74.5% sent home letters with students, 34.0% had parents sign Opt-In letters at the beginning of the school year, 14.9% had parents sign Opt-Out letters at the

beginning of the school year, 2.1% provided information in the school newsletter, and 10.6% provided information about classes on the school website.

For middle schools, 68.0% sent home letters with students, 37.3% had parents sign Opt-In letters at the beginning of the school year, 25.3% had parents sign Opt-Out letters at the beginning of the school year, 1.3% provided information in the school newsletter, and none (0%) provided information about classes on the school website.

For high schools, 46.8% sent home letters with students, 12.8% had parents sign Opt-In letters at the beginning of the school year, 10.6% had parents sign Opt-Out letters at the beginning of the school year, none (0%) provided information in the school newsletter, and 4.3% provided information about classes on the school website.

Registration for SRE was noted to be included in parent information nights, PTO meetings, and Back to School events. A small number of schools reported including the SRE Opt-In process during school registration.

### **Coverage of Required Content**

The SRE instructors were asked to indicate whether SRE instruction in their schools included items identified in Mississippi Code 37-13-171. The eleven items are written out in entirety below. The words and phrases highlighted in **bold and underline** are used to present these items in the corresponding table.

The four areas *most frequently reported* as being covered in SRE instruction were:

- 93.1% - The social, psychological and health gains to be realized by abstaining from sexual activity, and the likely negative psychological and physical **effects of not abstaining**.
- 90.6% - That **abstinence from sexual activity** before marriage, and fidelity within marriage, is the only certain way to avoid out-of wedlock pregnancy, sexually transmitted diseases and related health problems.

- 87.2% - That **unwanted sexual advances** are irresponsible and teaches how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances.
- 78.5% - The **harmful consequences** to the child, the child's parents and society that bearing children out of wedlock is likely to produce, including the health, education, financial and other difficulties the child and his or her parents are likely to face, as well as the inappropriateness of the social and economic burden placed on others.

The *four areas least frequently reported* as being covered were:

- 40.3% - The **current state law** related to sexual conduct, including forcible rape, statutory rape, paternity establishment, child support and homosexual activity.
- 36.9% - **How parents discuss abstinence with their children.**
- 16.1% - **How condoms or other contraceptives are applied.**
- 15.4% - That **abortion** can be used to prevent the birth of a baby.

The four areas with the *widest difference between AO and AP schools* were:

- 47.2% vs. 77.1% - About **condoms or contraceptives**, but only if that discussion includes a factual presentation of the risks and failure rates of those contraceptives
- 25.0% vs. 56.3% - The **current state law** related to sexual conduct, including forcible rape, statutory rape, paternity establishment, child support and homosexual activity.
- 61.6% vs. 91.7% - About other contraceptives, the **nature, causes and effects of sexually transmitted diseases**, or the prevention of sexually transmitted diseases, including HIV/AIDS, along with a factual presentation of the risks and failure rates.
- 23.6% vs. 54.2% - **How parents discuss abstinence with their children.**

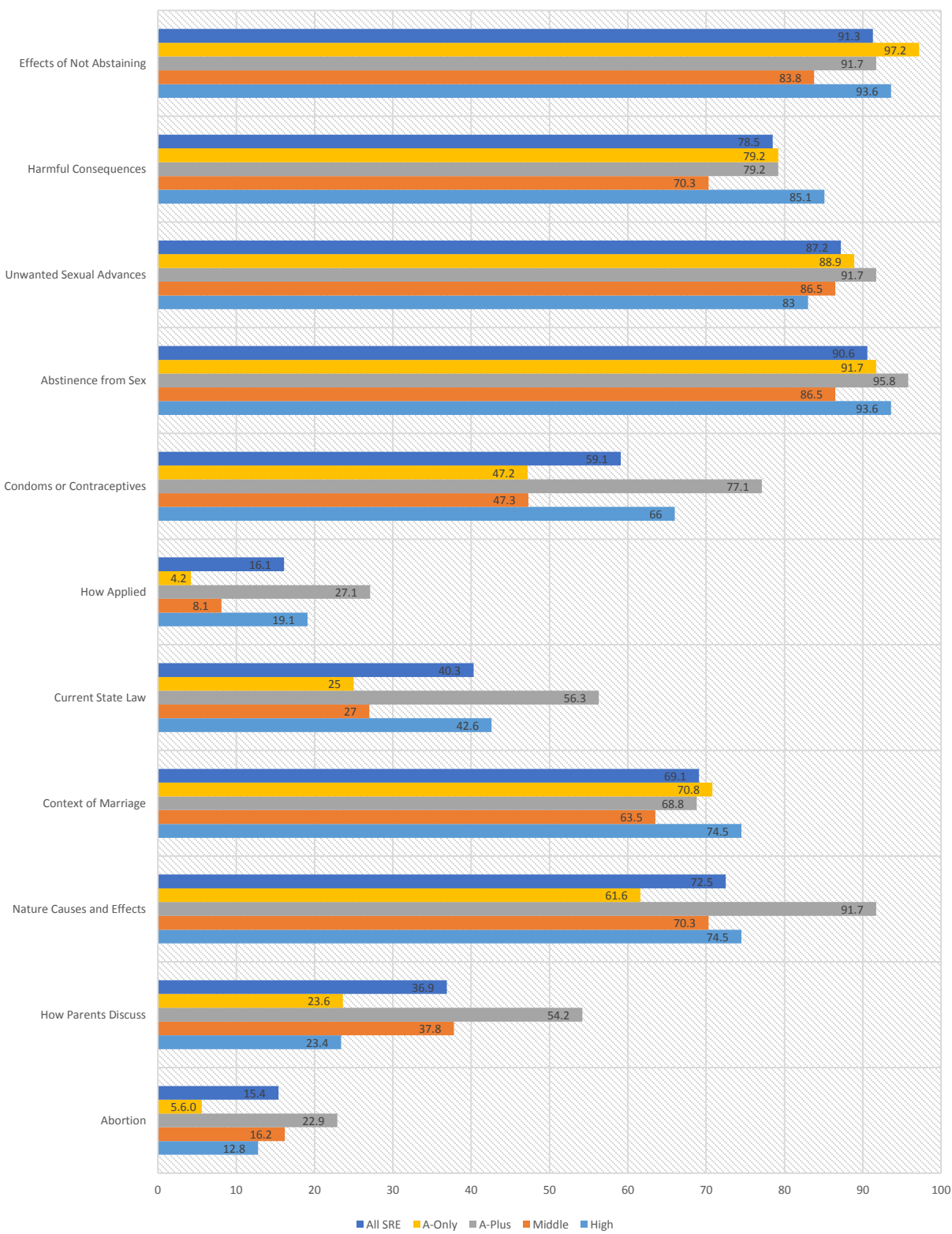
All eleven items from Mississippi Code 37-13-171 include:

1. The social, psychological and health gains to be realized by abstaining from sexual activity, and the likely negative psychological and physical **effects of not abstaining.**
  - As a whole, 91.3% indicated that the effects of not abstaining were taught, 97.2% among AO schools, 91.7% among AP schools, 83.8% among middle schools and 93.6% among high schools.

2. The **harmful consequences** to the child, the child's parents and society that bearing children out of wedlock is likely to produce, including the health, education, financial and other difficulties the child and his or her parents are likely to face, as well as the inappropriateness of the social and economic burden placed on others.
  - As a whole, 78.5% indicated that the harmful consequences were taught, 79.2% among AO schools, 79.2% among AP schools, 70.3% among middle schools and 85.1% among high schools.
  
3. That **unwanted sexual advances** are irresponsible and teaches how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances.
  - As a whole, 87.2% indicated that unwanted sexual advances were taught, 88.9% among AO schools, 91.7% among AP schools, 86.5% among middle schools and 83.0% among high schools.
  
4. That **abstinence from sexual activity** before marriage, and fidelity within marriage, is the only certain way to avoid out-of wedlock pregnancy, sexually transmitted diseases and related health problems.
  - As a whole, 90.6% indicated that abstinence from sexual activity was taught, 91.7% among AO schools, 95.8% among AP schools, 86.5% among middle schools and 93.6% among high schools.
  
5. About **condoms or contraceptives**, but only if that discussion includes a factual presentation of the risks and failure rates of those contraceptives.
  - As a whole, 59.1% indicated that condoms or contraceptives were taught, 47.2% among AO schools, 77.1% among AP schools, 47.3% among middle schools and 66.0% among high schools.
  
6. **How condoms or other contraceptives are applied.**
  - As a whole, 16.1% indicated that how condoms or other contraceptives are applied were taught, 4.2% among AO schools, 27.1% among AP schools, 8.1% among middle schools and 19.1% among high schools.

7. The **current state law** related to sexual conduct, including forcible rape, statutory rape, paternity establishment, child support and homosexual activity.
  - As a whole, 40.3% indicated that the current state law was taught, 25.0% among AO schools, 56.3% among AP schools, 27.0% among middle schools and 42.6% among high schools.
  
8. That a mutually faithful, monogamous relationship in the **context of marriage** is the only appropriate setting for sexual intercourse.
  - As a whole, 69.1% indicated that the context of marriage was taught, 70.8% among AO schools, 68.8% among AP schools, 63.5% among middle schools and 74.5% among high schools.
  
9. About other contraceptives, the **nature, causes and effects of sexually transmitted diseases**, or the prevention of sexually transmitted diseases, including HIV/AIDS, along with a factual presentation of the risks and failure rates.
  - As a whole, 72.5% indicated that the nature, causes and effects were taught, 61.6% among AO schools, 91.7% among AP schools, 70.3% among middle schools and 74.5% among high schools.
  
10. **How parents discuss abstinence with their children.**
  - As a whole, 36.9% indicated that how parents discuss abstinence was taught, 23.6% among AO schools, 54.2% among AP schools, 37.8% among middle schools and 23.4% among high schools.
  
11. That **abortion** can be used to prevent the birth of a baby.
  - As a whole, 15.4% indicated that abortion was taught, 5.6% among AO schools, 22.9% among AP schools, 16.2% among middle schools and 12.8% among high schools.

## COVERAGE OF REQUIRED CONTENT



## **Condom or Contraceptive Demonstration**

Under item (2) Abstinence-only education, of Mississippi Code 37-13-171, “The instruction or program may include a discussion on condoms or contraceptives, but only if that discussion includes a factual presentation of the risk and failure rates of those contraceptives. In no case shall the instruction or program include any demonstration of how condoms or other contraceptives are applied”.

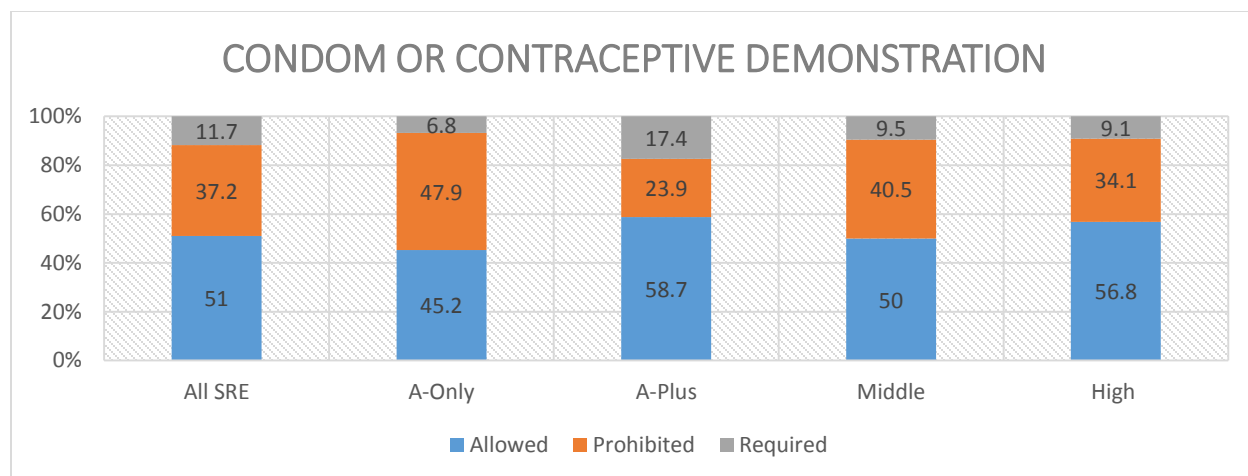
In regards to condom or contraceptive demonstration, differences are apparent by policy and grade level. Approximately half (51%) of the respondents thought it should be allowed at the discretion of the district, 37.2% thought it should be prohibited, and 11.7% thought it should be required.

Among AO schools, 45.2% thought it should be allowed at the discretion of the district, 47.9% thought it should be prohibited, and 6.8% thought it should be required. Among AP schools, 58.7% thought it should be allowed at the discretion of the district, 23.9% thought it should be prohibited, and 17.4% thought it should be required.

Among middle schools, 50.0% thought it should be allowed at the discretion of the district, 40.5% thought it should be prohibited, and 9.5% thought it should be required. Among high schools, 56.8% thought it should be allowed at the discretion of the district, 34.1% thought it should be prohibited, and 9.1% thought it should be required.

When asked about any problems with the prohibition of demonstrating how condoms and other contraceptives are applied, very few instructors replied. Among those responses were concerns regarding a lack of instruction within the school, leading to ineffective use by students and the inability to discuss the topic with students.





### Professional Development Received on SRE

Instructors were asked to indicate whether they received training/professional development to teach SRE in each of the following areas identified in Mississippi Code 37-13-171. The eleven items are written out in entirety below with words and phrases highlighted in **bold and underline** used to represent each item in the corresponding table. It should be noted that at much lower percentages, the responses and patterns by policy and grade level appear to parallel the responses on coverage of required content. Across the board, AP schools typically indicated higher rates of professional development than all other groups.

Just over half (around 60%) reported *receiving professional development* on the same areas of the law that they were *most likely to cover* in SRE instruction. These include:

- 64.6% - The social, psychological and health gains to be realized by abstaining from sexual activity, and the likely negative psychological and physical **effects of not abstaining**.
- 61.9% - The **harmful consequences** to the child, the child's parents and society that bearing children out of wedlock is likely to produce, including the health, education, financial and other difficulties the child and his or her parents are likely to face, as well as the inappropriateness of the social and economic burden placed on others.

- 61.2% - That **abstinence from sexual activity** before marriage, and fidelity within marriage, is the only certain way to avoid out-of wedlock pregnancy, sexually transmitted diseases and related health problems.
- 61.2% - That **unwanted sexual advances** are irresponsible and teaches how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances.

They were *less likely* to receive professional development on:

- 54.4% - That a mutually faithful, monogamous relationship in the **context of marriage** is the only appropriate setting for sexual intercourse.
- 53.1% - About other contraceptives, the **nature, causes and effects of sexually transmitted diseases**, or the prevention of sexually transmitted diseases, including HIV/AIDS, along with a factual presentation of the risks and failure rates.
- 45.6% - About **condoms or contraceptives**, but only if that discussion includes a factual presentation of the risks and failure rates of those contraceptives.

They were *least likely* to receive professional development on:

- 37.4% - The **current state law** related to sexual conduct, including forcible rape, statutory rape, paternity establishment, child support and homosexual activity.
- 36.7% - **How parents discuss abstinence with their children.**
- 19.7% - **How condoms or other contraceptives are applied.**
- 15.0% - That **abortion** can be used to prevent the birth of a baby.

The eleven items SRE instructors include:

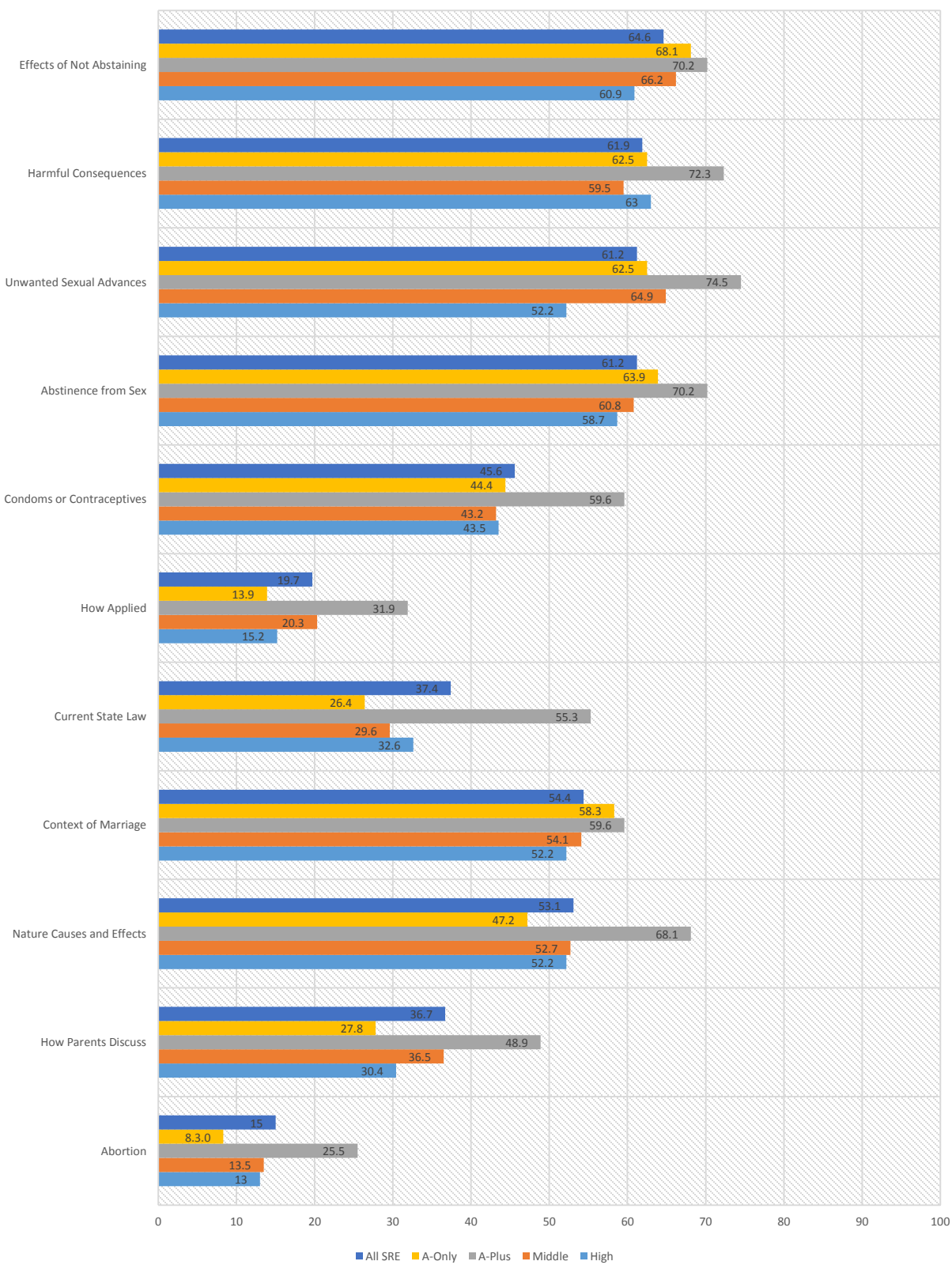
1. The social, psychological and health gains to be realized by abstaining from sexual activity, and the likely negative psychological and physical **effects of not abstaining.**
  - As a whole, 64.6% received training/professional development, 68.1% among AO schools, 70.2% among AP schools, 66.2% among middle schools and 60.9% among high schools.
2. The **harmful consequences** to the child, the child's parents and society that bearing children out of wedlock is likely to produce, including the health, education, financial and

other difficulties the child and his or her parents are likely to face, as well as the inappropriateness of the social and economic burden placed on others.

- As a whole, 61.9% received training/professional development, 62.5% among AO schools, 72.3% among AP schools, 59.5% among middle schools and 63.0% among high schools.
3. That **unwanted sexual advances** are irresponsible and teaches how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances.
- As a whole, 61.2% received training/professional development, 62.5% among AO schools, 74.5% among AP schools, 64.9% among middle schools and 52.2% among high schools.
4. That **abstinence from sexual activity** before marriage, and fidelity within marriage, is the only certain way to avoid out-of wedlock pregnancy, sexually transmitted diseases and related health problems.
- As a whole, 61.2% received training/professional development, 63.9% among AO schools, 70.2% among AP schools, 60.8% among middle schools and 58.7% among high schools.
5. About **condoms or contraceptives**, but only if that discussion includes a factual presentation of the risks and failure rates of those contraceptives.
- As a whole, 45.6% received training/professional development, 44.4% among AO schools, 59.6% among AP schools, 43.2% among middle schools and 43.5% among high schools.
6. **How condoms or other contraceptives are applied.**
- As a whole, 19.7% received training/professional development, 13.9% among AO schools, 31.9% among AP schools, 20.3% among middle schools and 15.2% among high schools.

7. The **current state law** related to sexual conduct, including forcible rape, statutory rape, paternity establishment, child support and homosexual activity.
  - As a whole, 37.4% received training/professional development, 26.4% among AO schools, 55.3% among AP schools, 29.7% among middle schools and 32.6% among high schools.
  
8. That a mutually faithful, monogamous relationship in the **context of marriage** is the only appropriate setting for sexual intercourse.
  - As a whole, 54.5% received training/professional development, 58.3% among AO schools, 59.6% among AP schools, 54.1% among middle schools and 52.2% among high schools.
  
9. About other contraceptives, the **nature, causes and effects of sexually transmitted diseases**, or the prevention of sexually transmitted diseases, including HIV/AIDS, along with a factual presentation of the risks and failure rates.
  - As a whole, 53.1% received training/professional development, 47.2% among AO schools, 68.1% among AP schools, 52.7% among middle schools and 52.2% among high schools.
  
10. **How parents discuss abstinence with their children.**
  - As a whole, 36.7% received training/professional development, 27.8% among AO schools, 48.9% among AP schools, 36.5% among middle schools and 30.4% among high schools.
  
11. That **abortion** can be used to prevent the birth of a baby.
  - As a whole, 15.0% received training/professional development, 8.3% among AO schools, 25.5% among AP schools, 13.5% among middle schools and 13.0% among high schools.

## PROFESSIONAL DEVELOPMENT RECEIVED



## Hours of SRE Professional Development Received

In hours per year, the SRE instructors reported the standard amount of annual training/professional development for teaching SRE. Approximately one third (32.0%) left this question blank. Of those 117 (68.0%) who responded, 35.0% indicated receiving no training/professional development for teaching SRE. Another 46.2% indicated receiving 8 or fewer hours of training/professional development. The remaining 18.8% indicated receiving more than 8 hours of training/professional development.

Among AO schools, 17.8% left this question blank. Of those who responded, 43.3% indicated none (0%), and just over half (51.7%) indicated 8 or fewer hours of training/professional development. The remaining 5.1% indicated receiving more than 8 hours of training/professional development.

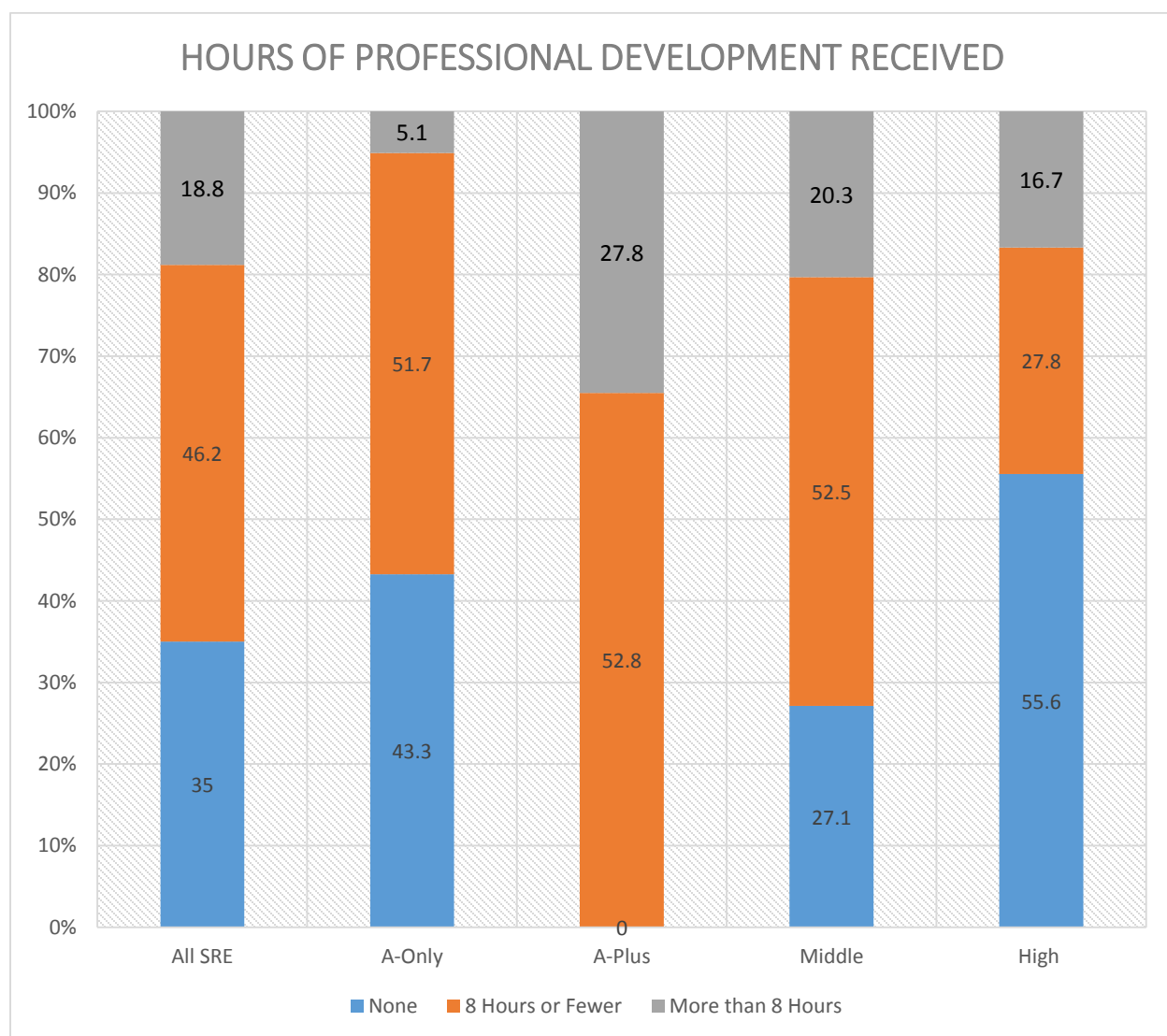
Among AP schools, 25.0% left this question blank. Of those who responded, 19.4% indicated none (0%), and 52.8% indicated 8 or fewer hours of training/professional development. The remaining 27.8% indicated receiving more than 8 hours of training/professional development.

Among middle schools, 34.4% left this question blank. Of those who responded, 27.1% indicated none (0%), and 52.5% indicated 8 or fewer hours of training/professional development. The remaining 20.3% indicated receiving more than 8 hours of training/professional development.

Among high schools, 33.3% left this question blank. Of those who responded, 55.6% indicated no hours of training/professional development, and 27.8% indicated 8 or fewer hours of training/professional development. The remaining 16.7% indicated receiving more than 8 hours of training/professional development.

It appears that SRE instructors in AP schools received more hours of professional development for teaching SRE. Also SRE instructors in middle schools reported receiving more hours of professional development than those teaching SRE in high schools. Many

of the SRE instructors indicated the professional development they received was a one-time-only training.



### How SRE Professional Development was Provided

Of the 73.4% of instructors who responded to how they received training/professional development, training was primarily provided in the form of workshops, followed by seminars, or conferences. Of the few instructors (13.4%) who noted their training was provided by the curriculum providers for their school or was provided as a district-wide training, 64.7% noted receiving training on the “Choosing the Best” curriculum. No other curriculum mentioned more than once or twice.

## **Instructor Interest in More SRE Professional Development**

Over three-quarters (76.3%) of SRE instructors indicated that they would be interested in more professional development, including 72.5% among AO schools, 78.3% among AP schools, 82.9% among middle schools, and 71.4% among high schools.

## **Barriers to SRE Professional Development**

Approximately half (45.8%) of the SRE instructors indicated barriers to receiving the SRE training/professional development that they needed, including 45.1% among AO schools, 47.8% among AP schools, 48.6% among middle schools, and 40% among high schools.

Barriers indicated by the SRE instructors included the time they spent away from work for training. Also noted was the cost related to receiving SRE training, obtaining district and school approval, and awareness and availability of SRE training they needed.

## **Topics Desired by Instructors for SRE Professional Development**

The most frequently noted topic for future SRE professional development was effective instruction and strategies for keeping the attention of students. Similarly, the instructors desired professional development on contraceptives, STI's, AIDS, LGBTQ education, and teen pregnancy.

## **How to be Better Prepared to Provide SRE Instruction**

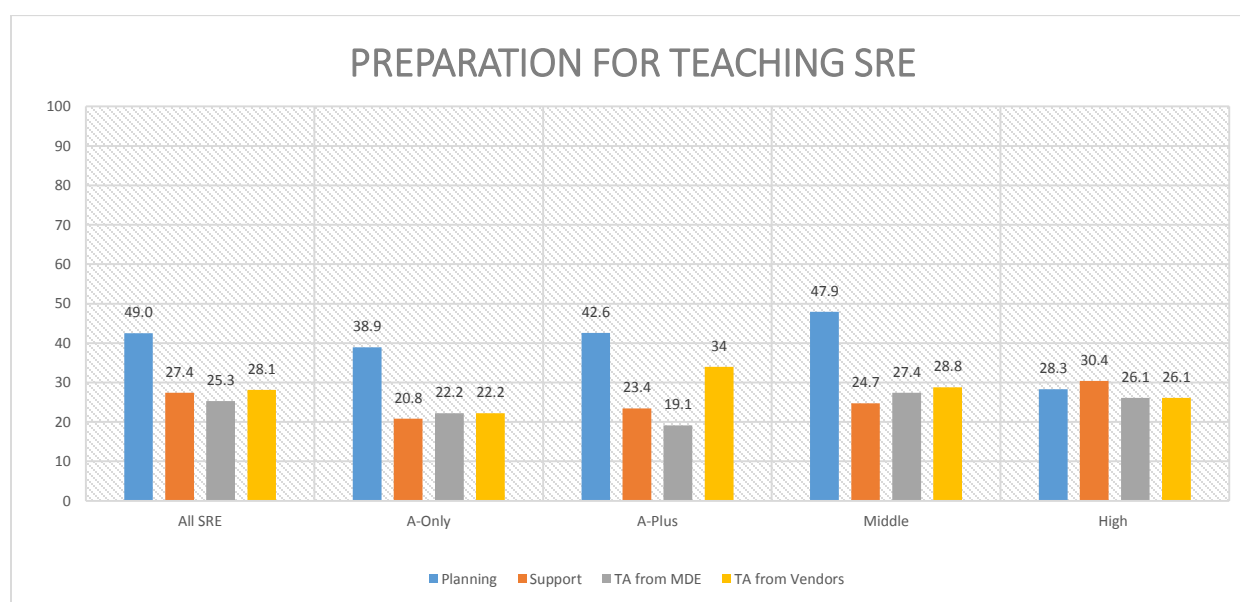
When asked how they might become better prepared to teach SRE, 42.5% indicated more planning time, 27.4% indicated greater support from administration, 25.3% indicated technical assistance from MDE, and 28.1% indicated technical assistance from vendors of the curricula.

Among AO schools, 38.9% indicated more planning time, 20.8% indicated greater support from administration, 22.2% indicated technical assistance from MDE, and 22.2% indicated technical assistance from vendors of the curricula. Among AP schools, 42.6% indicated more planning time, 23.4% indicated greater support from administration, 19.1%



indicated technical assistance from MDE, and 34.0% indicated technical assistance from vendors of the curricula.

Among middle schools, 47.9% indicated more planning time, 24.7% indicated greater support from administration, 27.4% indicated technical assistance from MDE, and 28.8% indicated technical assistance from vendors of the curricula. Among high schools, 28.3% indicated more planning time, 30.4% indicated greater support from administration, 26.1% indicated technical assistance from MDE, and 26.1% indicated technical assistance from vendors of the curricula.



### **Assessment of Student Knowledge of Content Covered in SRE**

Over half (62.1%) of the instructors reported that they were currently assessing student knowledge of content covered in SRE, with 60.6% among AO schools, 68.1% among AP schools, 57.5% among middle schools, and 66.7% among high schools.

The manner in which they were assessing student knowledge included the use of tests and quizzes. Another popular way to assess student knowledge in SRE courses was noted as review questions and discussions with students. Others noted the use of pre-tests and post-tests to assess student knowledge.

Of those who indicated that they were not currently assessing student knowledge, over half (54.0%) believed there should be an assessment, including 37.0% of AO schools, 66.7% of AP schools, 44.4% of middle schools, and 53.3% of high schools.

The manner in which these instructors would assess student knowledge included tests and quizzes, discussions, and surveys.

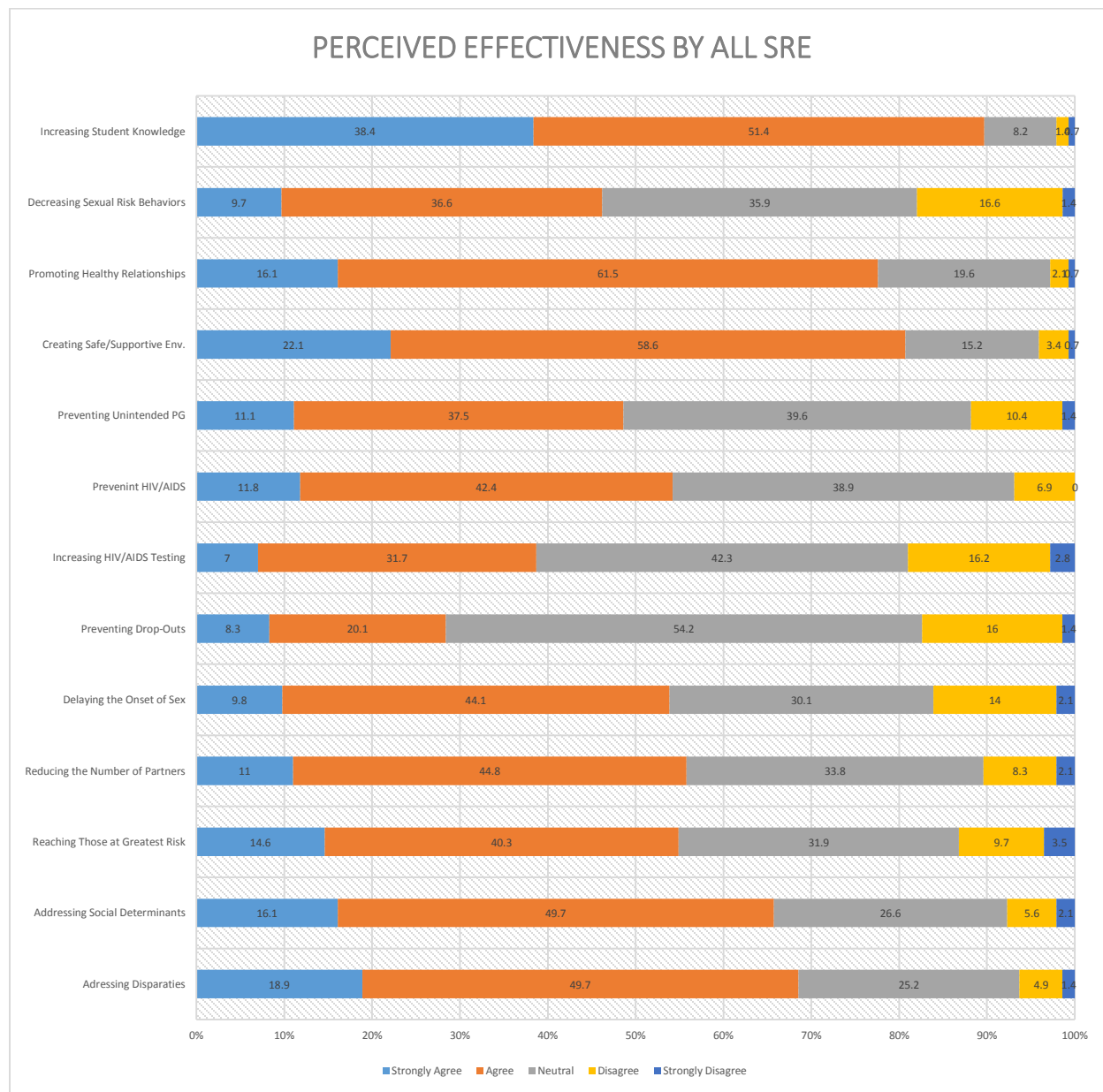
### **SRE Instructor Perception of the Effectiveness of SRE**

The SRE instructors were asked the extent to which they agreed (ranging from strongly disagree to strongly agree) that SRE in their schools were effective in:

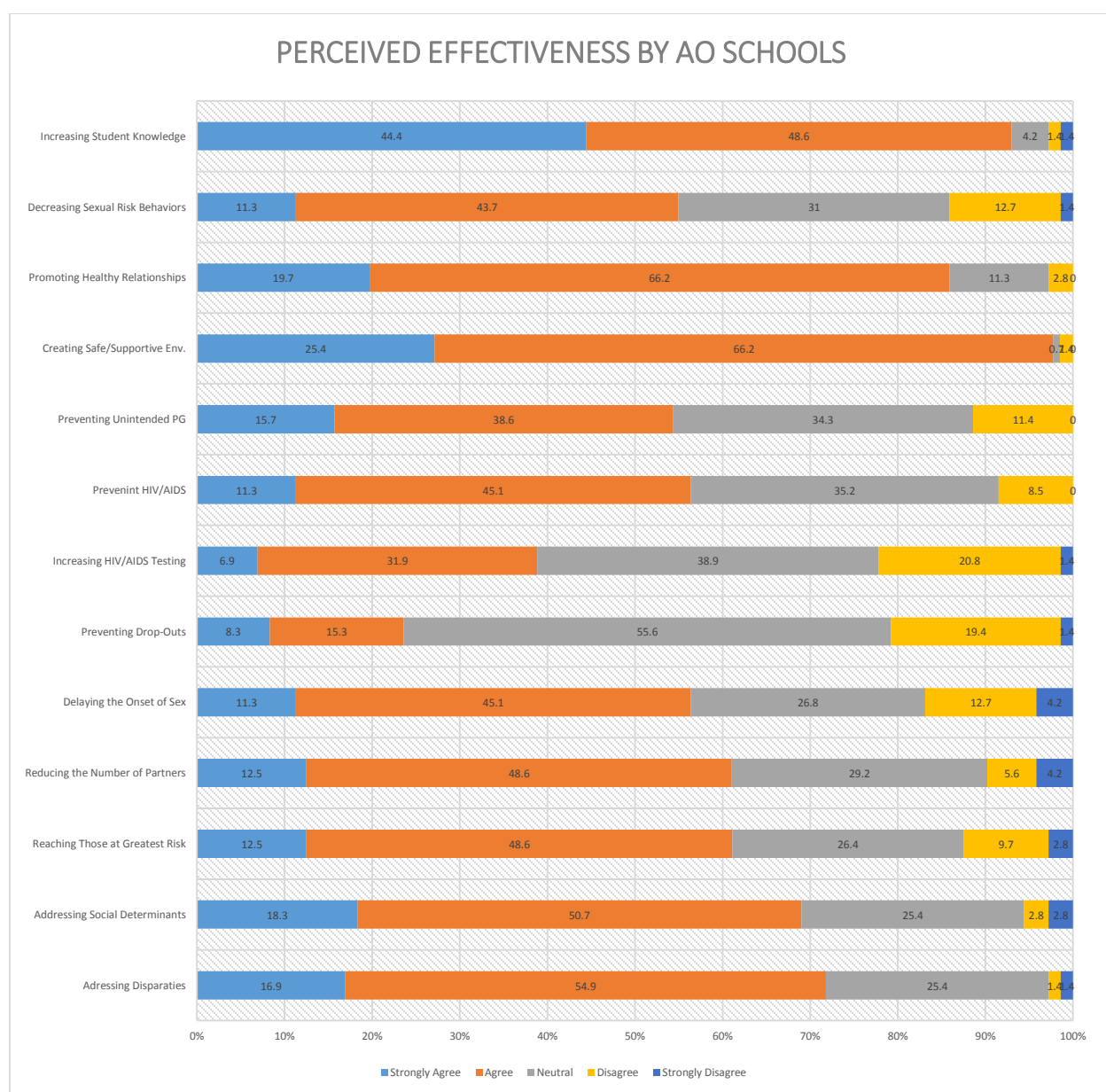
- Increasing student knowledge
- Decreasing sexual risk behaviors
- Promoting healthy relationships
- Creating a safe and supportive environment
- Preventing unintended pregnancy
- Preventing HIV and other STDs
- Increasing HIV and other STD testing
- Preventing drop-outs
- Delaying the onset of sexual activity
- Reducing the number of sexual partners
- Reaching those students at greatest risk
- Addressing social determinants of sexual health
- Addressing disparities in HIV and other STD infections

The data are presented in five tables, one for each of the groups presented throughout this report: All SRE, AO, AP, middle school, and high school. Looking at the blue and orange portions of each line, a majority of the SRE instructors Agree or Strongly Agree that their efforts were effective in nine of the thirteen areas. The three areas in which SRE is perceived as being the most effective (over 70%) included: increasing student knowledge (89.8%), creating safe/supportive environments (80.7%), and promoting healthy relationships (77.6%).

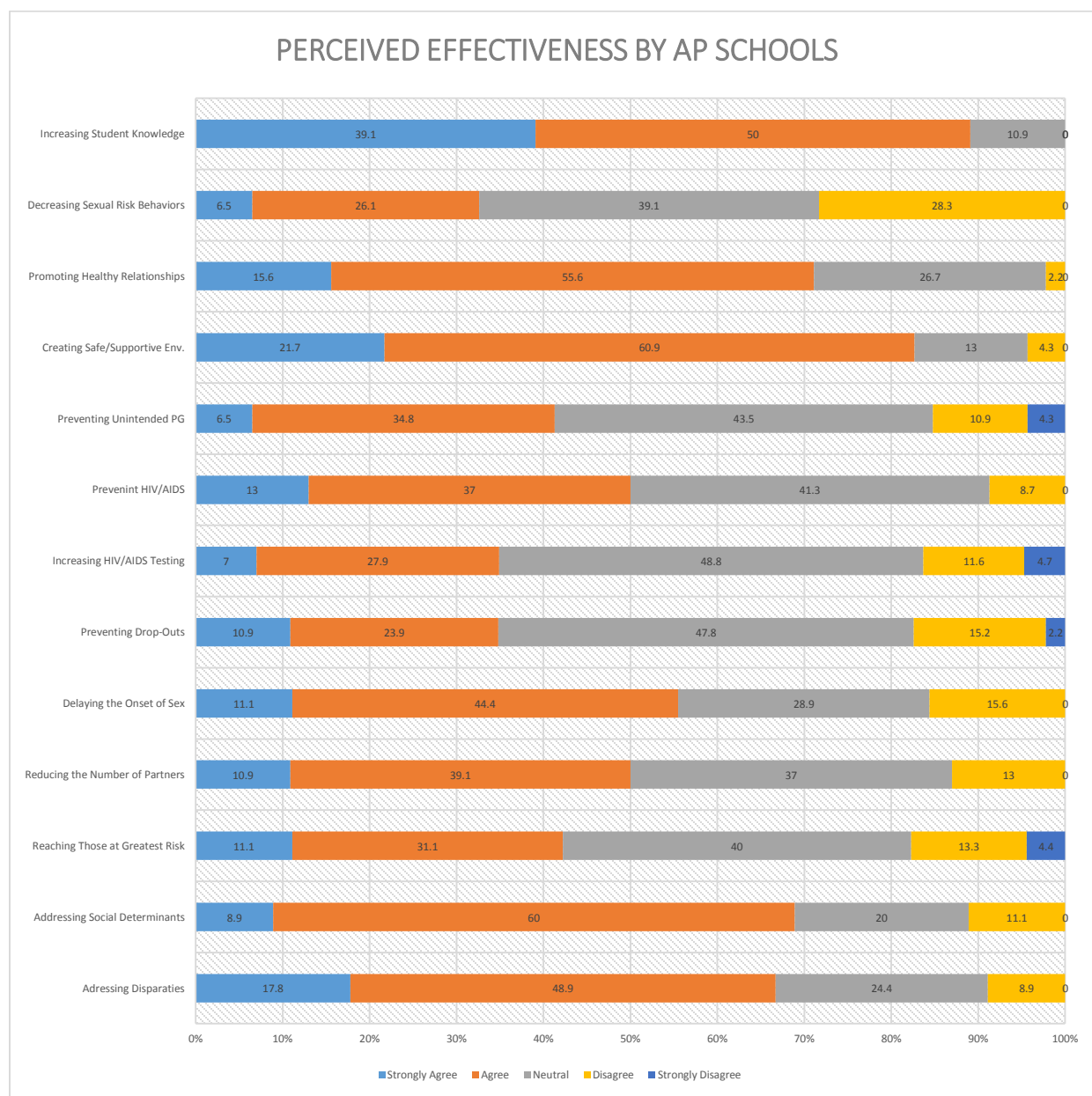
Among all SRE, the area with the highest percentage of neutral responses (over 50%), indicated by the grey portion of the lines, was regarding the prevention of drop-outs (54.2%). The prevention of drop-outs was also one of four areas in which SRE is perceived as least effective (28.4%), as well as increasing HIV and other STD testing (38.7%), decreasing sexual risk behaviors (46.3%), and preventing unintended pregnancy (48.6%).



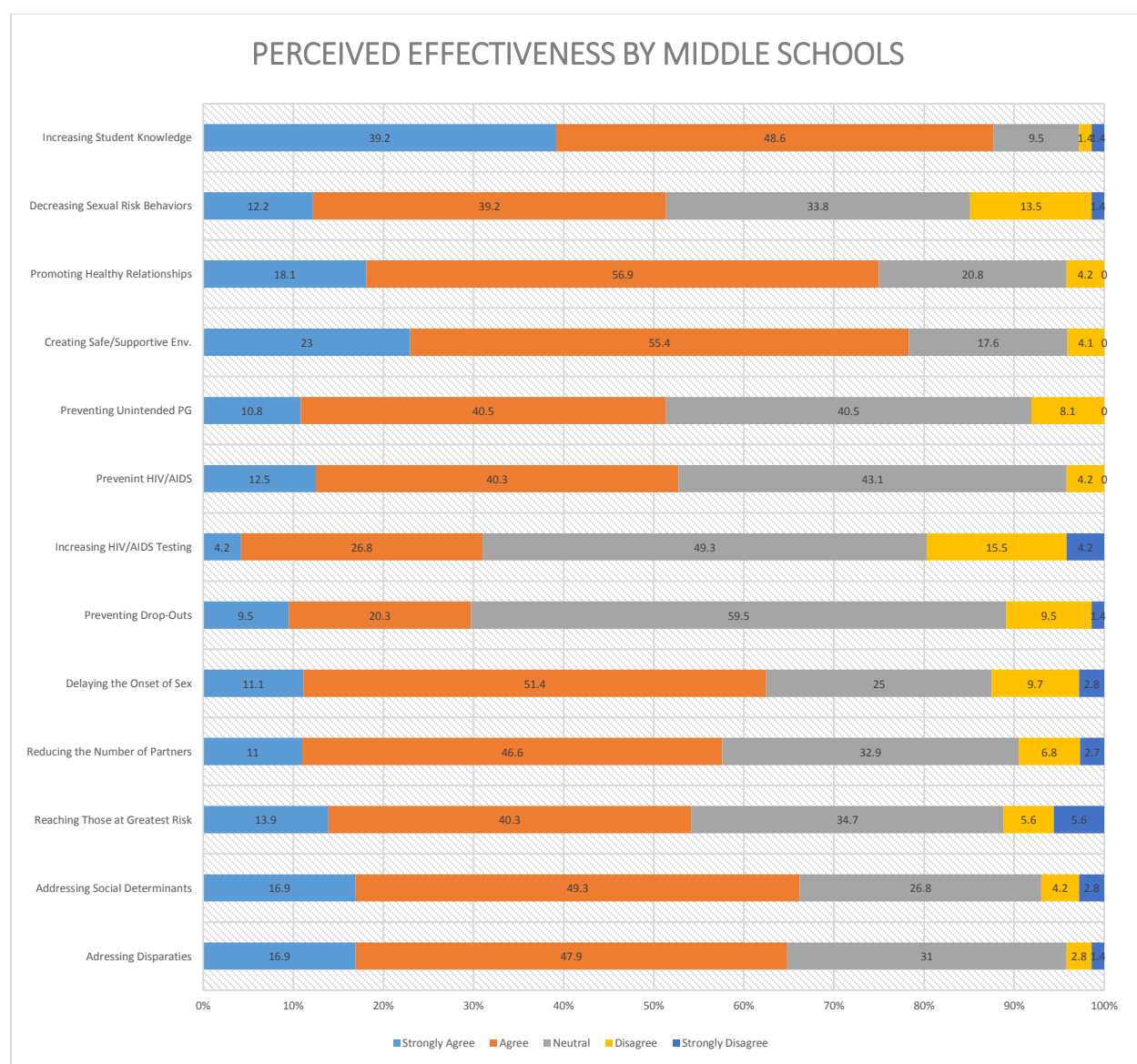
Among AO schools, over half Agreed or Strongly Agreed that the SRE instruction was effective in ten of the thirteen areas. The three areas in which SRE is perceived as being the most effective (over 70%) included: increasing student knowledge (93.0%), creating a safe and supportive environment (91.6%), and promoting healthy relationships (85.9%). The area with the highest percentage of neutral responses (over 50%) was regarding the prevention of drop-outs (55.6%). The prevention of drop-outs was also one of two areas in which SRE is perceived as least effective (23.6%), as well as increasing HIV and other STD testing (38.8%).



Among AP schools, over half Agreed or Strongly Agreed that the SRE instruction was effective in eight of the thirteen areas. The three areas in which SRE is perceived as being the most effective (over 70%) included: increasing student knowledge (89.1%), creating a safe and supportive environment (82.6%), and promoting healthy relationships (71.2%). The three areas in which SRE is perceived as least effective are in decreasing sexual risk behaviors (32.6%), increasing HIV/AIDS testing (34.9%), and preventing drop-outs (34.8%).

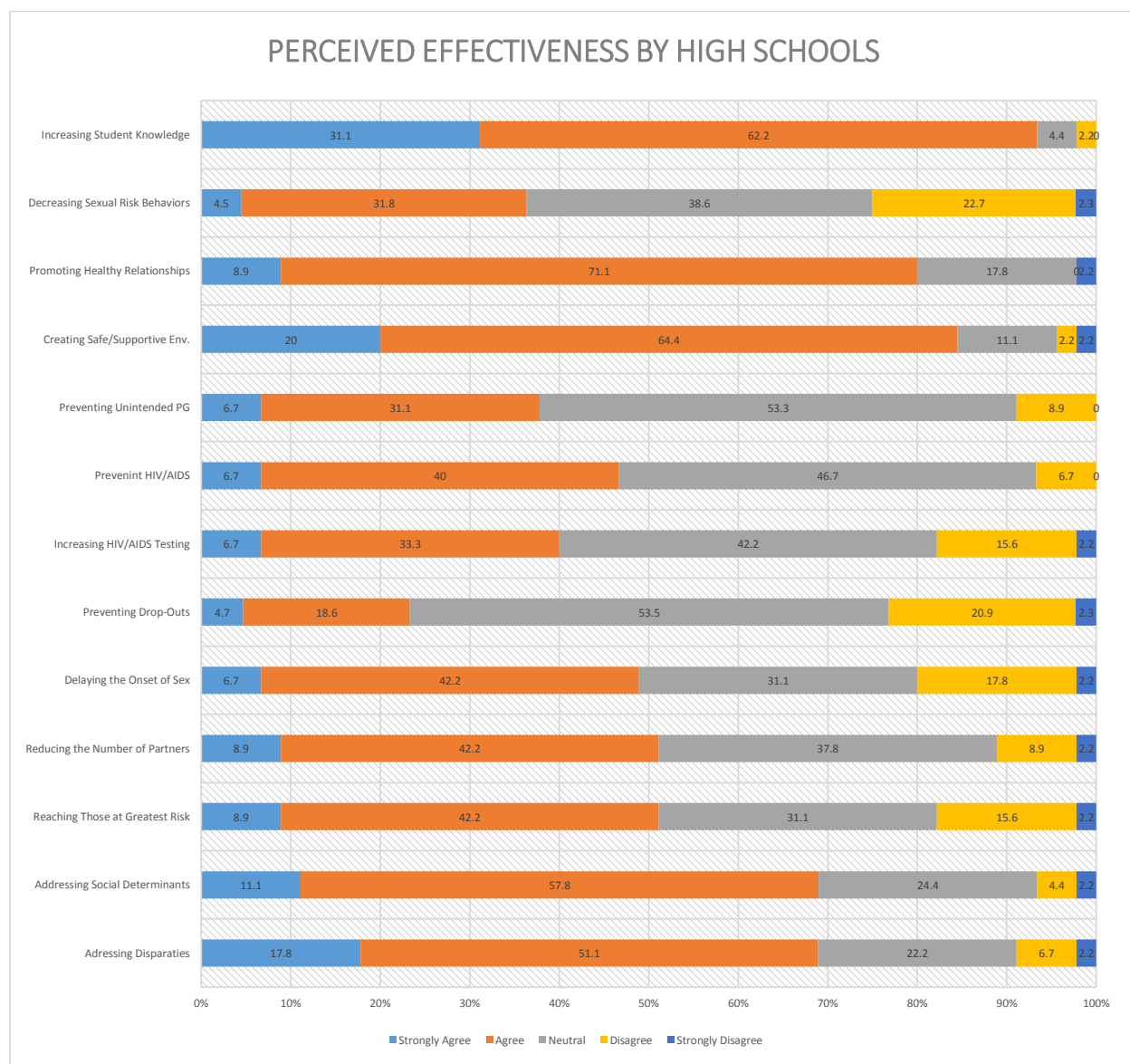


Among middle schools, over half Agreed or Strongly Agreed that the SRE instruction was effective in ten of the thirteen areas. The three areas in which SRE is perceived as being the most effective (over 70%) included: increasing student knowledge (87.8%), creating a safe and supportive environment (78.4%), and promoting healthy relationships (75.0%). The area with the highest percentage of neutral responses (over 50%) was regarding the prevention of drop-outs (59.5%). Preventing drop-outs was one of two areas in which SRE is perceived as least effective (29.8%) as well as increasing HIV and other STD testing (31.0%).



Among high schools, over half Agreed or Strongly Agreed that the SRE instruction was effective in seven of the thirteen areas. The three areas in which SRE is perceived as being the most effective (over 70%) included: increasing student knowledge (93.3%), creating a safe and supportive environment (84.4%), and promoting healthy relationships (80.0%).

The two areas with the highest percentage of neutral responses (over 50%) were preventing drop-outs (53.5%) and preventing unintended pregnancy (53.3%). The one area in which SRE is perceived as least effective was in preventing drop-outs (23.3%).



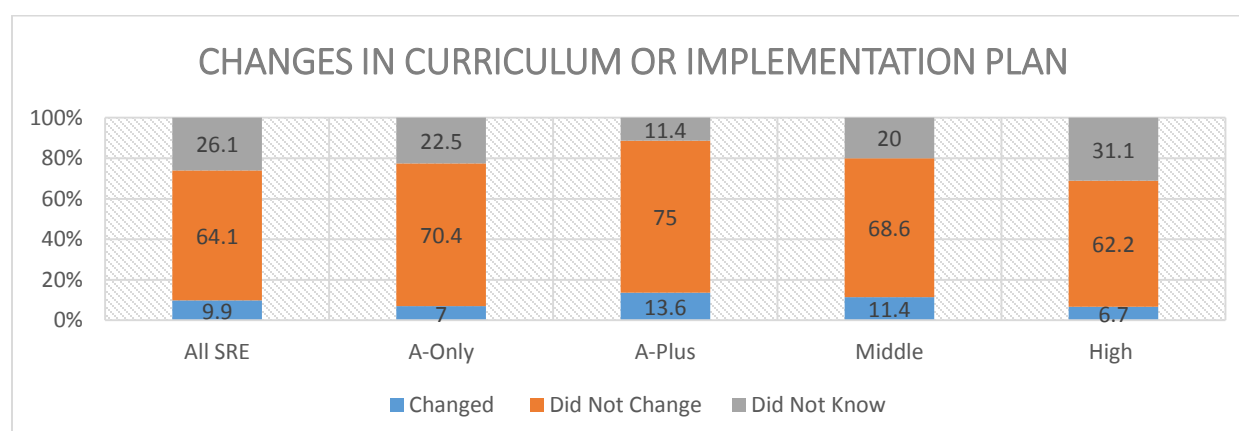
## Changes in Curriculum or Implementation Plan since 2012

Thirty (17.4%) did not respond to the question regarding changes in curriculum since 2012. Of those who responded, 64.1% did not believe that their SRE curriculum or implementation plan changed since 2012, 9.9% believed there was change, and 26.1% indicated that they did not know.

Among AO schools, all but 2.7% responded. Of those who responded, 70.4% did not believe that their SRE curriculum or implementation plan changed since 2012, 7.0% believed there was change, and 22.5% indicated that they did not know. Among AP schools, all but 8.3% responded. Of those who responded, 75.0% did not believe that their SRE curriculum or implementation plan changed since 2012, 13.6% believed there was change, and 11.4% indicated that they did not know.

Among middle schools, 22.2% did not respond. Of those who responded, 68.6% did not believe that their SRE curriculum or implementation plan changed since 2012, 11.4% believed there was change, and 20.0% indicated that they did not know. Among high schools, 16.2% did not respond. Of those who responded, 62.2% did not believe that their SRE curriculum or implementation plan changed since 2012, 6.7% believed there was change, and 31.1% indicated that they did not know.

Specific changes described by instructors included a change in the curriculum used or simply adding some materials, changing the scheduling or the time-frame in which the curriculum was taught.





## **Resources, Materials, and Services that are most Helpful in SRE Implementation**

Instructors indicated the most helpful resource in implementing SRE as the selected curriculum used in their school, followed by books, videos, and pamphlets.

## **Challenges and Barriers Experienced by Those Teaching SRE**

Most (87%) instructors responded to the open-ended question regarding challenges and barriers they experience. The most frequent answer was related to time issues (time taken to teach the SRE, time away from other courses, planning time) at 21%. The next most frequent response was related to scheduling (11%) and staffing (11%) with untrained staff, uncooperative teachers during pull out process, and lack of support from co-workers and administration. These findings are strikingly similar to 2012, with the most common responses related to time and scheduling.

## **Suggested Changes for making SRE More Effective**

Just over half (58%) of the instructors responded to the open-ended question regarding suggestions for making SRE more effective. The most frequent answer was training for all SRE instructors (23%), followed by SRE beginning at a younger age (12.1%), parental and community involvement and education (12.1%), and offering SRE as a required course (11.1%).

## **Qualitative Focus Group Summary**

Participants of the focus group meeting were divided into five smaller groups. The smaller groups then discussed the following five questions:

1. In regards to SRE, provide an example of what (e.g., when, where, how, how long) a typical student in your school receives.
2. Specific to preventing HIV and other STDs, unintended pregnancy, and other sexual risk behaviors, what is it about the SRE that makes a difference?
3. Specific to preventing HIV and other STDs, unintended pregnancy, and other sexual risk behaviors, what is it you do that makes a difference?

4. What are the needs and problems of children and adolescents that you believe most affect their sexual health?
5. Given your experience, what do you suggest for making SRE more effective?

The five groups spent an hour discussing the questions, then all of the groups came back together to share what they had answered for the questions. All participants were then able to add anything else or share more ideas related to the questions.

**Question 1) Provide an example of what a typical student in your school receives**

There was a wide array of answers provided by the focus group participants for this question. There was a total of 79 examples. It was noted that SRE is taught in grades 5-12 with the most common grade being 7<sup>th</sup>. SRE is taught in a cumulative number of hours ranging from less than 2 to 10 or more. It is also taught within a number of weeks ranging from 1 to 10 or more. There is usually a specific curricula the school uses and it is taught within other regular education courses, with some being required courses. SRE is taught in gender separate classes.

**Question 2) Specific to preventing HIV and other STDs, unintended pregnancy and other sexual risk behaviors, what is it about the SRE that makes a difference?**

There were 83 answers given to this question. Many participants (21) shared that separating facts from myths is effective along with giving the students correct information. Others (8) discussed “open dialogue” with no judgment and “having rapport so they can freely engage in discussion” as important ways SRE makes a difference. Teaching about risk factors and consequences of engaging in sexual activity (12) was stated as another way SRE makes a difference. Providing tools to overcome peer pressure and teaching assertiveness skills with use of scenarios (12) was also noted. Teaching positive decision-making (4), the use of visuals of STD’s (5), abstinence (3) and promoting healthy relationships (2) were other noted responses. Instructors also mentioned personalizing the lessons, “emphasize that it could happen to them” (4) and having students do their own research and engaging students in activities to emphasize the points (7).

**Question 3) Specific to preventing HIV and other STDs, unintended pregnancy, and other sexual risk behaviors, what is it you do that makes a difference?**

The focus group participants provided 96 answers in total. SRE Instructors noted the biggest difference they made was their ability to make students feel safe to be honest, without consequences, and keeping confidentiality (23). At a similar rate, teachers felt they were able to make sure students have the correct information and facts (21). Having teachers and teen parents share their own personal stories with the students (8) and inviting guest speakers such as nurses or representatives from health department to speak on STD's and other health risks (8) were also noted as tactics instructors use to make a difference. The use of games, activities, and student presentations (8), involving parents by engaging them at parent night, etc. (3), and having an anonymous question box (2) are other noted strategies. Lastly, being open, frank, and firm in teaching- "don't sugar coat" (7) and the use of movies and real life examples (6) were reported as ways teachers felt they made a difference.

**Question 4) What are the needs and problems of children and adolescents that you believe most affect their sexual health?**

Of the 101 total answers given regarding the needs and problems, lack of support at home and issues in the home environment (30) was a common theme. Too much exposure to sex related information via media, peers, etc. (14) and the need for knowledge of consequences and available resources (14) were noted by educators. Self-esteem/self-worth issues that can lead to sexual health issues (4) were also identified as problems. Educators also acknowledged the role of peers in creating problems that affect sexual health of adolescents, in that giving in to peer pressure (7) and a need for positive role models (7) exist. Adolescent boredom/curiosity (6) and "kids raising kids"/ cycle of teen pregnancy (6) were other noted problems. A sense of invincibility (4) was noted as a problem within adolescent's attitude. Lastly, poverty (2) and a "Lack of God in schools"/"No sense of morality" (2) were other identified problems affecting adolescent sexual health.

**Question 5) Given your experience, what changes do you suggest for making SRE more effective?**

There were 96 total responses regarding changes to make SRE more effective. The most frequent response was the need for professional training and support from administration (17). Many others believed SRE should be a required class and that schools should eliminate the opt-in requirement (14) and more curriculum choices inclusive of available online resources (14) were also noted ways to make SRE more effective. A need for the mixture of genders (8) was also communicated by educators. Educators expressed the need for more hours devoted to SRE (7) and SRE offerings in more grades, with subsequent promotion throughout the school (7). Another noted change was providing standardization/accountability of SRE in the state (6) and “Implement the plus in abstinence plus” (6). Lastly, more parent education/involvement (5) and the need for condom/contraceptives demonstration (3) was also discussed as a change in SRE.

In summary, the focus group discussions brought to light several themes as to what are the important considerations of those who are teaching SRE. Many of the focus group participants voiced a great need and desire for professional development or training related to SRE. Many stated that they were not sure what exactly they were supposed to be teaching and had simply been given a book before the school year with instructions to teach SRE. Many expressed appreciation that attending the focus group and hearing other SRE instructors share their experiences provided them with ideas of ways to implement SRE in their schools as well as a sense validation because they were often experiencing similar struggles. One of those common struggles involved a feeling by SRE instructors of not being supported by the administration at their schools. A second common struggle indicated by the focus group participants was that the curriculum and policy adopted by their schools did not always fit the needs of their students. Overall, the focus group process was a positive experience for the participants with many asking if this could become a recurring event.