

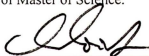
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IMPACT OF ABSTINENCE CURRICULUM ON SEXUAL
ATTITUDES AND CHOICES

ANITA A. RANDOLPH

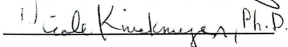
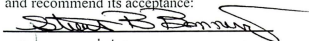
To the Graduate Council:

I am submitting herewith a thesis written by Anita A. Randolph entitled "Impact of Abstinence Curriculum on Sexual Attitudes and Choices." I have examined the final copy of this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Science.



Dr. Charles Woods, Major Professor

We have read this thesis
and recommend its acceptance:



Accepted for the Council:

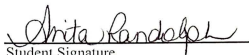


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IMPACT OF ABSTINENCE CURRICULUM ON SEXUAL ATTITUDES AND CHOICES

A Thesis

Presented for the

Master of Science

Degree

Austin Peay State University

Anita A. Randolph

December 2005

DEDICATION

This thesis is dedicated to my loving husband and children

Mr. Robert D. Randolph

And

Billy and Maggie Randolph

whose love, patience and encouragement have given me the strength

to finish what I started.

ACKNOWLEDGEMENTS

I would like to thank my major professor, Dr. Charles Woods, for his caring attitude and guidance during the past two years. I also would like to thank Dr. Stuart Bonnington and Dr. Nicole Knickmeyer for their support and encouragement throughout this process. The committee's thoughtfulness and gentle encouragement have been invaluable to me. Thank you does not seem to be enough for my husband, Rob and my children, Billy and Maggie. Their patience, love, and help during the past three years have meant more to me than they will ever know. Finally, I would like to say thank you to my extended family and friends: Bill and Faye Randolph, Audrey Johnson, Todd and Leeann Bookout, Janice McRae, and everyone at the Austin Peay Student Counseling Services for their prayers and continual encouragement.

Running head: ABSTINENCE PROGRAM'S IMPACT ON SEXUAL ATTITUDES AND
BEHAVIORS

Impact of Abstinence Curriculum on Sexual Attitudes and Choices

Anita A. Randolph

Austin Peay State University

Abstract

The impact of an abstinence curriculum (“Why kNOw”) was examined during this research. A total of 29 participants from a rural community were surveyed using the SNAPP evaluation survey regarding their sexual attitudes and behaviors. The “Why kNOw” curriculum was implemented in 2002. Thus, 14 participants, seniors in 2005 were not exposed to the curriculum. The remaining 15 participants, juniors in 2005 were exposed to the curriculum during their freshman year in 2002. The mean scores for each of the groups were observed on sections of the survey entitled “What Do You Do” and “What Could You Do”. These questions evaluated a student’s sexual behavior, attitudes/beliefs with a higher score representing more abstinent behavior. T-tests were used to determine that there was no statistical significance between the two groups on these two measures.

Effects of Abstinence Curriculum on Sexual Attitudes and Choices

Reasons for Sex Education

There are various reasons researchers agree that some type of sex education is necessary in our public schools. Reports from the National Vital Statistics Report are encouraging regarding teen pregnancy rates. Birthrates dropped by 27 percent among women between the ages of 15 and 19 during the period of 1990-2000. This was the lowest rate reported since 1976. Even though the drop in birth rates is encouraging, teen pregnancy is still a pertinent issue because it is strongly associated with high school drop out rates, which in turn, account for a cycle of poverty for teen mothers. Although there has been a decrease in teen pregnancies, there are still significant number of teenagers today are still experiencing unplanned pregnancies. In Tennessee, for example, 1 in 1,000 girls ages 15-17 become pregnant each year (Ventura, Abma, Mosher, and Henshaw, 2004). The reports regarding sexually transmitted diseases among adolescents are also not encouraging. As reported by Starkman and Rajani (2002), nearly half of all new HIV infections in the United States and two thirds of all sexually transmitted diseases occur among young people under the age of 25.

Types of Sex Education Programs

Given the need for education, what programs are available to educators when addressing teen sex education? Franklin and Corcoran (2000) evaluated what is out there today for educators. They discovered three general types of programs: community based programs, school-based programs, and school-linked programs. Community based programs originate in the community and are conducted through organizations such as the YMCA or church groups.

School-based programs are conducted and presented by employees inside the school system.

School-linked programs are those, which are presented inside the school system, but are taught by organizations or individuals outside of the school system.

Another type of distinction between the programs is what types of curriculum are offered. Hofferth (1991) broke down curriculum into groups according to what their goal or focus was concerning the teen's sexual behavior. He discovered three different areas of focus for sex education curriculum. These were:

- Delaying or reducing sexual activity.
- Increasing the use of contraceptives among sexually active youths as a way to avoid pregnancies.
- Reduce pregnancies through life options and increased social and economic alternatives for disadvantaged youth.

Another research team, Kirby et al. (1994), determined that curriculum could best be divided in this manner:

- Abstinence programs that do not discuss contraception.
- Sexuality or AIDS education programs that may include discussions of abstinence and contraceptive use.
- Comprehensive programs that include educational components plus reproductive health services, either at school or nearby in the community.

Debate Surrounding Sex Education Programs and Curriculum

When looking at how to approach sex education in order to further reduce teen pregnancies and sexually transmitted diseases among teens, there is division. Teens themselves are divided about the best way to approach sex education. Hacker, Amare, Strunk, and Horst (2000) found that abstinent teens tended to view abstinent only curriculum as the best method to reduce pregnancies, while sexually active teens felt easier access to contraception would be most helpful. Research has suggested that three-fourths of America's teens receive some type of sexuality education in high school, and that the findings regarding the various types of sexual education have been mixed (Haignere, Gold, and McDanel, 1999).

In 1981 the federal government passed the Adolescent Family Life Act, which provided funding for research regarding the antecedents of adolescents pregnancy risk, post pregnancy decision-making, and the parenting behavior of adolescents. Along with this research, the Act also provided funding to begin intervention programs targeting adolescents and teaching them to refrain from initiating sexual intercourse. This encouraged many school, church, and community based programs to present new curriculum with abstinence only messages in which contraception is not an allowable topic (Jorgensen, 1991). Many researchers feel this swing towards abstinence-based curriculum is not an effective strategy or has not been researched enough to say it is an effective means to reduce STD's and teen pregnancy rates (Jorgensen, 1991; Goodson & Edmundson, 1994; Franklin & Corcoran, 2000). This new surge in abstinent curriculum has spawned not only debate, but also, research.

Research Promoting Comprehensive Sex Education

Comprehensive sex education proponents believe the best method to reduce teen pregnancies is to approach sex education in a way that encourages teens to reduce their rates of sexual activity while also teaching effective use of contraception among those who are sexually active (Jorgensen, 1991). Franklin and Corcoran (2000) researched data on several different sex education programs and concluded that the most effective programs take into consideration developmental issues, include contraceptive knowledge building and distribution, and are based on social learning theory and skills training. They also discovered that youth who are already sexually active respond better to comprehensive sex education programs including contraception, and youth who are not sexually active respond better and delay sexual activity longer when presented abstinence based curriculum. An argument from proponents of abstinence-based curriculum is that comprehensive programs encourage sexual activity and do not increase the likelihood of safer sex practices. Starkman and Rajani (2002) found that there was little evidence to support these claims and in fact, students tend to use contraception and practice safer sex more consistently after completing a comprehensive program.

Another argument that tends to be made in support of comprehensive programs is the lack of conclusive research into abstinence-based programs (Jorgensen, 1991; Goodson & Edmundson, 1994; Lieberman et. al, 2000). Some have found that abstinent based programs are not effective. Jorgensen (1991), Kirby, Korpi, Barth, and Cagampang (1997), and Kirby, Korpi, Adivi, and Weissman (1997) found that abstinence or delay sexual activity programs had little to

no effect on the delay of sexual activity among high school students when compared to their peers who had no sex education.

Research Promoting Abstinence Education

Research has also been found in favor of abstinence only education. A study conducted by Mohn, Tingle, and Finger (2003) addressed the issue of the effectiveness of abstinence only education among adolescents. Their findings indicated a decline in the proportion of single teens, ages 15-19, engaged in sexual activity. They believe this decline in sexual activity accounts for a significant decrease in the latest drop in teen birthrate and pregnancy rates. They believe the greatest contribution in the decline was an increase in abstinence and a decrease in the percentage of married teens (Mohn et al, 2003). Olsen et al. (1991) found that there was a correlation between a teen's attitude regarding sexual activity and their behaviors. They believe an argument can be made from this finding for abstinence-based curriculum, because if a teen's attitude can be swayed in favor of abstinence, then there is hope that the behavior will follow suit. Studies conducted by Denny, Young, Rausch, and Spear (2002) and Pierre, Mark, Kaltreider, and Aikin (1995) found that abstinence-based curriculum has a positive impact on teen's attitude regarding the delay of sexual activity. However, researchers caution that this positive change in attitude regarding abstinence does not always translate over to behavior (Jorgensen et al., 1993). One final argument in favor of abstinent education is that sexually active teens have been found to have lower school achievement and a greater tendency towards deviant behaviors than their abstinent peers. Researchers also reported

sexually active teens were more likely to have used drugs and alcohol, and sexually active girls were more likely to report being depressed than their abstinent peers (Hacker, et al., 2000).

Considering the debates surrounding sex education and the serious consequences being suffered by today's young people, this study was designed to investigate the impact of an abstinence curriculum entitled the "Why kNOw" program implemented in Houston County, Tennessee in 2002. The "Why kNOw" program began in 1992 in Chattanooga, TN. This program is currently being taught in 24 Tennessee counties, 19 states, and 6 foreign countries. This makes the curriculum one of the largest abstinence programs in the nation. The "Why kNOw" program is a five day, grade-level appropriate course with 20 lessons and matching transparencies. The curriculum's main objective is to educate students, parents, and teachers about the repercussions and responsibilities of sexual behavior, emphasizing self-control and abstinence until marriage (<http://www.whykno.org/>, 2004).

Present Study

This study compared the results of a survey administered to two sets of students from Houston County High School regarding their choices concerning abstinence. This research observed the differences between the two groups in regards to their attitudes/beliefs and choices involving sexual activity before leaving high school. These comparisons were made by collecting the SNAPP surveys from one group of students graduating in 2005, seniors, who have not been exposed to the "Why kNOw" curriculum during their freshman year of high school. Survey data was also collected from another group of students graduating in 2006, Juniors, who were exposed to the "Why kNOw" curriculum during their freshman year of high school.

This research hypothesized the following:

- Students who have been exposed to the “Why kNOw” curriculum will have practiced fewer sexual behaviors more often than students who have not been exposed to the curriculum.
- Students who have been exposed to the “Why kNOw” curriculum will also have healthier sexual attitudes/beliefs than students who have not been exposed to the curriculum.

For the purpose of this study the definition given by The Medical Institute for Sexual Health as used by Carter-Jessop et al (2000) regarding abstinent behaviors (fewer sexual behaviors) will be used. Sexual abstinence (fewer sexual behaviors) can be defined as avoiding sexual intercourse, as well as, any activity involving genital contact or genital stimulation until marriage. These behaviors were measured by the questions under the section “What Do You Do” on the SNAPP survey. These questions were chosen because they are direct in evaluating a student’s current sexual behaviors. Healthier sexual attitudes were also defined in the Carter-Jessop et al (2000) study and will be used for the purpose of this research as well. Their overall premise concerning the definition of a healthy sexual attitude can be summarized in a teen’s ability to see and make wise choices in regards to their decision about when to have sex and their overall ability to remain abstinent until they are older or married. These attitudes were measured by responses made on the section entitled “What Could You Do” on the SNAPP survey. These questions were chosen because of their evaluation of a student’s attitude regarding their ability to remain abstinent or to delay sexual activity until later.

Method

Participants

The number of participants for this study were 15 juniors and 14 seniors from Houston County High School. The survey was administered in February of 2005. The participants were both male and female and ranged in age from 16-18.

Volunteers from the senior class of 2005 were recruited in February of 2005. At this time, any senior who obtained consent from a parent or legal guardian and gave their assent were allowed to complete a survey. The reason for surveying this particular group of students was due to their lack of exposure to the “Why kNOw” abstinence program. (The curriculum was implemented in 2002 after this group of students had completed the ninth grade, which is the grade the curriculum is presented). Volunteers from the junior class were also obtained in February of 2005. Just as in the control group, any student who had obtained a signed consent form from a parent or legal guardian was allowed to complete a survey, if they wished to do so. This particular group of students was the first group to have completed the “Why kNOw” abstinence program in the ninth grade. Any student in the experimental group who was not in the Houston County School district during their ninth grade year was excluded from this study.

Materials

The primary method for gathering data was evaluating sections of the SNAPP survey entitled “What Do You Do” and “What Could You Do”. These questions were chosen because of their relevance to sexual behaviors and attitudes of the students. This survey was used by Kirby, Korpi, Adivi, and Weissman (1997) in a similar study of the impact of an abstinence

education program on adolescents' sexual attitudes/beliefs and behaviors. These authors pulled survey items from previously used material and also created their own items. They report a mean alpha level of .82 across all scales of their survey. Authors Smith, Steen, Givens, and Schwendinger (2003) also recommended this survey as a model for evaluating abstinence education programs. The entire SNAPP survey consists of 72 questions divided into these categories: "Questions about you." (demographics), "What do you think?", "What do you know?", "What do you do?", "What is important to you?", and "What could you do?" (Kirby et al., 1997). Some of the demographic questions were deleted because they are not relevant to the sample of participants for this study. Also, three questions were eliminated from the survey because they concern precise knowledge that is not covered in the "Why kNOw" curriculum.

Design

The grouping variable for this study is whether or not the students at Houston County High School were exposed to the "Why kNOw" abstinence curriculum during their freshman year. This curriculum was written and published in Chattanooga, TN, but is taught by trained instructors from CareNet Pregnancy Services located in Dickson, TN. Two instructors from CareNet go to Houston County High School each fall to teach the abstinence based curriculum to any Freshman who has obtained parental consent to take the course. Each lesson lasts for 1 hour and 15 minutes and the classes last for five days. The lessons were taught directly from the "Why kNOw" curriculum. This curriculum is fact based and hopes to show teens: how to respect their sexuality; the benefits of saving sex for marriage; the facts about sexually

transmitted diseases; the ins and outs of peer pressure; how to plan a great date; the hope of secondary virginity (<http://www.whyknow.org/>, 2004).

The dependent variable for this study was the score on student surveys. Since the participant sample was small, the entire survey could not be used to evaluate the hypothesis. Instead, several questions were chosen and evaluated that were directly related to healthy sexual behavior and attitudes as defined earlier. The behavioral questions were questions 1-16 (with the exception of question 11) under the “What Do You Do” section of the survey. The attitude questions were questions 1-4 under the “What Could You Do” section of the survey. The entire survey is included in Appendix A.

Procedure

The research efforts for this study were supported by the guidance counselor at the high school. She aided in getting letters regarding the survey and informed consent forms to and from the students. For this study, informed consent was obtained from parents and/or legal guardians of all participants under the age of 18. All participation was voluntary. A signature from each student on their informed consent form was obtained in order to gain their assent for participating in the study. Students were advised that there would be no adverse consequences if they wish to not participate in this study. Any student who did not wish to participate was allowed to excuse themselves from the survey. Participants from both groups were also informed that the survey would be conducted anonymously. No identifying information was on the survey to maintain the students’ anonymity. The survey administrator seated the students far enough apart so that it

would have been difficult for students to see each other's survey responses. (The high school offered the use of their cafeteria, which enabled us to properly space the students for the survey).

The experimenter's tasks for this study were to type the surveys for all those wishing to participate in the study. The researcher worked closely with school officials to make sure all informed consent forms were obtained and that school officials, students, and parents all understood the general purpose and procedures of the study. The researcher also administered the surveys to the students and ensured their safe keeping afterwards. School officials, parents, and students were advised that they would not be able to see individual surveys, but they would be given access to the overall findings at the conclusion of the study.

The subjects' tasks for this study was to return informed consent forms with their signature of assent and a signature from their parent or legal guardian. Informed consent forms were sent home by second week in January for each prospective group. The students were asked to return the forms by the last week in January. Due to the low amount of forms returned, this deadline was extended to the first week in February. The date for administering the survey was then set, and students who had returned their informed consent forms and who gave their assent were then asked to complete a survey.

The researcher gave a short set of instructions, which further emphasized the fact that the surveys were completely anonymous and voluntary. An emphasis was also given on the need for honest responses. The students were allowed to fill out their surveys at their own pace and were instructed to put their survey into a manilla envelope left for them on an empty table. The researcher observed the students from a distance to ensure the students privacy, but was close

enough to the students to ensure that no student's privacy was being violated by others. After all the students had completed and returned their surveys to the envelope, the researcher closed the envelope and kept the surveys in a locked cabinet when not being used.

Results

The data analysis was a 2x2 design. The two groups of students were compared on the basis of their responses on the two sections of the survey regarding their sexual behaviors ("What Do You Do") and attitudes/beliefs ("What Could You Do"). The mean value for the junior class (students exposed to the curriculum) in regards to the sexual behaviors was 2.20 (SD = .697). For the senior class (students not exposed to the curriculum) the mean value was 2.44 (SD = .686) (Figure 1). A t-test was used for evaluation of the data, and the difference was not significant: $t(27) = -.936, p > .05$.

The mean value for the junior class (students exposed to the curriculum) in regards to sexual attitudes/beliefs was 3.10 (SD = .731). For the senior class (students not exposed to the curriculum) the mean value was 3.55 (SD = .681) (Figure 2). A t-test was used for evaluation of the data and the difference was not significant: $t(27) = -1.726, p > .05$. A Bonferroni test resulting in .19 was used because of the use of multiple t-tests.

Discussion

Finding no significant results in regards to a positive impact of the abstinence based curriculum in the Houston County school district seems to confirm the past studies by Jorgensen (1991); Kirby, Korpi, Barth, and Cagampang (1997); and Kirby, Korpi, Adivi, and Weissman (1997) in that this abstinence program seems to have had no effect on the students decision to remain abstinent or delay sexual activity. When compared to the senior class, the junior class responses in regards to levels of sexual activity appear to be quite similar. However, further research is needed, in addition to this small study, in order to confirm or deny the overall positive or negative effects of abstinence-based curriculum.

The findings also seems to support the idea that a teen can have positive attitudes or beliefs concerning abstinent behaviors and still not behave in an abstinent manner. Although the finding was not statistically significant it is worth noting that the senior class' overall attitudes were slightly more positive concerning abstinent behaviors than the attitudes of the junior class. This seems to reinforce the research of Jorgensen et al. (1993) in that believing abstinence is best and actually behaving in an abstinent manner are two different things. However, this study was on a small scale and further research will need to be conducted to support this point.

In addition, as in most studies, there are variables that cannot be controlled for that could have influenced my results in either a more positive or negative direction. Factors such as parental influence, peer influence, media influence, or religious influence were not addressed in this research. These factors could all influence the sexual attitudes and behaviors of the research participants and could account for the lack of differences between the groups.

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A factor which may have also influenced the statistical data gleaned from this study was the small sample size. Had the sample size been larger, my results may have varied. Also, the small sample limited the focus of the research to only a few questions on the survey that addressed sexual behavior and attitudes/beliefs of the students. Interactions such as gender, race, GPA, reasons teens use condoms, and reasons teens choose abstinence were all possible interactions that could have been explored, if the sample size had been larger. Another possible factor that may have influenced this research and sample size was that informed consent was necessary before the students could participate. Although necessary, this may have biased my participant base and limited the amount of students who were able to participate.

In summary, this research may serve as a base for further research into the effectiveness of abstinence based sex education programs in public school systems. In particular, what programs are most effective in rural communities faced with dilemmas such as high teen pregnancy and rising STD rates. Future research may be able to pinpoint specific areas and ways to reach teens and enable them to make the best choices regarding their sexual health and well-being. Until then, hopefully, this research can still give some insight into the students attending rural high schools. Also, although caution must be used due to the small sample size, perhaps future programs may be better targeted towards the needs of students in rural communities. Perhaps this will inspire students so they can better understand possible consequences of early sexual behaviors, as well as preparing them to make the best choice regarding sex.

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Figure 1. Sexual Behavior Graph

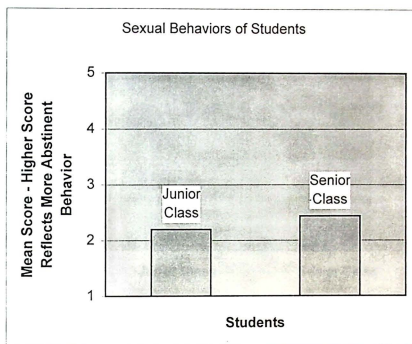
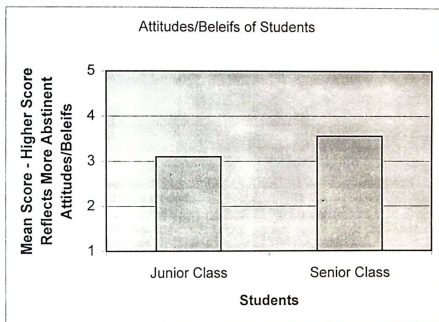


Figure 2. Attitudes/Beliefs Graph



Appendix A. SNAPP Survey Form

Questions About You

CIRCLE THE APPROPRIATE ANSWER. MARK ONLY ONE ANSWER, UNLESS OTHERWISE INSTRUCTED.

1. What class are you in?
 - a. Junior
 - b. Senior
2. Are you a boy or a girl?
 - a. Boy
 - b. Girl
3. Which group describes you best?
YOU MAY MARK MORE THAN ONE.
 - a. American Indian or Alaskan Native
 - b. Asian or Pacific Islander
 - c. Black/African-American
 - d. Hispanic/Latino, including Mexican
 - e. White-Not Hispanic
 - f. Other
4. What grades do you usually get in school?
 - a. Mostly A's and B's
 - b. Mostly B's and C's
 - c. Mostly C's and D's
 - d. Mostly D's and F's
5. What language do you speak at home?
 - a. Only English
 - b. Mostly English
 - c. About half English and half my other language
 - d. Mostly my other language
 - e. Only my other language
6. How far do you think you will go in school?
 - a. Won't finish high school
 - b. Will finish high school, but won't go any further
 - c. Will go to trade, vocational, or business school after high school
 - d. Will attend college, but probably won't complete four years
 - e. Will graduate from a four year college
7. Have you ever had a sex education class call "Why kNOw" in your 9th grade health or P.E. class?
 - a. Yes
 - b. No
 - c. I don't know

What Do You Think?

Definition: "Having sex" means having sexual intercourse, "making love", or "going all the way."

1. In your school, about how many students your age do you think have ever had sex?
 - a. None of them
 - b. A few of them
 - c. Some of them
 - d. About half of them
 - e. More than half of them
 - f. Almost all of them
2. HIV is the virus that causes AIDS. What are your chances of getting HIV if you have sex without condoms (rubbers)?
 - a. Almost no chance
 - b. A small chance
 - c. A medium chance
 - d. A big chance
3. What are your chances of getting pregnant or getting someone pregnant if you have sex without condoms (rubbers) or birth control?
 - a. Almost no chance
 - b. A small chance
 - c. A medium chance
 - d. A big chance
4. How important is it for you to keep from getting pregnant or getting someone else pregnant now?
 - a. Very important
 - b. Somewhat important
 - c. Not very important
 - d. Not at all important
5. How important is it for you to keep from getting HIV?
 - a. Very important
 - b. Somewhat important
 - c. Not very important
 - d. Not at all important

What Do You Know?

ARE THE FOLLOWING STATEMENTS TRUE OR FALSE?

1. Not having sex is the best way to keep from getting pregnant, getting someone pregnant or getting HIV?
 - a. TRUE
 - b. FALSE
 - c. I don't know

2. Most people who get HIV die from AIDS.
 - a. TRUE
 - b. FALSE
 - c. I don't know
3. If my partner and I use birth control pills, I could still get HIV or another STD.
 - a. TRUE
 - b. FALSE
 - c. I don't know
4. A girl cannot get pregnant the first time she has sex.
 - a. TRUE
 - b. FALSE
 - c. I don't know
5. Using condoms (rubbers) helps prevent against HIV, but not pregnancy.
 - a. TRUE
 - b. FALSE
 - c. I don't know

What Do You Do?

1. In the last 30 DAYS, on how many days did you drink alcohol, such as beer, wine, wine coolers, or hard liquor? (Do NOT count drinking with your parents or for religious purposes.)
 - a. I've never had alcohol
 - b. 0 days
 - c. 1 or 2 days
 - d. 3 to 5 days
 - e. 6 to 9 days
 - f. 10 to 19 days
 - g. 20 to 30 days
2. Have you ever had a serious boyfriend or girlfriend?
 - a. Yes
 - b. No
3. In the last THREE (3) MONTHS, did you try to get someone to have sex with you?
 - a. Yes
 - b. No
4. In the last THREE (3) MONTHS, did someone try to convince you to have sex?
 - a. Yes
 - b. No
5. In the last THREE (3) MONTHS, did you say no to someone who tried to get you to have sex?
 - a. Yes
 - b. No one tried to get me to have sex in the last 3 months
 - c. No
6. Have you ever had sex?

- a. Yes
 - b. No
7. In the last TWELVE (12) MONTHS, did you ever have sex when you really didn't want to?
- a. Yes
 - b. No
 - c. I have never had sex
8. If you have had sex, how many people did you have sex with in the last TWELVE (12) MONTHS?
- a. I have never had sex
 - b. I have not had sex in the last 12 months
 - c. 1 person
 - d. 2 people
 - e. 3 people
 - f. 4 people
 - g. 5 people or more
9. If you have had sex in the last TWELVE (12) MONTHS, how many times did you have sex?
- a. I have never had sex
 - b. I have not had sex in the last 12 months
 - c. 1 time
 - d. 2 times
 - e. 3 times
 - f. 4 times
 - g. 5 times
 - h. 6 times or more
10. If you have had sex in the last THREE (3) MONTHS, how many times did you have sex?
- a. I have never had sex
 - b. I have not had sex in the last 3 months
 - c. 1 time
 - d. 2 times
 - e. 3 times
 - f. 4 times
 - g. 5 times
 - h. 6 times or more
11. If you have had sex in the last THREE (3) MONTHS, how many times did you have sex without a condom (rubber)?
- a. I have never had sex
 - b. I have not had sex in the last 3 months
 - c. 1 time
 - d. 2 times
 - e. 3 times
 - f. 4 times
 - g. 5 times
 - h. 6 times or more
12. If you have ever had sex, did you or your partner use a condom (rubber) the LAST TIME you had sex?
- a. Yes
 - b. No

- c. I have never had sex
13. If you have ever had sex, were you or your partner using birth control pills the LAST TIME you had sex?
- Yes
 - No
 - I have never had sex
14. If you have ever had sex, did you drink alcohol or use drugs before you had sex the LAST TIME?
- Yes
 - No
 - I have never had sex
15. Have you ever been pregnant or gotten someone pregnant?
- Yes
 - No
 - I don't know
16. Has a doctor or nurse ever told you that you had a sexually transmitted disease (STD), for example, herpes, gonorrhea, syphilis, chlamydia or crabs?
- Yes
 - No

FOLLOWING ARE REASONS FOR NOT HAVING SEX, WHICH ONES ARE IMPORTANT TO YOU?

- I would not have sex now because I'm not ready to have sex.
 - TRUE
 - FALSE
 - I'm not sure
- I would not have sex now because I'm waiting until I get married.
 - TRUE
 - FALSE
 - I'm not sure
- I would not have sex now because my friends think it is better to wait to have sex.
 - TRUE
 - FALSE
 - I'm not sure
- I would not have sex now because I do not want to get pregnant or get someone else pregnant.
 - TRUE
 - FALSE
 - I'm not sure

5. I would not have sex now because I don't want to get HIV/AIDS or some other sexually transmitted disease (STD).
- TRUE
 - FALSE
 - I'm not sure

FOLLOWING ARE REASONS FOR HAVING SEX NOW, WHICH ONES ARE IMPORTANT TO YOU?

6. I would have sex now if someone I cared about pressured me to have sex.
- TRUE
 - FALSE
 - I'm not sure
7. I would have sex now if I had a boyfriend or girlfriend I loved.
- TRUE
 - FALSE
 - I'm not sure
8. I would have sex now to feel accepted and loved.
- TRUE
 - FALSE
 - I'm not sure
9. I would have sex now to satisfy strong sexual feelings.
- TRUE
 - FALSE
 - I'm not sure
10. I would have sex now because I want to have a baby.
- TRUE
 - FALSE
 - I'm not sure

FOLLOWING ARE REASONS FOR USING A CONDOM (RUBBER) OR OTHER BIRTH CONTROL. WHICH ONES ARE IMPORTANT TO YOU?

1. I would use a condom (rubber) or other birth control to keep from getting pregnant or getting someone pregnant.
- TRUE
 - FALSE
 - I'm not sure
 - Not sexually active
2. I would use a condom (rubber) to keep from getting HIV or another STD.
- TRUE
 - FALSE
 - I'm not sure
 - Not sexually active
3. I would use a condom (rubber) to let my partner know that I care.

- a. TRUE
- b. FALSE
- c. I'm not sure
- d. Not sexually active

FOLLOWING ARE REASONS FOR NOT USING A CONDOM (RUBBER) OR OTHER BIRTH CONTROL. WHICH ONES ARE IMPORTANT TO YOU?

4. I would not use a condom (rubber) or other birth control because I would be embarrassed to get it.
 - a. TRUE
 - b. FALSE
 - c. I'm not sure
 - d. Not sexually active
5. I would not use a condom (rubber) or other birth control because I would be embarrassed to use it.
 - a. TRUE
 - b. FALSE
 - c. I'm not sure
 - d. Not sexually active
6. I would not use a condom (rubber) or other birth control because using it would be a hassle.
 - a. TRUE
 - b. FALSE
 - c. I'm not sure
 - d. Not sexually active
7. I would not use a condom (rubber) because it wouldn't feel good.
 - a. TRUE
 - b. FALSE
 - c. I'm not sure
 - d. Not sexually active
8. I would not use a condom (rubber) because they cost too much.
 - a. TRUE
 - b. FALSE
 - c. I'm not sure
 - d. Not sexually active

What Could You Do?

1. You have been spending time with a boy or girl whom you really like. He or she wants to have sex with you, but you do not want to. Could you say "no" to sex?
 - a. Yes, definitely
 - b. Yes, maybe
 - c. No, maybe not
 - d. No, definitely not
2. You are alone with a boyfriend or girlfriend. You start to kiss and touch and it is hard to stop. You do not have a condom (rubber) or other birth control. Could you keep from having sex without a condom (rubber) or other birth control?
 - a. Yes, definitely

- b. Yes, maybe
 - c. No, maybe not
 - d. No, definitely not
3. You and your boyfriend or girlfriend have been going together, but you have not had sex. He or she claims to love you and really wants to have sex with you. You want to wait until you are older or married. Could you keep from having sex?
- a. Yes, definitely
 - b. Yes, maybe
 - c. No, maybe not
 - d. No, definitely not
4. You and your boyfriend or girlfriend decide to have sex, but he or she does not want to use a condom (rubber). Could you keep from having sex until you partner agrees to use a condom (rubber)?
- a. Yes, definitely
 - b. Yes, maybe
 - c. No, maybe not
 - d. No, definitely not

PLEASE CHOOSE ONE ANSWER FOR EACH STATEMENT

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
8. When it comes to sex, I have already decided "how far" I will go.....	a	b	c	d	e
9. <u>I believe</u> people my age should wait until they Are older to have sex.....	a	b	c	d	e
10. <u>I believe</u> it's OK for people my age to have sex With a serious boyfriend or girlfriend.....	a	b	c	d	e
11. <u>I believe</u> it's OK for people my age to have sex With someone they like, but don't know well.....	a	b	c	d	e
12. <u>I believe</u> people my age should always use a Condom if they have sex.....	a	b	c	d	e
13. Most of my <u>friends</u> think people my age should Wait until they are older to have sex.....	a	b	c	d	e
14. Most of my <u>friends</u> think it is OK for people my age To have sex with a serious boyfriend or girlfriend.....	a	b	c	d	e
15. Most of my <u>friends</u> think it's OK for people my age To have sex with someone they like, but don't Know well.....	a	b	c	d	e
16. Most of my <u>friends</u> believe people my age should Always use a condom if they have sex.....	a	b	c	d	e
17. I can show love and affection for a boyfriend or Girlfriend without having sex.....	a	b	c	d	e

18. Teens who have been going together for a long Time should be willing to have sex if their partner Wants to.....	a	b	c	d	e
19. I would have sex with someone now if I had sexual Feelings for him or her.....	a	b	c	d	e
	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
20. If my boyfriend or girlfriend wanted to have sex And I didn't, it would be OK to say no.....	a	b	c	d	e
21. If my boyfriend or girlfriend kept pushing me to Have sex when I didn't want to, I would <u>not</u> give in, Even if it meant breaking up with him or her.....	a	b	c	d	e
22. It's OK to try to talk someone into having sex, Even if they've said they don't want to.....	a	b	c	d	e
23. If your boyfriend or girlfriend has had sex with Someone before, then he or she should be willing To have sex with you.....	a	b	c	d	e
24. It is possible to say "no" to sex without hurting The other person's feelings.....	a	b	c	d	e
25. I wouldn't carry a condom (rubber) or take birth Control pills because it would mean I was planning To have sex.....	a	b	c	d	e
26. Getting pregnant now (or getting someone else Pregnant now) would really mess up my future.....	a	b	c	d	e
27. Getting HIV would really mess up my future.....	a	b	c	d	e