THE ASSESSMENT OF ATTITUDES, VALUES, BEHAVIORS AND DECISION-MAKING SKILLS RELATED TO PREMARITAL SEXUAL ACTIVITY AMONG ADOLESCENTS BEFORE THE IMPLEMENTATION OF A CHURCH-BASED FAMILY SEX EDUCATION PROGRAM

A Scholary Project for the Degree of M. S.

MICHIGAN STATE UNIVERSITY

DONNA L. RINKER

1994

THESIS

LIBRARY
Michigan State
University

PLACE IN RETURN BOX to remove this checkout from your record.
TO AVOID FINES return on or before date due.
MAY BE RECALLED with earlier due date if requested.

DATE DUE	DATE DUE	DATE DUE
[illegible]		
OCT 0 9 2008		

6/01 c:/CIRC/DateDue.p65-p.15

THE ASSESSMENT OF ATTITUDES, VALUES, BEHAVIORS AND DECISION-MAKING SKILLS RELATED TO PREMARITAL SEXUAL ACTIVITY AMONG ADOLESCENTS BEFORE THE IMPLEMENTATION OF A CHURCH-BASED FAMILY SEX EDUCATION PROGRAM

By

Donna L. Rinker

A SCHOLARLY PROJECT

Submitted to
Michigan State University
in partial fulfillment of the requirements
for the degree

Master of Science

College of Nursing

1994

ABSTRACT

THE ASSESSMENT OF ATTITUDES, VALUES, BEHAVIORS AND DECISION-MAKING SKILLS RELATED TO PRENATAL SEXUAL ACTIVITY AMONG ADOLESCENTS BEFORE THE IMPLEMENTATION OF A CHURCH-BASED FAMILY SEX EDUCATION PROGRAM

By

Donna L. Rinker

This study examines the initial assessment of the attitudes, values, decision making skills and behaviors related to premarital sexual activity among a group of voluntary adolescents (age 12-18) of a Western Michigan church community, before the implementation of a Family CARES (Christian Approach Regarding Education on Sexuality) church-based family sex education program. In this current study, attitudes and values regarding abortion, homosexuality, pornography and decision-making skills related to premarital sexual activity were reported as conservative, but the adolescents are reporting risky sexual activity (petting, oral sex and heterosexual intercourse). Relationships between the attitudes and behaviors are interpreted in light of the conservative self-report among the adolescents.

Piaget's cognitive developmental theory was utilized in assessing the initial assessment data and was used in the development and implementation of the adolescent curriculum. The cognitive stage of development will be considered in further assessments and considering the outcomes of this current and ongoing church-based family sex-education program.

ACKNOWLEDGEMENTS

I express my sincere gratitude to my Scholarly Project Committee, Dr. Linda Spence, Dr. Joan Wood, and Sue Wheeler for their help and encouragement, to Dr. George Allen, Chiung-Ying Cheng, and Kaye Arnett for their computer assistance, and to the families of my church who so willingly volunteered to participate in the important study.

A special word of appreciation to my family and Rody Rodeheaver for their support, understanding, and prayers during the completion of my MSN and project study.

TABLE OF CONTENTS

Background

The teenage sexuality crisis in the United States has been characterized by a phenomenal increase in pregnancies, abortions, sexually transmitted diseases (STD's), and psychological problems associated with premarital sexual activity (Juhasz & Schneider, 1987). There are varying opinions in society regarding the etiology and causes of adolescent sexual activity and its many consequences. One end of the continuum, emphasizes the negative consequences (pregnancy, STD's, AIDS, etc.) and how to avoid them, while the other takes a holistic approach, assisting the adolescent to understand value development and decision making skills regarding abstinence and/or sexual activity.

There has been a long history of sex education programs in the school systems, but the majority of past and present curriculums lack value development and moral decision making skills due to ambivalence about their purpose and goals. The results of these formal school programs have shown little effect on the crisis of teenage sexuality over the years (Muraskin, 1986; Gordon, 1981). The impact of sex education on sexual activity, pregnancy and contraceptive use among U.S. teenagers will not be altered until the U.S. public resolves its ambivalence over the primary goals and purpose of sex education programs (Marsiglio & Mott, 1986).

Sexuality develops in the family of origin. The parents' attitudes and their perception of their own sexuality is the greatest influence on children and adolescents (Santrock, 1993). A childrens' ministry survey of adolescents by Yount (1992) indicated that parents should teach

children sex education in the home. Because parents are not always comfortable with communicating all the details of sexuality, there has been an emerging interest in promoting formal church sponsored family sex education programs (Penner & Penner, 1992). A church sponsored family sex education program may provide family members with the opportunity to receive the complete facts, to establish open and ongoing communication between the parent and child, and also to receive support from peers and educators. Many families have selected the church for sex education because the individual and family are viewed as a "whole" being. This view recognizes the church as an appropriate setting for promoting the development of "a healthy holistic sexual being" (Marcellino, 1993).

PROJECT QUESTION

What are the current attitudes, values, decision making skills and behaviors related to premarital sexual activity among the adolescents at GBC before the implementation of a Family CARES (Christian Approach Regarding Education on Sexuality) program?

PURPOSE AND SIGNIFICANCE

The purpose of this scholarly project is to assess the attitudes, values, behaviors and decision-making skills regarding premarital sexual activity among the adolescents at GBC. Prior to implementing GBC's Family CARES program, evaluation of baseline information is essential to the Family Nurse Practitioner (FNP) Candidate to assess the current values, attitudes, behaviors and decision-making skills specific to sexuality and premarital sexual behavior among the adolescents at GBC. Thus, the FNP (Family CARES Chairperson) will participate in the

development of this church based family sex education program (Family CARES).

The overall objective of the GBC's Family CARES program and curriculum is to involve the family in the process of developing a healthy and holistic sexual being. The ultimate goal of this church-based family sex-education program is to: provide Christ-centered and family oriented sexuality education to parents, adolescents and children that is consistent with Biblical teachings at GBC. The church will provide the training, counseling, support and resources for family sex-education to be taught in the church and the home of families within the congregation.

The expected outcomes and/or goals of this program are: increased family communication regarding sexuality issues, increased parental, child and adolescent sexuality knowledge; increased child and adolescent self-esteem; increased respect for the other gender; ability of the adolescent to process decision making skills related to attitudes and values, and decreased premarital sexual activity of the adolescent. Although all outcomes are important, this project will only examine the area of values, attitudes and decision-making skills of adolescents related to premarital sexuality/activity prior to the implementation of this GBC's Family CARES program. Further discussion of this component follows.

CONCEPTUAL DEFINITION

Three terms need to be defined in this project: a) GBC's Family CARES program, b) attitudes and values, and c) decision making skills related to premarital sexual activity among the adolescents. The GBC's Family CARES program is an ongoing curriculum designed to assist the

family in understanding the physical/psychosocial/cognitive/moral/spiritual growth and developmental stages of the child/adolescent; prepare the parent and adolescent to participate in ongoing communication about sexual awareness and issues; promote positive self-esteem and respect for sexual identity and intimacy within the child/adolescent; assist the child/adolescent in value based decision-making skills; and promoting understanding of the Biblical reason for abstinence and consequences of premarital sexual activity.

Sexual attitudes and values have shown some significant changes over the past 20 years (Gordon & Gordon, 1989). Attitudes and values within this project is defined as; one's own personal thoughts, opinions, beliefs and influences regarding sex education, premarital sex and sexuality issues (e.g., homosexuality, abortion, rape, etc.). Values are transmitted from one generation to another generation and become the stable basis of principles which guide behavior and provide the foundation for moral development (Juhasz & Schneider, 1987). Thus, these attitudes and values are related to the decision making skills and demonstrated by adolescents through their sexual behaviors. Decision making skills refer to: 1) the identification of the problem and the decision to be made, 2) being aware of one's own personal needs, 3) the identification of past and present influences, 4) the ability to differentiate sexual feeling from sexual behavior, 5) the consideration and utilization of alternative expression and recognition of sexual drives, 6) the examination of the consequences (physical, social, psychological, emotional, and spiritual) for each alternative, 7) clarification of values and goals, and 8) acting on the decision and evaluating the consequences of the decision.

CONCEPTUAL FRAMEWORK

In order to understand the physical, social, intellectual, spiritual and sexual changes as well as the normal responses and behaviors of the adolescent, the FNP Candidate needs to consider and assist the family in understanding cognitive development during the various stages of the life cycle. For this project, Piaget's cognitive developmental theory was utilized to guide the FNP in the development and implementation of adolescent curriculum. This project will focus on the cognitive abilities of adolescents (ages 12-19).

According to Piaget and followers, the ability to think logically in terms of cause and effect, to foresee certain events in the future in relation to actions in the present, to think objectively about one's self, and to consider the right's of others, grows markedly during adolescence as part of cognitive development (Ginsburg & Opper, 1988). Because the adolescent (12-17) is moving from concrete into the formal stage of cognitive functioning, they can simultaneously consider several factors or variables in solving problems, consider the probabilities, and their thoughts are enlarged to include the perspective of others. The adolescent is now more self-conscious and self centered but has the ability to think introspectively about one's thoughts and the ability to understand the symbolic meaning of metaphors (Santrock, 1993). Thus, we can conclude that cognitive development can incorporate some of the decision-making skills regarding personal sexuality, love, relationships and sexual activity in the adolescent age. Given the difference between concrete and formal operations, Marcellino, (1993) advises that "health professionals and child development educators consider the cognitive

stage of development when considering sex education programs and the outcomes based on these programs now and in the future".

NURSING THEORY

Roy's Adaptation Model provides an appropriate nursing framework for church-based family sex-education programs. Roy and Andrews (1992) emphasize that the person and family has a belief system that involves spiritual beliefs, practices and philosophies that may influence all aspects of a person's life. The church and family are major support systems for the adolescent, therefore, this belief system may have specific influences on health practices and adaptation to one's own sexuality.

Using Roy's Adaptation Model, the FNP Candidate as GBC's Chairperson will implement various nursing interventions after completion of the project's findings, within the development of the program and the ongoing evaluation process. Within the role of assessor and researcher, the FNP will identify the church/family sex education needs and collect data (pretest) that will assist in the diagnosis of problems accurately. The cognitive level and functioning of the child/adolescent and parents will be considered before the FNP Candidate utilizes the role of educator, counselor, collaborator, and supporter.

These roles will assist the individual with adapting to the stressors and/or changes of his/her life cycle. Roy's theory also stresses the health promotion aspect of the individual/family and the importance of manipulating the environment in order to achieve an optimal level of health and wellness (attitudes, values and decision-making).

REVIEW OF LITERATURE

There have been numerous research studies done regarding the benefits and lack of effectiveness of sex education programs. Zelnik and Katner (1981) acknowledge that there is limited evidence of any benefits of sex education. Kirby (1984), a former advocate of school-based clinics, acknowledges that sex education programs can increase knowledge, but these programs have relatively little impact on the values and decision-making skills of the adolescents. Stout (1989) examined five different studies on the effects of sex education and concluded that sex education has little impact on changing premarital sexual activity, promoting birth control and reducing teenage pregnancy rates. The findings of Marsiglio & Mott's (1986) study indicate that prior exposure to a sex education program is positively correlated with the initiation of sexual activity at an earlier age compared to adolescents without formal sex education programs. Therefore, the findings of these studies indicate that the present knowledge-focused programs are not changing the decision-making skills and/or behaviors of premarital sexual activity.

In explanation of the ineffectiveness of sex education, child development and family studies done by Franz (1987) indicate that the "sex education programs are failing because they have failed to evaluate the cognitive ability of the child/adolescent audience that they are attempting to reach". The author concludes that present programs are geared for the adult formal operations regarding sexual decision making and relationships involving love rather than the adolescent concrete thinking abilities. Therefore, the timing of sex education to the early and late adolescent is crucial in the effectiveness of such programs.

Research by Richards (1990) investigated the failure of sex education with teenagers. His report supports the testimony of child development experts, confirming that sex education that is too graphic during the latency and concrete operations period (age 7-12) is unwarranted and potentially harmful. These child development experts base their reasonings on Piaget's cognitive and Kohlberg's moral development of children.

In contrast to the studies indicating sex education is not effective, Dawson (1988) found that the more knowledgeable a person is about their sexuality, the less likely he or she is to engage in early sexual activities.

Olsen, Weed, Ritz and Jensen (1991) compared the effects of three abstinence sex education programs on student attitudes and premarital sexual activity. The results supported the fact that attitudes and decreased premarital sexual activity were positively influenced by the programs. The interaction between the program and age appeared to be a much more important factor than age itself in predicting premarital sexual activity among the adolescents. Therefore, all programs will not be effective in a general adolescent age range from 12-19. Program content and approach needs to be tailored to the different cognitive levels of the child/adolescent.

In summary, it is important to note that the past and current studies are limited in the evaluation of church-based family approaches to sex education and the subsequent impact on decision-making skills which decreases premarital sexual activity. Because parents have a powerful influence on childrens' and adolescents' sexual values through what they say and model, further studies are needed to examine the

relationship between attitudes, values, and decision-making skills and adolescent sexual behavior.

Dyk's (1990) study on teenage sex-related values and behavior discovered that the more openly parents discussed their own sexuality, values and beliefs with teens, the less likely their adolescents displayed either negative sexual attitudes or promiscuous behavior. Mullis' (1988) survey of college students indicate that 96 percent of the students thought that sex education should come from the parents, but only half of the students claimed that their parents had ever discussed sexuality information in the home. Chilman's (1990) promotion of healthy adolescent sexuality supports the role of parents in the communication and provision of sex education in order to change the attitudes, behaviors and decision-making skills, therefore, reducing premature sexual activity in the adolescent. Adolescents can be taught problem-solving and decision making skills that will help them choose their own behaviors responsibly (Duncan-Ricks, 1992).

The church is a needed and appropriate setting to provide sex education resources to families (LaHaye, 1993). It can assist the families with sexual matters by providing: 1) sexuality classes for families, 2) a library of resources, 3) parental support groups, 4) professional counseling, and 5) an active-effective youth program.

Outcomes of various church-based family sex education programs indicate that these programs have been and are effective in promoting healthy sexuality within the family, positive decision-making regarding premarital sexual activity and reducing premarital sexual activity (Richards, 1990). Studies by Green & Sollie (1989) examined the effects of a church-based sex education program on communication between

adolescents and their parents and peers on such sexual topics as values, sexual attraction, and sexual identity. Their results confirmed that adolescents self-disclosure and communication with parents increased significantly over a 4-month period and decreased slightly with peers and best friends. These findings are encouraging and suggest the positive impact of such programs on parent-adolescent communication regarding sexual issues.

In addition, the finding that communication with parents increases more than communication with peers suggest that parental fears of sex education courses infringing on their role in talking to their children about sexuality are unwarranted. These increases in communication may also be due in part to parental involvement in the early stages of the program. Thus, increased communication with parents regarding sexual issues appears to be an important element in developing positive sexual attitudes, decision-making and behaviors in adolescents.

CURRENT CHURCH-BASED FAMILY SEX EDUCATION PROGRAMS

Jacknik, Isberner, Gumerman, Hayworth & Brauning-McMorrow (1984) investigated the outcomes of OCTOPUS- a church-based sex education program for teens and parents. This program was designed to promote Open Communication Regarding Teenagers Or Parents Understanding of Sexuality (OCTOPUS). It demonstrated positive results with enhanced communication skills between parents and teenagers (conveying factual information) and developed decision-making skills among the adolescents that were supported by values and purpose for their lives.

An Alternative National Curriculum for Responsibility (AANCHOR), another church-based program has also shown a positive influence in promoting family and adolescent communication regarding sexuality issues

(Richards, 1990). The students reported higher family strengths (loyalty), greater discussion with parents about sexual values and beliefs, and more abstinent attitudes and behaviors regarding premarital sexual involvement.

Another educational program that involves the parents and church as educators in child/adolescent sex education is Family Values and Sex Education (FVSE). This curriculum was originally designed for public schools, but has been used in the church as the foundation for understanding quality family relationships, exploration of communication and decision-making, reproduction, AIDS, and fostering future families of high quality. McDowell's (1992) evaluation of this program indicates that communication between parents and teens increased significantly on topics such as; love and infatuation, sexual pressure, relationships, responsibilities and decision-making. Further research is needed to determine if church-based family sex education programs will influence decision-making skills related to premarital sexual activity and behaviors.

IMPLEMENTATION OF A CHURCH-BASED FAMILY SEX EDUCATION PROGRAM

An important aspect of the implementation of this scholarly project is the utilization of the FNP Candidate within the church and family setting. The FNP identified for this project, a member of the church, is in a unique position to implement the developed church based family sex education program. The roles and expertise of the FNP are a valuable asset to the church community by assisting the parents and their adolescents/children in understanding their sexuality as it relates to the spiritual, psychological, physical and social well-being.

Planning of this project occurred after the formation of a Sex-Education committee (GBC's Family CARES) which was chaired by this FNP Master's candidate. The candidate was joined by a committee of church members, i.e., Family M.D., Family psychologist, Youth Minister assistant, Christian Education Director, two traditional mothers, a retired nurse and grandmother, pediatric registered nurse, and a set of parents of adolescents, which were selected by the Christian Education Director. The committee developed goals and objectives for comprehensive but flexible program that could be modified to meet the needs of the teachers, parents, children and adolescents on a yearly basis. Many of the professionals of the team will assist the FNP in the future education and counseling of teachers, parents, children and adolescents.

The GBC's CARES Committee conducted a formal informational meeting with the parents and families in the church to discuss projected plans and objectives for the comprehensive family-based sex education program. Feedback from the parents and adolescents was encouraged in order to assist the CARES Committee with the future planning of dates for implementation and curriculum needs. With the assistance of the Christian Education Director, the FNP Candidate has developed a curriculum based on the assessment data obtained from the adolescents. Sex education materials for the curriculum were evaluated and critiqued using the guidelines/criteria listed in Appendix D. For the purpose of this project, only the adolescent curriculum will be outlined in Appendix E.

The first step in the educational process will be to educate and equip the parents to understand their adolescents sexuality

(physical/psycho/moral/cognitive/spiritual). The goal of this mini-course will be to prepare the parents to become comfortable with family and church-based sex education and to promote their role as the primary educators of sex education. Curriculum program topics in these sessions will include: 1) physical, cognitive, social, moral, sexual and spiritual maturation as it relates to the stages of growth in the adolescent; 2) sexual identity; 3) self-esteem; 4) independence; 5) setting limits; 6) communication and listening skills between the parent and adolescent; 8) understanding adolescent's decision-making skills; 9) values and beliefs; 10) preparing the adolescent for dating; 11) love and relationships; 12) current issues/pressures related to premarital sexual activity among the adolescents and; 13) the consequences of the adolescent's decision. The ongoing evaluation tool of GBC's CARES program has been designed to examine the program's influence on adolescent attitudes, values and decision-making skills regarding premarital sexual activity.

The adolescent curriculum and objectives will be split into early (12-14 years) and late (15-19 years) adolescent groups to facilitate the cognitive, physical, intellectual and social needs of each age group. Because the early adolescent (ages 12-14) is most likely in the concrete stage, teachings will review the anatomy and physiology and changes of puberty that have and are still occurring. The church and family will help the young adolescent to understand the transition from childhood to adolescent to adulthood, coping with the changes, self-identity, review family roles and relationships, identify positive characteristics between males and females, preparation for dating, identification and defining infatuation vs. love, how to end a relationship positively, and

recognition of the potential for date rape and sexual abuse with the puppet ministry. There will be time set aside for separate and joint gender discussion groups to process these concepts and teachings.

Curriculum for the older adolescent (15-19) moving into the formal operations stage, will focus on; 1) the adolescent's role/communication within the family unit, 2) appreciation and definition of sex and sexuality, 3) current cultural and biblical views of sexuality, 4) dating relationships, respect and communication with the opposite gender, 5) the responsibilities and consequences of premarital sexual activity, (i.e., pregnancy, STD's), 6) decision making skills regarding sexual activity, and 7) goals and planning for the future.

The GBC's Family CARES program will be evaluated annually using the same questionnaires that were used for the initial assessment of the adolescents. This annual assessment will enable to FNP and Family CARES Committee to evaluate the effectiveness of the program as demonstrated by documented changes in the attitudes, values, decision-making skills and premarital sexual behaviors among the adolescents in this church community.

METHODS/SAMPLE

All families with adolescents (12-19) were eligible to participate in the project and received a letter (Appendix A) explaining the project and asking for their participation. A total of 46 adolescents and 56 parents representing 28 families, volunteered and consented to participate. All information given by the family members, the parents and the adolescent, was kept in strict confidence. No one, including the FNP Candidate, was able to associate the responses with the individual or family name. Individual responses were not shared within

or outside the family. Each participating family was asked to select a common date, time and location when the participating members were able to complete individual paper and pencil questionnaires, which could be completed in approximately 15-30 minutes (Appendix A). The project and procedures were reviewed by the University Committee on Research Involving Human Subjects' (UCRIHS) and approved for the protection and the rights and welfare of human subjects.

QUESTIONNAIRE

The Sexuality Attitude Inventory for Early Adolescents (SKIEA) (Hamrick, 1988) and Sex Knowledge and Attitude Test for Adolescents (SKAT-A) (Lief, Fullard, & Devlin, 1990) was given to each voluntary adolescent (age 12-19) and his/her parents from the church congregation. Although parents were requested to participate in the initial assessment, only the adolescent responses are presented for this project.

The SKIEA (Appendix C) for adolescents explores attitudes in the areas of decision-making, peer relationships, family relationships, communication, and growth and development. This inventory utilizes a forced-choice, four-point Likert scale. Reliability (test-retest) scores of this scale are .92 with adequate support that the instrument contains stability. The SKAT-A (Appendix-D) instrument also utilizes a four-point Likert scale and contains three main sections: knowledge, attitudes (sexual myths, responsibility, sex and its consequences, and sexual coercion) and behavior (sexual behavior and experience). Because the proposed goals and objectives of this church-based family sex education curriculum is not knowledge (anatomy and physiology) focused, the knowledge section has been eliminated from the questionnaire.

The results of test-retest and internal reliability assessments indicate that the scales/subscales possess adequate temporal stability (.91) and internal consistency (.89) (Lief, Fullard & Devlin, 1990). The instruments include a formula for scoring the responses to both conservative and liberal questions to determine the attitudes of the adolescents, i.e., Conservative = 1-2, Liberal = 3-4.

ANALYSIS/RESULTS

The adolescent sample was composed of 39 percent males and 65 percent females; 100 percent white Caucasian; from two-parent intact homes. Ages of the adolescent sample ranged from 12-19 with the (mean age of 15.3). All of the participating adolescents attended school (grades 7- Freshman in college). The demographic characteristics of this adolescent sample is quite similar to the general population of adolescents in this West Michigan church community. Sixty-eight percent of the mothers and 95 percent of fathers were employed outside of the home. Average income of the family was not requested. Twenty-one percent of the mothers and 46 percent of the fathers had graduated from a 4-yr and/or above college level.

A preliminary analysis examined the current attitudes, values, and decision-making skills regarding premarital sexual activity as well as premarital sexual behaviors among the adolescents at GBC. Tables 1-5 provide the means and standard deviations among the adolescents regarding attitudes related to decision-making skills, pornography, abortion, homosexuality and premarital sex.

In scoring the means of the attitudes listed in Tables 1-5 it can be concluded that the adolescents participating in this project are on the conservative end (M=1.94) of the instrument scale in their

Table 1. Adolescent Sexuality Attitudes and Decision-Making Inventory

Concept	Question	n	Mean	SD
Decision-making skills	#1	46	1.512	.59
	#2*	46	1.267	.67
	#3*	46	1.651	.80
	#4	45	1.786	.56
	#5*	46	1.395	.54
	#6	45	1.905	.61

*Reverse score Composite *1.586
n=number of adolescents responding to question

Table 2. Adolescent Attitudes/Values Inventory: Pornography Attitudes

Question	n	Mean	SD
#3	45	1.786	.89
#8	45	2.714	.80
#15	41	2.718	.79
#27*	42	1.897	.96
#39*	44	0.561	.89

*Reverse score Composite * 1.935
n=number of adolescents responding to question

Table 3. Adolescent Attitudes/Values Inventory

Question	n	Mean	SD
#1*	45	1.548	1.07
#5	45	3.619	.58
#14	41	3.053	.79
#18*	44	1.707	.90
#24	44	1.439	.50
#37	45	2.690	1.02

*Reverse score Composite * 2.342
n=number of adolescents responding to question

Table 4. Adolescent Attitudes/Values Inventory: Abortion Attitudes

Question	n	Mean	SD
#11	45	2.952	1.03
#17	46	1.698	.83
#29*	40	1.189	.70
#34	45	3.143	.84

*Reverse score Composite * 2.651
n=number of adolescents responding to question

Table 5. Adolescent Attitude/Value Inventory: Premarital Sex Attitudes

Question	n	Mean	SD
#9	46	1.419	.62
#12	46	1.419	.58
#22	46	1.721	.91
#25	46	1.302	.47
#35	46	3.791	.41
#36	46	1.349	.61
#42*	46	0.209	.41

*Reverse score Composite *2.113
n=number of adolescents responding to question
Scale: Strongly agree (1); Agree (2); Disagree (3);
Strongly disagree (4)
* Reverse Score on Liberal questions

decision-making, beliefs and values regarding homosexuality, abortion, pornography and premarital sexual activity. Attitudes regarding masturbation were inconclusive due to the lack of respondents (35%) answering the questions. This may be due to an undecided answer or anxiety regarding the nature of the question. When comparing the adolescents self-rating of sexual views (M=3.75) on a 1-10 continuum (1=conservative and 10= liberal), the self-rating is slightly more conservative than the responses in the attitudes and values section (M=1.94) on the instrument continuum (1-4).

Additional information was gathered in the demographic baseline information about communication levels and comfort among the adolescents to assist the FNP Candidate in understanding the needs and desires of this adolescent church population. Sixty-three percent of the adolescents responded that they were not comfortable communicating with their parents about sexual issues. Sixty-six percent of the adolescents felt uncomfortable communicating with church leaders about sexuality issues and 52 percent of the adolescents stated that sex-education is needed in the church. Primary sources of sex-education reported by the adolescents were; 40 percent from the media (TV, movies, magazines, etc.), 25 percent from parents, and 35 percent from school and friends.

Table 6 lists the current sexual behaviors of the participating adolescents at GBC. Age of the onset of dating among the participating adolescents ranged from 13-17 with 60 percent of the dating adolescents starting to date at the mean age of 15.2.

In examining the behaviors of the participating adolescents at GBC, the reasons for having sexual intercourse and abstaining from sexual intercourse are listed in Table 7. No pregnancies, abortions, or

Table 6. Current Sexual Behavior Inventory

Activity	n	%
Kissing	40	55
Petting	41	24
Oral Sex	43	14
Heterosexual Intercourse	43	4
Homosexual Intercourse	44	2
Masturbation	43	32
Viewing Pornography	44	16
Reading Pornography	43	25
Sexual Fantasies	43	54

n=number of adolescents responding to questions
%=percentage of adolescents engaging in behavior

Table 7. Behavior Inventory

Reason for Abstinence from Sexual Intercourse	n	%
Religious belief only	44	47
Religious belief/Parental pressure	44	29
Not Ready	44	4
Don't Want to/Not Ready	44	7
Don't want to	44	2
Other	44	2

Reasons for Sexual Intercourse	n	%
I was ready	44	2
Drunk/High	44	2
Other	44	2

n=number of adolescents responding to question
%=percentage of adolescents engaging in behavior

Table 8. Correlations Between Premarital Sexual Attitudes and Behaviors.

Premarital petting	p= .098	$p \leq .05$
Premarital oral sex	*p= .006	$p \geq .05$
Premarital intercourse	p= .429	$p \leq .05$

sexually transmitted diseases were reported as a result of the adolescents premarital sexually activity.

In light of the scored conservative attitudes and values regarding premarital sexual activity, and a conservative self-rating of sexual views, the GBC's adolescents are demonstrating some liberal and risky premarital sexual activities/behaviors. Although a large percentage (96%) of the participating adolescents are not engaging in sexual intercourse, their current risky physical/sexual behaviors of petting and oral sex indicate conflict and alteration in decision-making skills, although they are professing to have conservative attitudes and values regarding premarital sexual activity.

DISCUSSION

This current project examined the initial assessment of the attitudes, beliefs, values, decision-making skills and the behaviors of a small sample of the adolescents of GBC. Much of the literature indicates that attitudes and values are related to the decision-making skills and behaviors in regard to premarital sexual activity. To determine significant relationships, a correlation analysis was performed between attitudes toward premarital sexual activity/behaviors and actual personal sexual behaviors. Pearson product moment correlations are listed in Table 8.

When attitudes towards sexual activity were correlated with actual sexual behavior, the Pearson's correlation coefficients demonstrated a weak relationship between attitudes and behaviors related to petting and intercourse but a significant relationship between attitudes and oral sexual intercourse. If the attitudes are conservative, it was anticipated that the sexual behavior would be markedly less (less oral

sex and petting activities that could potentially lead to sexual intercourse). These findings are particularly interesting in light of the primary reasons adolescents listed for not participating in the act of sexual intercourse (i.e., religious beliefs and parental pressure).

In examining this initial assessment, there are some limitations to this project. First, only a small percentage (approximately 25%) of parents and adolescents at GBC participated in this voluntary study. Possibly a larger sample size would reveal a broader range of attitudes, values, decision-making skills and behaviors. Reasons for families not participating in the project were: 1) time; 2) discomfort with revealing private information; 3) my children are pure; and 4) sex education isn't needed in this church.

Secondly, one may question the percentage of oral sex at 14 percent, when heterosexual intercourse was reported as 4 percent. The results suggest that adolescents are thinking that "oral sex" is a safe alternative to "real sex" in regard to the possible consequences and biblical boundaries. The FNP may consider adding a brief definition of oral sex in the questionnaire of this instrument in future evaluations, to decrease any confusion or error in the respondents answers.

Thirdly, the current findings reflect responses of adolescents ages 12-19 and the curriculum proposed is separated into two educational programs for the following age groups, 12-14 and 15-19. It may be necessary in the future to analyze the responses to the questionnaires according to these age groups. The results may demonstrate a difference in attitudes and values depending on the cognitive stage and age of the adolescent. Therefore, directing the planning of curriculum to meet the cognitive needs of the adolescent age groups.

In conclusion, it appears that the projected church-based family sex education program needs to be implemented in order to influence the decision-making skills of the church's adolescent members' regarding their premarital sexual behavior. Parental and religious values/beliefs need to be reinforced; and the boundaries of sexual activity within the scope of Biblical teachings need to be emphasized. A broad outline of curriculum topics to be used in the church-based family sex education program is listed in Appendix E.

Because of the controversial nature of this program, the FNP Candidate will need to consider several issues that are significant in making this church-based program a success and producing positive outcomes. With respect to program quality, it will be necessary to tailor this program to the demographics, culture (conservative Christian Reformed), religion, socioeconomics, family structure and current family attitudes and communication of this West Michigan community.

Family and adolescent demographic information will assist the FNP Candidate in evaluating the factors that may influence the outcomes of the church program (i.e., assessment of attitudes/values of parents and adolescents in the preliminary assessment). Further ongoing assessments will need to include a description of the participant population to note any changes among the adolescents age, family structure, education and attitudes regarding sex-educational needs. It is important that the FNP Candidate implementing the CBC CARES program consider the different needs of families with different levels of resources. There is a need to recognize that many of these adolescents may not feel comfortable to communicate with their parents or significant youth leaders within their church (i.e., statistics shown earlier) about sexual issues. This lack

of communication may result from parental discomfort related to their own sexuality and uncertainty on how they stand on certain sexuality issues (i.e., masturbation, birth-control, homosexuality). This lack of communication and modeling may also lead to decision-making skills and attitudes influenced by peer pressure. Therefore, the FNP Candidate strongly recommends that an educational component with the parents of adolescents be an integral part of this church family sex-education program.

CLINICAL IMPLICATIONS

The FNP Candidate will need to address sexuality as part of the ongoing assessment of the individual and/or family unit during the health prevention/promotion visits in the church/community setting. This will be an excellent opportunity to assess needs, resources, anticipatory guidance, counseling, education, referral to other resources in the community and evaluation of family needs on an ongoing basis.

Adolescent sexuality education skills are not only important within the family structure but also within the community. The FNP Candidate can take an active role in designing, implementing and evaluating the sex education programs in the local community (family, church, school) and in promoting a multidisciplinary and holistic approach to sexuality education. With the encouragement of parental involvement, this multidisciplinary approach will be in a better place to influence the adolescent population and the family/individual values and decision-making skills regarding their sexuality. The FNP can make an impact within these families and adolescents in promoting and developing a healthy holistic sexual individual.

IMPLICATIONS FOR GBC CARES PROGRAM

The project assessment findings reported here are part of the initial stage of a long-term study; subsequently, these adolescents will be given a questionnaire yearly after the sex-education curriculum is implemented. Therefore, the FNP will have the opportunity to compare the attitudes, values, decision-making skills and behaviors among these adolescents and determine if there are any changes resulting from this church-based family sex-education program. An additional yearly short evaluation form will be given to the adolescents, requesting feedback on the present GBC Family CARES program. This evaluation feedback will be utilized to make any revisions (addition, expansion, and/or deletion in the curriculum).

If adolescents are participating in risky sexual behaviors despite the conservative values and attitudes, then decision-making regarding the behaviors need to be addressed in this church-based program. Problem-solving and decision-making skills that are in congruence with their family and Biblical values need to be addressed within this program.

Adolescence can be a very traumatic time, but it can also be a period of great hope and excitement. From a developmental perspective, it is a transition period in which there is growth physically, spiritually, psychologically, socially and cognitively. If sex education is to be successful, then the programs need to include the "whole" aspect in their teachings. The church and family can assist these adolescents in moving toward positive growth and making healthy decisions based by family and Biblical values.

LIST OF REFERENCES

Chilman, C. (1990). Promoting healthy family sexuality. Family Relations, 39, 123-131.

Dawson, D. (1986). The effects of sex education on adolescent behavior. Family Planning Perspectives, 18(4), 162-171.

Duncan-Ricks, E. (1992). Adolescent sexuality and peer pressure, Child and Adolescent Social Work Journal, 9(4), 319-327.

Dyk, P. (1990). Healthy family sexuality: Challenges of assessment. Family Relations, 39, 216-220.

Franz, W. (1987). Adolescent cognitive abilities and implications for sexual decision making. Paper presented at Celebrate the Family Third Eastern Symposium, Pennsylvania State University.

Ginsburg, H. & Opper, S. (1988). Piaget's Theory of Intellectual Development (3rd ed.). Englewood Cliffs, New Jersey: Prentice Hall.

Gordon, S. (1981). The case of moral sex education in the schools. Journal of School Health. 51(4), 214-218.

Gordon, S., & Gordon, J. (1989). Raising a Child Conservatively in a Sexually Permissive World. New York: Simon & Schuster.

Green, S. & Sollie, D. (1989). Long-term effects of a church-based sex education program on adolescent communication. Family Relations, 38, 152-156.

Hamrick, M. (1988). Sexuality attitude inventory for early adolescents. Family Life Educator, 31-34.

Jacknik, M., Isberner, F., Gumerman, S., Hayworth, R. & Brauning-McMorrow, D. (1984). OCTOPUS: A church-based sex education program for teens and parents. Adolescence, 19(76), 757-763.

Juhasz, A., & Schneider, M. (1987). Adolescent decision-making: Components and skills. Adolescence, 15, 743-749.

Kirby, D. (1984). Sexuality education: An evaluation of programs and their effects. Santa Kruz, California: Network Publication.

LaHaye, T. (1993). Against the Tide. How to raise sexually pure kids in an "Anything-Goes World". Colorado Springs, CO: Alive Communications.

Lief, H., Fullard, W., & Devlin, S. (1990). A new measurement of adolescent sexuality: SKAT-A. Journal of Sex Education and Therapy. 16(2), 79-91.

Marcellino, B. (1993). A personal interview with a Family Psychologist regarding family sex education in the church. April 1, 1993.

Marsiglio, W. & Mott, F. (1986). The impact of sex education on sexual activity, contraception use and premarital pregnancy among American teenagers. Family Planning Perspectives, 18(4), 151-162.

Mullis, R. (1988). Family influence on sexual attitudes and knowledge as reported by college students. Adolescence, 23(92), 837-845.

Muraskin, L. (1986). Sex education mandates: Are they the answer. Family Planning Perspectives, 18(4), 171-174.

Olsen, J., Weed, S., Ritz, G. & Jensen, L. (1991). The effects of three abstinence sex education programs on student attitudes toward sexual activity. Adolescence, 26(103), 631-641.

Penner, C. & Penner, J. (1992). Sex Facts for the Family: A Complete Resource. Dallas, TX: Word Publishing.

Richards, D. (1990). Has Sex Education Failed Our Teenagers? Pomona, CA: Focus on the Family Publishing.

Roy, C. & Andrews, H. (1992). The Roy Adaptation Model: The Definitive Statement. Norwalk, CT: Appleton & Lange.

Santrock, J. (1993). Adolescence: An Introduction (5th ed.). Debuque, IA: WCB Brown & Benchmark Publishers.

Stout, J. (1989). The effects of sex education. Pediatrics, 3, p.1.

Yount, C. (1992, May/June). Teaching children about sex. Children's Ministry, 15-18.

Zelnik, M., & Katner, J.F. (1981). Sex and pregnancy in adolescence. Beverly Hills, CA: Sage Publications.

Appendix A

MICHIGAN STATE UNIVERSITY

COLLEGE OF NURSING E. LANSING, MI 48824-1317

November 15, 1993

Greetings:

My name is Donna Rinker and I am currently a Master's student in the Family Nurse Practitioner program at Michigan State University College of Nursing. Many of you may know me as a member of Grace Bible, involved in the music program and also as the Chair of the Family CARES (Christian Approach Regarding Education on Sexuality) Committee. I am contacting you now to share information about the project I have selected to meet my program requirements at MSU and to invite you and your adolescent to participate in the project.

As you know, the family is recognized as an important influence on the development of one's sexuality. Attitudes and values are formed in the early years of the individual, and affect the decision making skills and behaviors of the individual later in life. Providing a Christian approach regarding education on sexuality in the home and churches can be important in the development of values, attitudes and decision-making skills regarding sexuality among children and adolescents.

Due to my interest in adolescents, I am interested in gathering information regarding parental and adolescent perceptions of various aspects related to sexuality. Therefore, I am currently identifying parents and adolescents to share their perceptions by completing a questionnaire designed for this purpose. The adolescent questionnaire will assess areas such as attitudes, values, behaviors, and decision-making skills regarding premarital sexual activities. The parental questionnaire will assess values, attitudes, and decision-making regarding the parent's sexuality. I believe this project will give us baseline information about the current values, attitudes, behaviors and decision-making skills of the families at GBC. This information will enable us to evaluate the impact of GBC's Family CARES program on our adolescents' attitudes, values, behaviors and decision-making skills regarding premarital sexuality.

All information given by family members, the adults and the adolescent, will be anonymous. No one, including myself, will be able to associate the responses will not be shared with other family members. Each participating family will be asked to select a common date, time and location when the pencil questionnaires, which can be completed in approximately 30-45 minutes. The dates and times are being scheduled for November and December at church.

A composite of the project's findings which reflect the information from all the participating families will be available at the family's request. The composite will also be forwarded to the Director of Christian Education. Project information will be utilized to prepare

articles for publication in journals to assist other nurses in advanced practice, churches and/or communities in the implementation of a church-based program for families. This project information will also be used in developing curriculum for our Family CARES program, as well as implementing changes to meet the needs of families within our church.

Thank you for reviewing this information and taking the time to consider being a part of this project. I will contact you by phone in a couple of days to answer any questions or concerns that you might have.

If you choose to participate in this project I have enclosed for your review the "Consent Form" and a list of the dates and locations scheduled where you can complete the project questionnaire. Please sign the "Consent Form" and select a date/time by placing a "x" next to it on the enclosed form. Return both to me in the stamped, addressed envelope provided so that I will know in advance of the date/time selected. I will contact you prior to the date for confirmation. I will contact you prior to the date for confirmation. If this date is not convenient, please contact me by phone at 616-457-8684 to reschedule another time.

Sincerely,

Donna Rinker, RN, BSN
Master's Candidate
MSN/Family Nurse Practitioner
College of Nursing
Michigan State University
616-457-8684

CONSENT FORM

We, the undersigned, voluntarily consent to participate in a scientific and education study conducted by Donna L. Rinker, a master's student in the College of Nursing, Family Nurse Practitioner, Michigan State University. We understand that this study is being conducted under the guidance of Ms. Rinker's program committee chaired by Dr. Linda Spence and Dr. Joan Wood.

We understand that the main purpose of this study is to examine the initial assessment of attitudes, values, decision-making skills, and premarital sexual behaviors among adolescents before the implementation of a church-based family sex education program. Information about our individual sexual attitudes, values, decision-making and premarital behaviors will be sought.

We understand that each of us will complete a questionnaire which asks us about our age, sex, religious, educational level, race, human growth and development, peer relations, family relationships, communication, attitudes, values and decision-making practices.

We understand that we or any one of us may discontinue our participation at any time without penalty, are free not to answer certain questions, and may contact Ms. Rinker at 457-8684 if we should have any questions or concerns about the study.

We understand that our responses will not be identified individually but will be incorporated into a composite of the study's findings which will include information from all participating families; that a copy of this composite will be made available upon our request; that information given by each of us is not available to other family members who complete the survey; and that our individual responses will remain anonymous, so that even Ms. Rinker is unable to associate our responses with our name.

We desire to participate in this study and consent and agree. We/I, as legal parent(s) of the young adolescent named below, given our/my permission for him/her to participate in the study.

_____ _____

Adult Female Signature **Date**

_____ _____

Adult Male Signature **Date**

_____ _____

Adolescent Signature **Date**

_____ _____

Adolescent Signature **Date**

_____

Address City State Zip

PLEASE MAIL THE CONSENT FORM IN THE STAMPED ENVELOPE BY _____

Please check the date and time that you would like to come to the church to complete the questionnaire. If these dates and times are not convenient, please contact me at 457-8684 to arrange another date. After receiving your confirmation, I will be contacting you by phone 2-3 days before the scheduled date and time for completing the project questionnaire. Please come to the room listed below and pencils will be provided for completing the questionnaire.

Thanks again for your time and consideration. Your participation is much appreciated and will be most useful in meeting the needs of the parents and adolescents here at GBC.

November 30 (T)
4:30 PM _____
5:15 PM _____
6:00 PM _____
6:45 PM _____
7:30 PM _____
8:15 PM _____

December 2 (Th)
4:30 PM _____
5:15 PM _____
6:00 PM _____
6:45 PM _____
7:30 PM _____
8:15 PM _____

December 3 (F)
4:30 PM _____
5:15 PM _____
6:00 PM _____
6:45 PM _____
7:30 PM _____
8:15 PM _____

December 4 (Sa)
10:30 AM _____
11:15 AM _____
12:00 PM _____
12:45 PM _____
1:30 PM _____
2:15 PM _____
3:00 PM _____
3:45 PM _____

December 6 (M)
4:30 PM _____
5:15 PM _____
6:00 PM _____
6:45 PM _____
7:30 PM _____
8:15 PM _____

December 9 (Th)
4:30 PM _____
5:15 PM _____
6:00 PM _____
6:45 PM _____
7:30 PM _____
8:15 PM _____

December 10 (F)
4:30 PM _____
5:15 PM _____
6:00 PM _____
6:45 PM _____
7:30 PM _____
8:15 PM _____

December 11 (Sa)
10:30 AM _____
11:15 AM _____
12:00 PM _____
12:45 PM _____
1:30 PM _____
2:15 PM _____
3:00 PM _____
3:45 PM _____
4:30 PM _____

December 13 (M)
4:30 PM _____
5:15 PM _____
6:00 PM _____
6:45 PM _____
7:30 PM _____
8:15 PM _____

Appendix B

MICHIGAN STATE
UNIVERSITY

November 11, 1993

TO: Donna Rinker, RN, BSN
8020 Grove Drive
Jenison, Michigan 49428

RE: IRB #: 93-523
TITLE: THE ASSESSMENT OF ATTITUDES, VALUES, BEHAVIORS AND DECISION-MAKING SKILLS AMONG ADOLESCENTS PRIOR TO THE IMPLEMENTATION OF A CHURCH-BASED FAMILY SEX-EDUCATION PROGRAM
REVISION REQUESTED: N/A
CATEGORY: 1-C
APPROVAL DATE: October 29, 1993

The University Committee on Research Involving Human Subjects' (UCRIHS) review of this project is complete. I am pleased to advise that the rights and welfare of the human subjects appear to be adequately protected and methods to obtain informed consent are appropriate. Therefore, the UCRIHS approved this project including any revision listed above.

Renewal: **UCRIHS approval is valid for one calendar year, beginning with the approval date shown above.** Investigators planning to continue a project beyond one year must use the green renewal form (enclosed with the original approval letter or when a project is renewed) to seek updated certification. There is a maximum of four such expedited renewals possible. Investigators wishing to continue a project beyond that time need to submit it again for complete review.

Revisions: UCRIHS must review any changes in procedures involving human subjects, prior to initiation of the change. If this is done at the time of renewal, please use the green renewal form. To revise an approved protocol at any other time during the year, send your written request to the UCRIHS Chair, requesting revised approval and referencing the project's IRB # and title. Include in your request a description of the change and any revised instruments, consent forms or advertisements that are applicable.

Problems/ Changes: Should either of the following arise during the course of the work, investigators must notify UCRIHS promptly: (1) problems (unexpected side effects, complaints, etc.) involving human subjects or (2) changes in the research environment or new information indicating greater risk to the human subjects than existed when the protocol was previously reviewed and approved.

If we can be of any future help, please do not hesitate to contact us at (517) 355-2180 or FAX (517) 336-1171.

Sincerely,

David E. Wright, Ph.D.
UCRIHS Chair

DEW:pjm

cc: Dr. Linda Spence

OFFICE OF
RESEARCH AND GRADUATE STUDIES
University Committee on Research Involving Human Subjects (UCRIHS)
Michigan State University
225 Administration Building
East Lansing, Michigan
48824-1046
517/355-2180
FAX 517/336-1171

MSU is an affirmative action

Human Subjects Protection Procedures

There were no obvious physical or psychological risks to the individuals and families participating in this project. Although there may have been some anxiety about answering questions about sexuality (attitudes and behaviors), the following procedures were used to assure anonymity to the adolescents and parents.

1. Only the investigator had contact with the families to confirm their participation and mail summary study findings.
2. The investigator was present at each data collection site to assure proper data collection approaches were followed.
3. Although the names of the participating families were known, the information the individuals provided will remain anonymous.
4. The family name was used only to confirm that the family present was the family which agreed to participate and that a signed consent form had been received. Additional consent forms were available as needed.
5. The adolescent in each family was allowed to select a family packet from the box of prepared packets. A packet was composed of three-five envelopes. A questionnaire was in each envelope.
6. Each participating family member received an envelope with a questionnaire booklet. The booklet was coded so that the information was later related to others in the same family,1 i.e., by family type, by number, and by individual status. The status of the individuals were identified as F=father, M=mother, and A=adolescent. Examples of the complete code are 1F, 1M, and 1A for a family.
7. The initial page in the questionnaire requests that the respondents refrain from placing his or her name on the questionnaire and states that the respondent is free not to answer any item.
8. Each participant was asked to insert the completed questionnaire into its envelope and place the envelope in a collection receptacle upon exiting the site. This receptacle was a sealed box with a slot on the top. Envelopes were collected in the box until no additional envelopes could be inserted by the participants.

Appendix C

*Each envelope is marked with a number and a letter.

M=Mother
F=Father
A=Adolescent

*Please take the envelope/questionnaire that is appropriate for you (do not place you name on any of the booklets or envelopes).

*Please do not discuss any of the questions with your family members. Parents, you may leave questionnaire before your adolescent.

*After you have completed the questionnaires, please seal your envelop and enclose it in the large envelope. The large envelope is to be deposited in the wooden box as you exit the building.

Thank you for your time and consideration in assisting with this important project.

Background Information Section

PLEASE NOTE: All your answers to these questions will be kept in strict confidence. When you are asked specific information it is only for project purposes. Please be honest when answering these questions. Try to answer every question. If you are unable to answer the question, please leave it blank. If a question does not apply to you, please put **N/A**.

1. Age_____
2. Sex/gender _____male _____female
3. What grade are you in now? (If you are not in school, please complete 3a).

Jr. High	Sr. High	College
____7th	____9th	____Freshman
____8th	____10th	____Sophomore
	____11th	
	____12th	

3a. If you are not in school, why aren't you in school?
____Graduated ____Expelled
____Dropped out ____Refuse to attend
____Other, please specify_____

3b. If you are not in school, what is the highest level you have completed?
_____less than 7th grade
_____Jr. High (9th grade)
_____Some High School (9-11th grade)
_____Graduated from High School
_____Some technical or community college
_____Graduated from college (4 year)
_____Graduate degree
_____Doctorate degree

4. Are you employed?
_____No _____Yes _____Not applicable

5. What is your occupation?_____

6. Race (check only one)
_____Alaskan/American
_____Black (Not Hispanic)
_____Hispanic
_____Oriental/Pacific Islander
_____White/Caucasian
_____Other _____

7. Who lives with you right now?

_____mother	_____stepmother	_____grandmother
_____father	_____stepfather	_____grandfather
_____brother	_____aunt	_____daughter(s)
_____sister	_____uncle	_____son(s)
_____friends	_____other (who?)_____	

8. Answer the following questions about your MOTHER or STEPMOTHER: ADOLESCENTS ONLY.
   a. Is your mother(stepmother) currently employed?
      _____No _____Yes
   b. What is her occupation?_____
   c. Check the highest amount of education your mother(stepmother) completed:
      ___less than 7th grade
      ___junior high (9th grade)
      ___some high school
      ___high school graduate
      ___some college or university graduation
      ___graduate degree
      ___doctorate degree

9. Answer the following questions about your FATHER (or STEPFATHER): ADOLESCENTS ONLY.
   a. Is your father(stepfather) currently employed?
      _____No _____Yes
   b. What is his current occupation?_____
   c. Check the highest amount of education your father(stepfather) completed:
      ___less than 7th grade
      ___junior high (9th grade)
      ___some high school
      ___high school graduate
      ___some college or university graduation
      ___graduate degree
      ___doctorate degree

10. Do you feel comfortable talking with your parents or children/adolescents about sexuality issues?
    _____No _____Yes

FOR ADOLESCENTS:

11. Do you feel comfortable talking with your youth or church leaders about sexuality issues?
    _____No _____Yes

FOR PARENTS AND ADOLESCENTS:

12. Do you think family sex education needs to be addressed in the church setting?
    _____No _____Yes

SKIEA
Sexuality Attitudes and Decision-Making Inventory #1

Instructions: Please read each statement below.
Circle the letters that best express how you feel about the statement using the key below:
SA: I strongly agree with this statement
A: I agree with this statement
D: I disagree with this statement
SD: I strongly disagree with this statement
Circle only one answer. Please try to answer each statement.

		SA	A	D	SD
1.	When solving a problem it is better to think of several possible solutions rather than just one solution.	SA	A	D	SD
2.	I get the best advice about decisions from my friends.	SA	A	D	SD
3.	I feel better when someone else makes my decisions for me.	SA	A	D	SD
4.	When I think my friends are doing something harmful, I should tell them so.	SA	A	D	SD
5.	I think that I should select my own friends.	SA	A	D	SD
6.	My parents should let me choose whether to spend my time with my friends or family.	SA	A	D	SD
7.	I am able to say no to friends who try to tell me to do things I don't want to do.	SA	A	D	SD
8.	There are times when parents should treat sons and daughters differently.	SA	A	D	SD
9.	Male and females should not have to act in a certain way just because they are male or female.	SA	A	D	SD
10.	It is more important for males to do well in school than it is for females to do well in school.	SA	A	D	SD
11.	I should know about the changes in my body that will happen as I become a teenager before those changes occur.	SA	A	D	SD
12.	Being the youngest child in a family has few advantages.	SA	A	D	SD
13.	I think that my parents are having a hard time realizing that I am getting older and can handle more responsibilities and freedoms.	SA	A	D	SD
14.	My parents understand me better now than they ever have before.	SA	A	D	SD

15.	My parents find it hard to give me new freedoms and responsibilities as I get older.	SA	A	D	SD
16.	I think my parents should list to me more.	SA	A	D	SD
17.	If my parents don't know the answers to my questions about sex, then they find the answer.	SA	A	D	SD
18.	Mothers should be responsible for a daughter's sex education and father's should be responsible for a son's sex education.	SA	A	D	SD
19.	It is more important for young girls to know about having babies than it is for boys to have this information.	SA	A	D	SD
20.	I think schools should provide sex education for youth.	SA	A	D	SD
21.	My parents find it hard to talk to me about sex.	SA	A	D	SD
22.	It is important for youth to have correct information about the changes of puberty in both males and females.	SA	A	D	SD
23.	My parents should only give me information about sex when I ask questions.	SA	A	D	SD
24.	My parents have given me enough information about sex.	SA	A	D	SD

SKAT
Sexuality Attitude/Values Inventory #2

1.	The decisions about having an abortion should be made by the pregnant teenager and not by the teenager's parents or boyfriend.	SA	A	D	SD
2.	Boy's who masturbate in a group will become homosexuals.	SA	A	D	SD
3.	Pornography should be banned.	SA	A	D	SD
4.	A woman should submit to a men's sexual demands.	SA	A	D	SD
5.	Abortion should be permitted whenever desired by the pregnant woman.	SA	A	D	SD
6.	Healthy sexually active people do not masturbate.	SA	A	D	SD
7.	Teenagers should have their parents permission before buying birth control.	SA	A	D	SD
8.	Only perverts look at pornography.	SA	A	D	SD
9.	Premarital sex is morally wrong.	SA	A	D	SD
10.	Parents should prevent their children from masturbating.	SA	A	D	SD
11.	Homosexuals/lesbians should be allowed to be teachers in elementary and high schools.	SA	A	D	SD
12.	Women should wait until they are married before having sex.	SA	A	D	SD
13.	Abortion is murder.	SA	A	D	SD
14.	It is okay for teen females to masturbate.	SA	A	D	SD
15.	Adolescents who look at pornography are more likely to rape their sexual partners.	SA	A	D	SD
16.	Masturbation is unhealthy.	SA	A	D	SD
17.	Homosexuals/lesbians are sick.	SA	A	D	SD
18.	Abortions should only be performed in cases of rape or incest.	SA	A	D	SD
19.	It is okay for teen males to masturbate.	SA	A	D	SD
20.	Sex education should be required in schools.	SA	A	D	SD
21.	Children should not see their parents naked.	SA	A	D	SD
22.	Sex between adolescents is not okay.	SA	A	D	SD
23.	It is a woman's fault if she gets raped.	SA	A	D	SD
24.	Abortion is a greater evil than bringing an unwanted child into the world.	SA	A	D	SD
25.	Teenagers should be encouraged to remain virgins.	SA	A	D	SD

26.	Sex education courses in high school should only teach teenagers about male and female anatomy (the parts of the body).	SA	A	D	SD
27.	All kinds of pornography are degrading to women.	SA	A	D	SD
28.	Teenage females who masturbate are queer.	SA	A	D	SD
29.	Homosexuals should be allowed to marry each other.	SA	A	D	SD
30.	The responsibility for using birth control should be shared by both man and the woman.	SA	A	D	SD
31.	Rape only occurs between strangers.	SA	A	D	SD
32.	Birth control clinics should be located in high schools.	SA	A	D	SD
33.	Teenagers who don't use birth control want to get pregnant.	SA	A	D	SD
34.	Homosexuals/lesbians can be excellent parents.	SA	A	D	SD
35.	Parents should encourage their teens to have sex.	SA	A	D	SD
36.	Parents should encourage their teens not to have premarital sex.	SA	A	D	SD
37.	A pregnant teenage girl should follow the decision of her parents regarding abortion.	SA	A	D	SD
38.	It is okay to force a woman to have sex even when she has said she does not want to have sex.	SA	A	D	SD
39.	Pornography should NOT be censored.	SA	A	D	SD
40.	Parents should be responsible for teaching their children about sex.	SA	A	D	SD
41.	It is impossible for a man to be raped.	SA	A	D	SD
42.	Women should try to get as much sexual experience as they can before they get married.	SA	A	D	SD
43.	A child is to blame when he or she has been sexually molested.	SA	A	D	SD

Behavior Inventory #3

1. How old were you when you went out on your first date?_____
   Not applicable_____

2. From who(m) did you learn about sex (please check one or more)?
   _____Friends _____Parent(s) _____Church
   _____Brother/Sister _____Television _____Movies
   _____Books/Magazines _____School _____Other
   _____Other relatives

3. How does your sexual experience compare to the experience of your friends (please check one)?
   _____I am less experienced
   _____I have the same amount of experience
   _____I am more experienced

4. How does your knowledge about sex compare to the knowledge of your friends (please check one)?
   _____I know less about sex
   _____I know about the same
   _____I know more about sex

5. Have you ever had sexual intercourse? _____No _____Yes

6. How old were you when you had sex (intercourse) for the first time? _____Years old

7. Have you ever engaged in sexual activity with a person of the same sex as you? _____No _____Yes

8. Have you ever been forced to have sex when you didn't want to (been sexually abused)? _____No _____Yes

9. Have you ever forced someone else to have sex when he/she didn't want to? _____No _____Yes

10. If you have never had sex (intercourse) why haven't you? (Please check one or more)
    _____I don't want to
    _____Religious beliefs
    _____Nobody wants to have sex with me
    _____I am not ready
    _____I can't get birth control
    _____Pressure from my parents to wait
    _____Pressure from my friends to wait
    _____Other _____

11. If you have had sex (intercourse) what made you decide to have sex the first time? (Please check one or more)
_____I was ready
_____I was in love
_____All my friends were having sex
_____I was drunk or high
_____My girlfriend/boyfriend wanted to have sex
_____I was forced to have sex
_____I wanted to have a baby
_____Other _____

12. If you are sexually active, how often do you use contraception, i.e., the pill, rubbers, etc.?
_____Never _____Most of the time
_____Sometimes _____Always
_____Not Applicable

IF YOU ANSWERED NEVER, SOMETIMES OR MOST OF THE TIME, WHY DON'T YOU USE IT EVERY TIME? (Please check one or more)
_____Not important to me
_____Can't afford it
_____Don't want my parents to find out
_____Don't know where to get it
_____Embarrassed to ask for it or buy it at the store
_____Don't know how to talk about it with girlfriend/boyfriend
_____Don't like to use it
_____My girlfriend/boyfriend doesn't like to use it
_____Against religious beliefs
_____Sometimes I don't have it with me
_____Don't know how to use it
_____Don't know which one to use
_____Don't want to interrupt sex
_____Other _____

IF YOU ANSWERED SOMETIMES, MOST OF THE TIME, OR ALWAYS, why do you use contraception?
_____Don't want pregnancy to happen
_____Don't want to get a STD (sexually transmitted disease)
_____Don't want to get AIDS
_____My girlfriend/boyfriend wanted me to
_____Someone told me to use it

13. IF YOU ARE SEXUALLY ACTIVE, how often do you use condoms (rubbers)?
_____Never _____Most of the time
_____Sometimes _____Always

IF YOU ANSWERED SOMETIMES, MOST OF THE TIME, OR ALWAYS, why do you use contraception?
_____Don't want pregnancy to happen
_____Don't want to get a STD (sexually transmitted disease)
_____Don't want to get AIDS
_____My girlfriend/boyfriend wanted me to

_____Someone told me to use it

IF YOU ANSWERED SOMETIMES OR MOST OF THE TIME, why don't you use it every time?
_____Not important to me
_____I use other things
_____Can't afford it
_____Don't want my parents to find out
_____Don't know where to get it
_____Embarrassed to ask for it or buy it at the store
_____Don't know how to talk about it with girlfriend/boyfriend
_____Don't like to use it
_____My girlfriend/boyfriend doesn't like to use it
_____Against religious beliefs
_____Sometimes I don't have it with me
_____Don't know how to use it
_____Don't know which one to use
_____Don't want to interrupt sex
_____Other _____

QUESTIONS #14 AND 15 ARE FOR FEMALES ONLY--MALES SKIP TO QUESTION #16

14. How old were you when you had your first period? _____

15. Have you ever been pregnant? _____No _____Yes
If you answered yes, how many times? _____
If you answered yes, what happened to the baby?
Did you ___keep the baby?
___have an abortion?
___give up the child for adoption?
___have a miscarriage?

QUESTION #16 IS FOR MALES ONLY

16. Have you ever gotten a girl pregnant? _____No _____Yes
If you answered yes, how many times? _____
If you answered yes, what happened to the baby?
Did she ___keep the baby?
___have an abortion?
___give up the child for adoption?
___have a miscarriage?

17. Have you visited a health care professional or clinic for issues related to sexual activity? _____No _____Yes

HOW OFTEN HAVE YOU HAD THE FOLLOWING EXPERIENCES <u>WITHIN THE LAST YEAR</u>?
(Please circle the term that closely applies to your answer).

18. Dating (going to dinner, movie, or party with boy/girl)?
Never Less than Monthly Monthly Weekly Daily

19. Going home with a stranger you have met at a party.
Never Less than Monthly Monthly Weekly Daily

20. Go on a date with a group of friends.
Never Less than Monthly Monthly Weekly Daily

21. Kissing while on a date.
Never Less than Monthly Monthly Weekly Daily

22. Petting or fondling the breasts or genitals.
Never Less than Monthly Monthly Weekly Daily

23. Oral sex.
Never Less than Monthly Monthly Weekly Daily

24. Sexual intercourse with a person of the opposite sex.
Never Less than Monthly Monthly Weekly Daily

25. Sexual activity with a person of the same sex.
Never Less than Monthly Monthly Weekly Daily

26. Masturbating (self stimulation).
Never Less than Monthly Monthly Weekly Daily

27. Viewing a pornographic movie/video.
Never Less than Monthly Monthly Weekly Daily

28. Reading a pornographic magazine.
Never Less than Monthly Monthly Weekly Daily

29. Talking with your parents about sex.
Never Less than Monthly Monthly Weekly Daily

30. Talking with your parents about contraception.
Never Less than Monthly Monthly Weekly Daily

31. Talking with your boyfriend/girlfriend about sex.
Never Less than Monthly Monthly Weekly Daily

32. Talking with your boyfriend/girlfriend about contraception.
Never Less than Monthly Monthly Weekly Daily

33. Talking with friends about sex.
Never Less than Monthly Monthly Weekly Daily

34. Talking with friends about contraception.
Never Less than Monthly Monthly Weekly Daily

35. Forcing your sexual partner to have sex.
Never Less than Monthly Monthly Weekly Daily

36. Being forced to have sex or being sexually abused.
Never Less than Monthly Monthly Weekly Daily

37. Sexual fantasies.
Never Less than Monthly Monthly Weekly Daily

38. During the past year, how many different people have you had sex (intercourse)? _____

39. Have you ever had a sexually transmitted disease (STD)? _____
IF YOU HAD A STD, please check those that you have had.

_____Herpes	_____Lice ("crabs")	_____Syphilis
_____AIDS	_____Gonorrhea ("clap", "the drip")	
_____Chlamydia (NGU)	_____Venereal Warts	

_____Other_____

40. On a scale from 1-10 how would you rate your views on sex?

1	2	3	4	5	6	7	8	9	10
Conservative				Middle				Liberal	

Appendix D

OUTLINE OF PROJECTED CURRICULUM
Jr. High (7-9th)

1. Changes: What we are and becoming. Brief review of A & P, changes of puberty (physical, social, spiritual, intellectual, and emotional). Use the film "Changes and Choices". God's Gift of Sexuality-Younger Adolescents Guide.

2. Review self-worth/self-esteem as it relates to their growth and development. Use How to Build Your Self-Esteem Model (Group Active Series).

3. Family roles, values, relationships, and communication. Use How to Communicate with Your Family (Group Active Series) with role play.

4. Identification of sex roles/stereotypes from a Christian perspective. Identify positive characteristics between male and female (activities and interaction between the males and females).

5. Male and female relationships, feelings, emotions, influences, and respect.

6. Infatuation sensation: Defining the difference between love and infatuation (puppet ministry and Group Active Series: Infatuation vs. Love).

7. Preparing for friendships and dating relationships. How to handle relationships, respect, and positive ways to end a relationship (female and male). Guy's & Girls: Understanding Each Other (Active Bible Curriculum).

8. Peer/Media Pressure: "How to Say No". Josh McDowell's Book and Video Series.

9. Decision-making/Choices: Active Bible Curriculum.

10. Planning for the future/consequences/goals.

SR. HIGH CURRICULUM

1. Understanding the Family Unit: Curriculum by Christian Education Committee.

2. Communication with friends, family, and others. "How to Communicate with your parents about Sex" by Pender & Pender.

3. Sexual health/review A & P/Defining sexuality, sensuality, and intimacy. God's Gift of Sexuality Older Adolescents Guide.

4. Relationships--family and peers. Discover healthy ways to end relationships. "Dating Decisions Group Active Curriculum".

5. Dating Decisions/Is it Love?/Dating and Sex: Group Active Bible Curriculum.

6. Peer/Media Pressure--Use "How to say No Series" by Josh McDowell.

7. Consequences for sexual activity (STD's, pregnancy, etc.). How our decisions effect the future. Biblical boundaries of sexual activity. "Next Time I Fall in Love" video with discussion. "Sex, Lies, and the Truth" video.

8. Future goals and planning. Is Marriage in your Future? Group Active Bible Curriculum.

Appendix E

CRITERIA FOR EVALUATING SEX-EDUCATION MATERIALS

Name of Book/Video/Teaching Material:

_____

Author/Publisher:_____

_____

Credentials:_____

Age Group:_____

Does it meet the objective(s) for:

Spiritual growth?	_____
Cognitive growth?	_____
Behavioral growth?	_____
Physical growth?	_____
Moral/value orientation?	_____
Family oriented?	_____
Decision-making/problem solving?	_____
Was the material interesting?	_____
Was the material clear and concise?	_____

Limitations:_____

Comments:

Reviewer:_____

MICHIGAN STATE UNIVERSITY LIBRARIES
3 1293 02374 9835