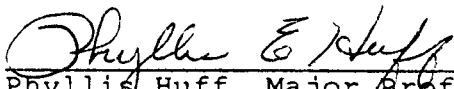
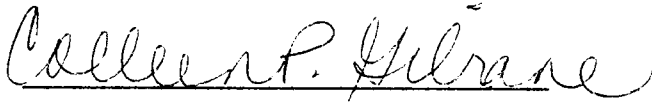


To the Graduate Council:

I am submitting herewith a thesis written by Ora Miller entitled "Sex Education in the Inner City Knox County Middle Schools." 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, with a major in Curriculum and Instruction.


Phyllis Huff, Major Professor

We have read this thesis
and recommend its acceptance:


Colleen P. Gilrane


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Associate Vice Chancellor and
Dean of The Graduate School

**SEX EDUCATION IN THE
INNER CITY KNOX COUNTY SCHOOLS**

A Thesis
Presented for the
Master of Science
Degree
The University of Tennessee, Knoxville

Ora Miller

May 1996

DEDICATION

To Danny and Yael,
my favorite brother and sister
who I hope never face the problems
that are dealt with in this research.

ACKNOWLEDGMENTS

At this point I would like to thank my advisor here at the University of Tennessee, Dr. Phylis Huff who provided me with the opportunity to write a master thesis in a non-thesis program. I would also like to thank my family and friends for being supportive and curious about my project.

Finally, I would like to thank the five health educators who I interviewed for their openness and patience. Their students are fortunate to have such caring people as teachers.

ABSTRACT

In this paper, the viewpoints of five health education teachers are used to determine the manner in which sex and sexuality are taught in inner city Knox County Middle Schools. Educators were interviewed and recorded. Their answers were compared and contrasted. These data were analyzed in relationship to what the literature states as effective in preventing adolescent pregnancy.

Inconsistencies between the stated objectives of this given program and the implementation by the health teachers were found. Recommendations are discussed to remedy the found discrepancies.

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CHAPTER 1

INTRODUCTION

It is an event that alters the lives of more than than one million teenaged girls in the United States every year. "To many people, these girls are public enemy number one" (Primetime Live, 1995). These are pregnant teenagers. Since the early nineteenth century, this undesirable outcome of teenaged sex has been regarded as sinful and shameful. In fact, in the eighteen hundreds, women who became pregnant prior to marriage were treated as outcasts (Vinovskis, 1988). Only in the 1970s adolescent pregnancy emerged as a social, rather than a local, problem (Vinovskis, 1988). Today, adolescent pregnancies are an accepted ill in our society. Young pregnant women are helped financially and socially by the schools, the community, and the country in which they live. With more than 1 million teenaged women in the United States getting pregnant every year, these women are no longer outcasts, but an integral part of society.

The United States' teen pregnancy rate is twice as high as in England and Wales, France, and Canada, and nine times as high as in the Netherlands and Japan (Alan Gutmacher Institute, 1994). Although the social makeup of these countries is different than that of the United States, these numbers are staggeringly high. Is the difference in the social fabric between the United States and other Western

countries enough to explain this discrepancy or are there mechanisms that center on the very core of educational responsibilities in our society?

There is much conflict over who should be responsible for teaching sex/ sexuality education. Yet, most of the efforts to reduce teenaged pregnancies occur in the public school systems. This is understandable since the school is the only community agency that by law has contact with the vast majority of adolescents (Bennett, 1993). However, because of the social, religious and economical divisions among students and parents in public schools, questions arise on the methods of teaching this topic and the effectiveness of sex education on the welfare of the students.

Some believe that talking about sex will cause children to experiment with sex: "If we teach our children German, can we be surprised when they actually practice it?" (Chitty, 1995). However, it is an undeniable fact that more than half of all teenagers will experiment with sex irrespective of their educational exposure to it (The Alan Guttmacher Institute, 1994). A survey that questioned 18,876 people aged 16 to 59, claims that sex education in schools postpones sexual activity (Johnson, 1994). Others cite data that states that there are less births today than twenty years ago (The Alan Guttmacher Institute, 1994). However, this is also

untrue. Due to abortions, there are less births today than twenty years ago, but there are more pregnancies than ever before. Furthermore, today there are no "typical" teenaged mothers. A 1995 teenaged mother can be of any color, belong to any social group, and come from a variety of economical backgrounds. There are no detection methods to find "this" group of girls and, there is no practical way to assure that a girl will not get pregnant. However, one thing is detectable -- the undesired outcomes of a pregnancy to an adolescent girl in the society in which she lives.

In 1994, 89,191 girls between the ages of 10 and 17 became pregnant. This number accounts for 22.8 per 1,000 of the girls in this age group. In Knox County, 6,051 girls between the ages of 10 and 17 became pregnant. This number accounts for 19.1 per 1,000 of the girls in this age group (Knox County Health Department). Teachers, parents, and students must work to lower this undesired outcome of adolescent pregnancy.

Statement of the Problem

The Health Education program in Knox County is vague, yet it limits the Health teachers to teach a very narrow program of sex education with one main theme -- abstinence only. Teachers can interpret this program in different manners and relate a conflicting message to students.

Purpose of the Study

There are three main questions that this work will attempt to answer:

1. How well do the Knox County school teachers and the Knox County Health Education Department work together to create the best possible sex education program for middle school students?
2. What do Knox County teachers feel can be done to improve the sex/ sexuality program that they presently teach in this context?
3. How does the sex/sexuality education program in Knox County compare to what the literature states would be an effective method of dealing with prevention of unwanted teen pregnancies.

Application of Information

Health education teachers in Knox County middle schools will be able to compare their methods of teaching to other teachers around the county. They will be introduced to problems and solutions that will enable them to refine the sex education part of their program.

Health education teachers in Knox County High schools will understand what is taught in middle school and can learn about the past sex education program of their students. This will help create an awareness of differences in teaching methods and thoughts.

The Knox County Health Education Department will be more aware of what teachers in the county feel about the sex education program in the health education curriculum.

Health education evaluators will be able to read first hand accounts of what constitutes the sex education program in the health education curriculum in Knox County.

Review of Literature

Significance of the Study

Medical and Social:

There are physical and mental implications for young teens when they have children. Medical implications affect both the teen aged girl and her child. Physically, teens under 16 are 9 percent more likely to have anemia and they have a high risk for developing toxemia (Stengel, 1985). Also, partially due to peer pressure and lack of self confidence, many begin experimenting with diet fads, alcohol, tobacco, or other drugs in order to be socially accepted into a particular group of teens. These conditions place the teenager at a disadvantage even before she gets pregnant.

The negative stigma that might be associated with being pregnant and the lack of knowledge about being pregnant, causes some of the teen aged girls not to get any prenatal care during the first three months of the pregnancy. One study found that only one in five girls under the age of

fifteen received prenatal care during the first trimester. The personal negligence concurring with the physical unreadiness that many young teens have, tends to cause them to have low - birth weight babies. Furthermore, babies that are born to the young mothers are twice as likely to die before their first birthday compared to babies born to the general population (University of North Carolina School of Medicine).

Psychologically, most teenaged mothers do not plan or want to be pregnant and thus, are not ready for the responsibilities of raising a baby. As a result, child abuse is common among teenaged parents (Porter, 1979). In fact, teens who report depression, are more likely to become parents than their peers (Horitz, et 1991). Obviously, children that are unwanted are also more likely to report depression, causing approximately a fifth of these children to become teen parents themselves.

Economical:

Adolescent girls who are faced with the unexpected burden of being pregnant and having to change their lives to fit motherhood are suddenly also faced with new economical challenges. Since the father of the infant is rarely in the picture and many girls come from middle and lower class families, the young woman has no immediate source of income. Furthermore, young mothers earn approximately half of the

median income of a family that does not have a pregnant teenager. As a result, two thirds of teen aged pregnant girls live below the poverty level (Furguson, 1987). According to the Alan Guttmacher Institute, almost 60 percent of the teens who gave birth for the first time have their delivery fees paid by public funds -- this assistance includes Medicaid and Aid to Families with Dependent Children. The Community Council of Greater New York projected that the cost of raising a baby born between 1978 and 1998, is on average \$84,000 without a college education. These financial strains, along with emotional and social problems that these young girls face, are more likely to cause the teens to abuse or neglect the new born child.

Forty-four percent of current welfare recipients began as teen mothers and 5.3 percent of the people that receive Aid to Families with Dependent Children are teens (GAO report, 1991). Although many of these women are dependent on state help, after 20 years 80 percent of the teen mothers are self supporting (Horwitz, 1991). This indicates that most of the adolescent mothers are unemployed not because of laziness but rather they choose not to work due to personal reasons -- economical, social, emotional, etc.

Another important and large cost of teenaged pregnancy results from an intergenerational transfer of educational

achievements and wealth from a mother to her child (Caldas, 1993). One study of children of teen mothers found that 17 percent of them became teen parents (Horwitz, 1991). Furthermore, about 15 percent of pregnant teens become pregnant again after one year and 30 percent do so within two years (Feguson, 1987). Thus, the cycle of teenage pregnancy repeats itself and causes more and more children to follow in the footsteps of their parents.

Education:

Goals 2000, written by the Tennessee State Board of Education as a response to the National Goals 2000, declared as one of its "High School Education" goals that "at least 90 percent of all students will complete high school and will be prepared for college level work, post secondary technical education, or employment." However, with the high teen pregnancy causing approximately 70 percent of adolescent mothers to finish high school by the time they are 35-39 (Alan Guttmacher Institute), many young women are not prepared for Goals 2000.

By delaying pregnancy, a teen increases her chances of graduating from high school to 90 percent (Leland, 1993). In fact, African - American teens who delay childbearing until the age of 20 are three to five times more likely to complete high school and to attend college than their parenting peers (Klepinger, 1995). Hence, teen pregnancy is a major factor

in determining a young woman's chance of completing high school and attending some type of post - secondary education.

The attitude that a teen mother has towards education is also a good indication of whether or not a teen is likely to engage in sexual intercourse at a young age. Girls who have a positive attitude about learning and higher and clearer educational goals, are less likely to engage in premarital sex (Zelnik & Kanter, 1972). Also, young women who accept traditional gender roles are more likely to be submissive to a man and to have sexual intercourse to satisfy his desires (Plotnick & Butler, 1991). Correspondingly, sexually active young teens are found to make lower scores in school, had low academic expectations and had more problems accepting parental control (Jessor & Jessor).

Eventually, the children of adolescent mothers are more likely than children born to older women, to be disruptive and have behavioral problems. On IQ tests, these children, on average, are reported to have a lower score and not do as well in school as their peers (Stuart & Wells, 1982). These "undesired" children, in the long run, often cause an intergenerational chain of unemployment, poverty, and despair.

Causes of Teen Pregnancy

Why do some teenagers get pregnant and others do not? Obviously adolescence affects different children in different

ways. The outcomes of this transition are as diverse as the children that it affects.

"The Individual"

1. Physical reasons.

During adolescence, children go through a physical and mental transition. At this age they have the physiological capabilities of an adult while their maturity level is still childlike. New things are occurring and teens want to learn more about them. That is when the maturing children begin to experiment. At this point of a child's life, they are capable of actually acting upon their feelings -- before they could only observe.

2. Psychological reasons.

Sexually active females are more likely to associate themselves with traditional gender roles. They seem to want to be looked upon as women and have the same relationship with men as the adults around them (Cvetkovich, 1978). Furthermore, nonvirginal girls seem to want to be more accepted and cared for by men than their virginal peers (Jessor & Jessor, 1975).

"The Family"

The family structure in 1995 has changed dramatically since the 1950s. Today approximately 40 percent of young women live with their unmarried mother (The Alan Guttmacher Institute, 1994). In the opinion of this writer, children

who live with a single parent are more likely to be aware of dating and sexual activity since it is likely that a single parent will date and be sexually polygamous. At an age of hormonal change and social confusion, children look up to their parents as their role models. By imitating the unmarried parent, the young child is more likely to engage in premarital sex and to accept nonmarital childbearing than children that live in a traditional, two parent home.

Single child-rearing mothers are also more likely to be faced with economical problems. To deal with the finances, many mothers are forced to work longer and harder hours outside of the house. Many times, these children, latchkey children, are left at home alone, or with siblings. With no supervision latchkey children are babysat by the television and/or by one of their siblings. The results of this seem to be that children accept as the norm what they see from these unsupervised baby-sitters -- for example, open mouth kissing, hugging, petting (The Alan Guttmacher Institute, 1994) and sexual violence on television.

"The School"

Although it is common to think that girls drop out of school because they become pregnant, this is not necessarily the case. Rather, women from disadvantaged backgrounds and those who do not succeed in school are the most likely to drop out of school and only successively get pregnant

(Upchurch, 1993). Many of these girls are so unsatisfied with school that they look for other avenues that will give them satisfaction, hope, and success. A male figure in these girls' lives provides them with a romantic form of completion. Unfortunately, many times this avenue of temporary blissfulness leads to an unwanted pregnancy.

Once at the school, approximately 84% of African Americans, 82% of Hispanics, and 87% of white females report that they receive unwanted sexual comments or are subject to unwelcome actions at school (The Alan Guttmacher Institute, 1993). By being disgraced, as they feel, for their gender, young women may begin questioning their true capabilities and how equal they are to men creating conflicting feelings about their sexuality. This, in effect, encourages females to accept traditional gender roles where women are submissive to men.

Almost half of the teens between 15 and 19 think that the average young person today does not have enough accurate information about sex and reproduction (The Alan Guttmacher Institute, 1994). This number is reasonable since one third of 15 year old women say neither parent has talked to them about pregnancy. Approximately half of these girls say that neither parent discussed birth control with them. Thus, the information that teens do have about sex is learned from their peers, the school that they attend, and the various

types of media. Among these three sources only one provides reliable information -- the school. However, the information that the student receives in school about sex and sexuality is short lived because of the many other topics the Health teacher must cover.

"The Society"

The structure of the society in the United States has changed drastically in the past 50 years. Today children are segregated in housing and schools. Values are not the same among all racial and ethnic groups. In a society where 40 percent of women and men aged 15 to 19 are poor or have a low income, where Hispanics and African Americans are much more likely than white youth to be economically disadvantaged (The Alan Guttmacher Institute, 1994), teens are having a harder time than ever to relate to one another's cultural backgrounds. Children from poor and low - income families are more likely to be sexually experienced than those from higher income families (The Alan Guttmacher Institute, 1994). Also, black adolescents have sex at a younger age than white adolescents (The Alan Guttmacher Institute, 1994). The diverse social makeup in the United States, makes it very difficult for teachers in multi-cultural classrooms to communicate and to appeal to the variety of students concerning a single, unified thought of what is appropriate sexual behavior and what is not.

Abstinence vs. Comprehensive Sex Education Curricula

There is much debate, and misunderstanding, about two conflicting programs. One is an "abstinence-only" program, the other is a "comprehensive" sex education program. Each of these programs provides a heading for other sex education programs that are employed around the country. However most of these programs can be described as either "abstinence-only" or "comprehensive."

Abstinence-only programs teach that only sexual abstinence is the acceptable means to prevent pregnancy and disease. These programs usually do not provide contraceptive information because they are developed on the assumption that adolescent should not have sex. Thus, if they do not have intercourse they do not need to know about contraceptive methods. Some programs that fit these criteria are: Sex Respect, Safe Sex, Choosing the Best, Free Teens, Sexuality, Teen-Aid, Commitment and Family, and Reasonable Reasons (Planned Parenthood, 1995).

People who advocate abstinence argue that self-discipline and self-control are values that they want their children to have in all areas of their lives, not just in their sexual lives (Allen, 1995). They stress a strict program that is clear and concise.

Comprehensive sex education programs promote abstinence as the best way of preventing pregnancy and disease; however,

they also teach about contraceptive use and disease prevention. These programs try to help adolescents postpone sexual intercourse until they are ready for a mature relationship (Kirby, 1994). This program was developed in Sweden in the 1950s and was based on four premises (Lickona, 1993):

1. Teenage sexual activity is inevitable.
2. Educators should be value-neutral regarding sex.
3. Schools should openly discuss sexual matters.
4. Sex education should teach students about contraception.

Some programs that fit these criteria are: Postponing Sexual Involvement and Reducing the Risk.

Proponents of comprehensive sex education programs argue that sex is a natural process that adolescents go through. They believe that educators must deal with this reality and "no longer regard sex as a sin itself" (McDoowell, 1990).

Components of Successful Sex Education Programs

Below are some guidelines that several institutes and prominent health education specialists recommend for effective sex/sexuality education programs:

- * Libraries Can Help, an agency that distributes information about teen sexual activities and pregnancies stresses that in order to reduce teen pregnancy in the United States,

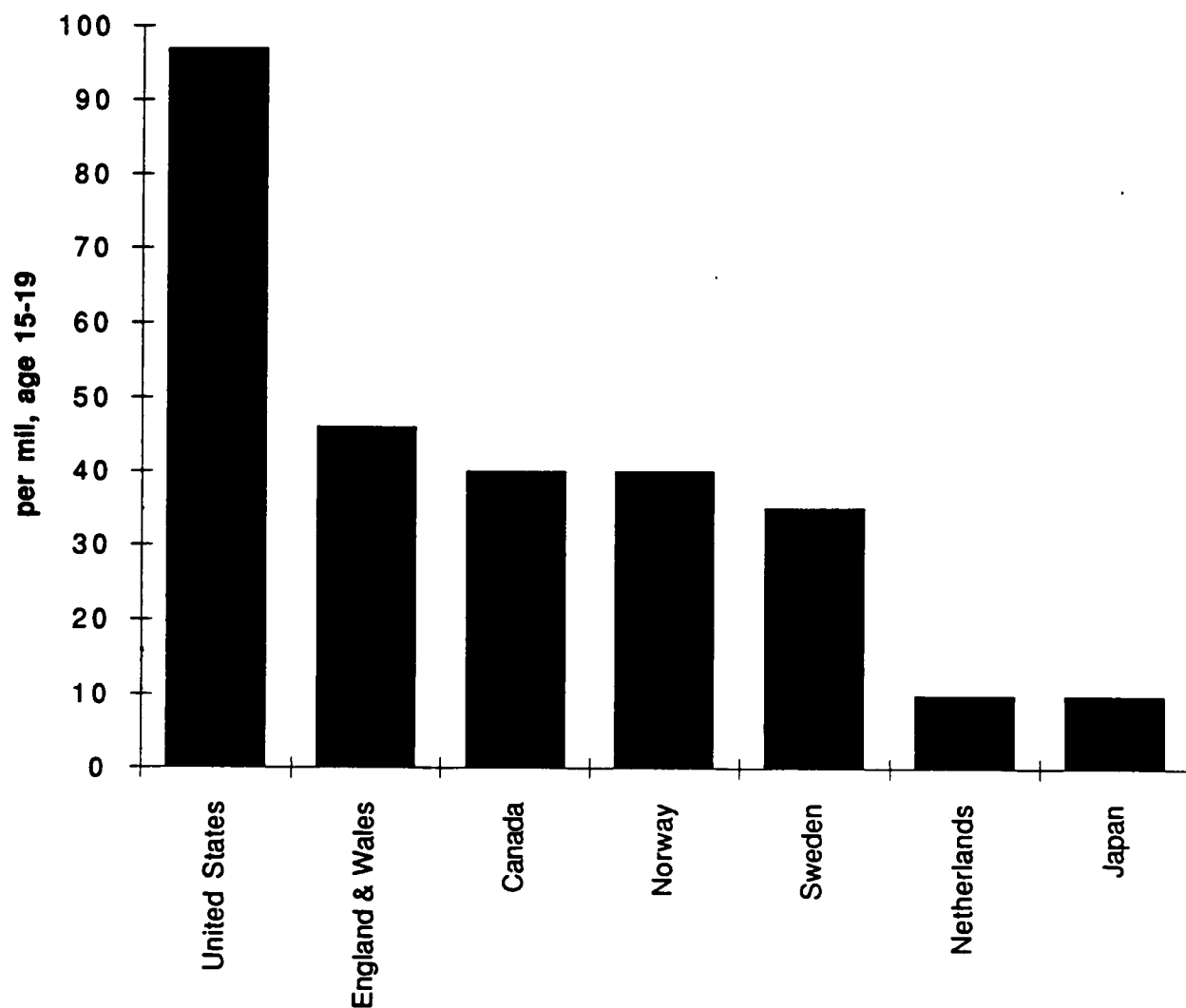


Figure 1

**Pregnancy Rates (1988): The United States, Compared
to Other Industrialized Countries**

Source: The Alan Guttmacher Institute, 1994

Children must be kept in school, engaged and at the appropriate grade level. After school and during summer months, they need structured, supervised ways to occupy their time and challenge their minds and bodies. Teens need a broad range of experiences, exposures, and relationships with adults that will build their self-esteem, extend their vision beyond neighborhood boundaries, and expand their knowledge of the challenges and requirements of the the world of work (p. 5).

* Thus, these recommendations do not specifically target sex/ sexuality programs, rather, they aim at reducing teen pregnancy by healing the cause of adolescent pregnancy -- low self esteem, lack of ambition, lack of vision, and boredom .

* The Alan Guttmacher Institute, arrives at its recommendations for a better sex/sexuality program by comparing the programs in the United States to five international programs (see Figure 1):

- a. Each of the five comparison countries appeared to be more tolerant of teenage sexual activity and more open about sex in general, making it easier for teens to acknowledge their sexual activity and seek appropriate counseling and services.
- b. In each country there was a broad consensus that teen age pregnancy is undesirable and that teenagers need help to avoid pregnancy.
- c. In each country, the government perceived its role as helping sexually active teenagers avoid pregnancy, not as helping teenagers delay sexual activity. None attempted to place restrictions on confidential access to contraceptives.
- d. All of the countries make confidential free or virtually free contraceptive services easily accessible to teenagers. Only in the United States are free or reduced-cost designed to service only poor women and is thus sometimes stigmatized.
- e. All of the countries offer free or subsidized abortion services to teens regardless of income. Abortion rates in the five comparison countries were about half the United States rate.

f. In England, Wales, and Sweden, national policies encouraged sex education in schools. In Sweden, the only one of the countries studied in which abortion rates have been going down in recent years, sex education is required and there is closely established link between the school and the clinics that provide contraceptive services to adolescents (Libraries Can Help, 1990-1994, p.6).

Thus, these recommendations seem to indicate that a more open and liberal sex education program seems to lower pregnancy rates.

* The following are the National Guidelines, as written by the Sex Information and Educational Council of the United States (SIECUS), for a successful sex Health education program:

- a. Human Development. Topics: reproductive anatomy, reproduction, puberty, body image, sexual identity, and orientation.
- b. Relationships. Topics: families, friendship, love, dating, marriage and lifetime commitments, parenting.
- c. Personal Skills. Topics: values, decision-making, communication, assertiveness, negotiation, finding help.
- d. Sexual Behavior. Topics: sexuality throughout life, masturbation, shared sexual behavior, abstinence, human sexual response, fantasy, sexual dysfunction.
- e. Sexual Health. Topics: contraception, abortion, sexually transmitted diseases and HIV infection, sexual abuse, reproductive health.
- f. Society and Culture. Topics: sexuality and society, gender roles, sexuality and the law, sexuality and religion, diversity, sexuality and the arts, sexuality and the media (p. 1-40).

This framework for a comprehensive sexuality education curriculum was designed by 20 professionals in the fields of medicine, education, sexuality and youth services. They are

intended to be offered age-appropriately, in sequence, for students in elementary, middle, and high schools.

* Deborah Roffman, a Baltimore-based sex educator and consultant claims that an important component of an effective sex education curriculum is that there are no mixed messages from adults about sex: "Any teacher knows that when students get mixed messages from adults, they test" (Bernstein, Internet)

* Campaign For Our Children, one of the nation's most successful teen pregnancy prevention program, utilizes mass media advertising, aggressive media relations, active in-school programs and public health outlets to target an abstinence message for teens who have not become sexually active. Their key to success is to saturate their abstinence program everywhere -- "quantity and quality" (Campaign For Our Children, pamphlet).

CHAPTER 2

DESIGN COMPONENTS

This thesis is intended to identify some of the strengths and weaknesses of the sex education program in the Health education curriculum for Middle School students in Knox County, Tennessee. This part of the design will be composed of frameworks by Jerry Bellon, Lee Cronbach, Ralph Tyler, Daniel Stufflebeam, Robert Stake, and Malcolm Provus.

Part I: Antecedents

This part of the project is primarily based on Stake's (Hopkins, 1989) work. Here, the writer will analyze any conditions that existed prior to the implementation of the existing program to determine what this program is based on and what caused this program to develop in such a way that it is at the present. The following questions were answered in this order:

1. When was this program developed?
2. What were the initial goals of the program?
3. What was done to implement this program after the program was initiated?
4. How did the community, at large, initially feel about this program?
5. How did the teachers feel about the program?

6. What type of training do the Middle School and High School teachers go through to teach this particular program?

7. How was the relationship between Knox County Middle school teachers and Knox County Health Education department before the sex education aspect of this program was developed?

Data:

* Initial intentions of the Health Education Department and reactions to them will be obtained through documentation of meetings throughout those years.

* Interviews with the individual in charge of the middle school health education program.

* Interviewed with an expert on Health Education in Knox County.

Part II: Program Plan

Using the second stage of Bellon's framework, the goals and the purposes of the program will be clarified. The following questions were discussed in this stage:

1. What are the goals of the sex education component of this program?

2. Are these goals stated clearly?

3. Are these goals congruent with the needs of the students?

4. How are these goals changing throughout the years or are they the same goals that the Knox County Health Education department began with?

5. Are there any barriers that would prevent the implementation of these goals?

6. Are these goals feasible?

7. How do these goals compare with data on effective sex education programs?

Data:

* *Goals of the Health Education Department will be obtained through documents and records.*

* *Open ended questions to the various stakeholders: Teachers, administrators, and official advisors.*

Part III: Implementation

This part of the framework is based on Provus' work. In this scheme, the standard, and the performance of the program are compared. By doing so the writer observed how the objectives are in tune with the programs needs. This stage was obtained through five interviews with Knox County middle school teachers and by analyzing programs that Knox County middle school teachers use in their classrooms.

The following questions were asked of the teachers:

1. In which grade(s) do you teach about sex and sexuality? For how long?

2. What are your major focuses when teaching sex/sexuality education?

3. How do you think that your students are affected by the sex/sexuality education course that you teach?

4. If you could change the sex/sexuality education program in your school, what would be among your priorities, why?

5. How do you discuss in class the steps a teenager should take if she gets pregnant?

Moreover, following questions were addressed at this stage

1. Are there any political problems in the program that are hindering its development?

2. What are the individually perceived barriers of this program?

3. What kinds of resources are being used in this program?

4. Who evaluates this program?

Data:

* Questions to four Health Education teachers.

* Textbooks, lists of commonly used speakers, and discussions with Health education administrators.

* Assessment of the program by comparing it to national recommendations and recommendations of nationally known Health Education professionals and organizations.

Part IV: Program Outcomes

Program Outcomes:

At this stage of the study, the outcomes of the program were compared to initially set goals. This helped identify problems and what could be done to improve the program. The following questions were addressed in this stage?

1. What goals have been achieved?
2. What goals have not been achieved?
3. What goals are being worked on?
4. Have all the stated goals been addressed?
5. Are there any unintended outcomes of this program?
6. Does the program have any additional stakeholders that need to be addressed?

Data:

- * *Analysis of the various evaluations of the program.*
- * *Analysis of meetings with Health Education officials.*
- * *Open ended interviews with local Health education teachers.*

This procedure, together with the data obtained, served to answer the research question in chapter 1.

CHAPTER 3

RESULTS AND ANALYSIS

In this work five Health Education teachers were studied. Four teach in a public middle school. One of the teachers is currently educating middle school students in a variety of settings about sexuality.

All five of the teachers were recommended by various members of the community as outstanding Health teachers. Furthermore, all are working in inner city middle schools.

* Teacher 1: African American male who has a degree in Physical and Health education. He was born and raised in Tennessee and has taught Health for 5 years. He is very concerned about how the religious community affects the way he must teach about sexuality. For the purposes of this study, teacher 1 will be referred to as ONE.

* Teacher 2: A white female. She was born and raised in Tennessee. Her degree is in Physical and Health education. She has taught Health for 12 years. She has conflicting emotions about the program she teaches because of her personal feelings about sex (sex is positive and is fun). For the purposes of this study, teacher 2 will be referred to as TWO.

* Teacher 3: A white female. She was born and raised in Tennessee. Her degree is in Physical and Health education. She has taught Health for 20 years. She is a religious individual who strongly believes in abstinence as the only

way of preventing pregnancy and diseases. For the purposes of this study, teacher 3 will be referred to as THREE.

* Teacher 4: A white female. She was born and raised in a large city in the north-east. She has taught Health for over 20 years. She considers herself open minded about sex and feels satisfied in her position as a Health Educator. For the purposes of this study, teacher 4 will be referred to as FOUR.

* Health Educator: One health educator who does not consistently work in the public schools was interviewed. She was born in the south and has mainly worked in Tennessee. Health Educator worked in the Health profession for more than ten years and is currently actively involved in the wellness program.

The interviews with these teachers can be found in the Appendix section of the thesis.

Part I: Antecedents

In 1988, the Tennessee General Assembly passed House Bill 2372 that required the Interdepartmental Coordination Council to develop a plan to deal with the problems that are associated with teen pregnancy (Tennessee Department of Human Services). There were three goals for this program:

Goal one: Encourage total community involvement in the problem of teenage pregnancy.

.

Goal two: Reduce the number of teenage pregnancies in Tennessee.

Goal three: Improve and coordinate services that are available for teenagers that are involved in pregnancies and for adolescent parents.

Consequently, Knox County Health teachers were given a booklet which explained what they should cover in their classes. The teachers were instructed to use the curriculum as a framework that identifies the "minimum curricular requirements of each grade level in each subject area" (Curriculum Guidelines for teaching Family life education, p. 2, 1994).

When the program was initiated, the Health education department allocated one in-service day for all of the teachers. The teachers were introduced to this program and were given instruction on how they were expected to implement it. The teachers were hesitant about the additional material that they needed to cover in the time period that they were given to teach Health Education (see interviews).

To facilitate their instruction, the Health education department provides a list of approved speakers and written materials which the teachers are encouraged to use in their classrooms.

The Knox County community did not express any hesitation on the program when the project was initiated. Furthermore, the community at large, religious organizations, parents,

health providers, and other community organizations have all been very supportive in the efforts to reduce teenage pregnancy in Tennessee (Tennessee Department of Health, 1995 and interview also see Figure 2).

Before the present program was initiated, the sex/sexuality component was not coordinated with the community at large. Furthermore, there was no clear framework for sex/sexuality education.

Part II: Program Plan

There are three main goals of the Middle School Family Life program (1991):

Sixth grade: "Understand the concepts of wellness and the factor's involved in maintaining it" (20).

Concept: "Physical changes occur in people as the result of heredity and hormonal change" (20).

Seventh grade: "Understanding the principles of good health and their application" (22).

Concept: "Interpersonal relationships affect psychosocial sexual maturity"(22).

Eighth grade: "Understanding the principles of good health and their application" (22).

Concept: "Interpersonal relationships affect psychosocial sexual maturity" (22).

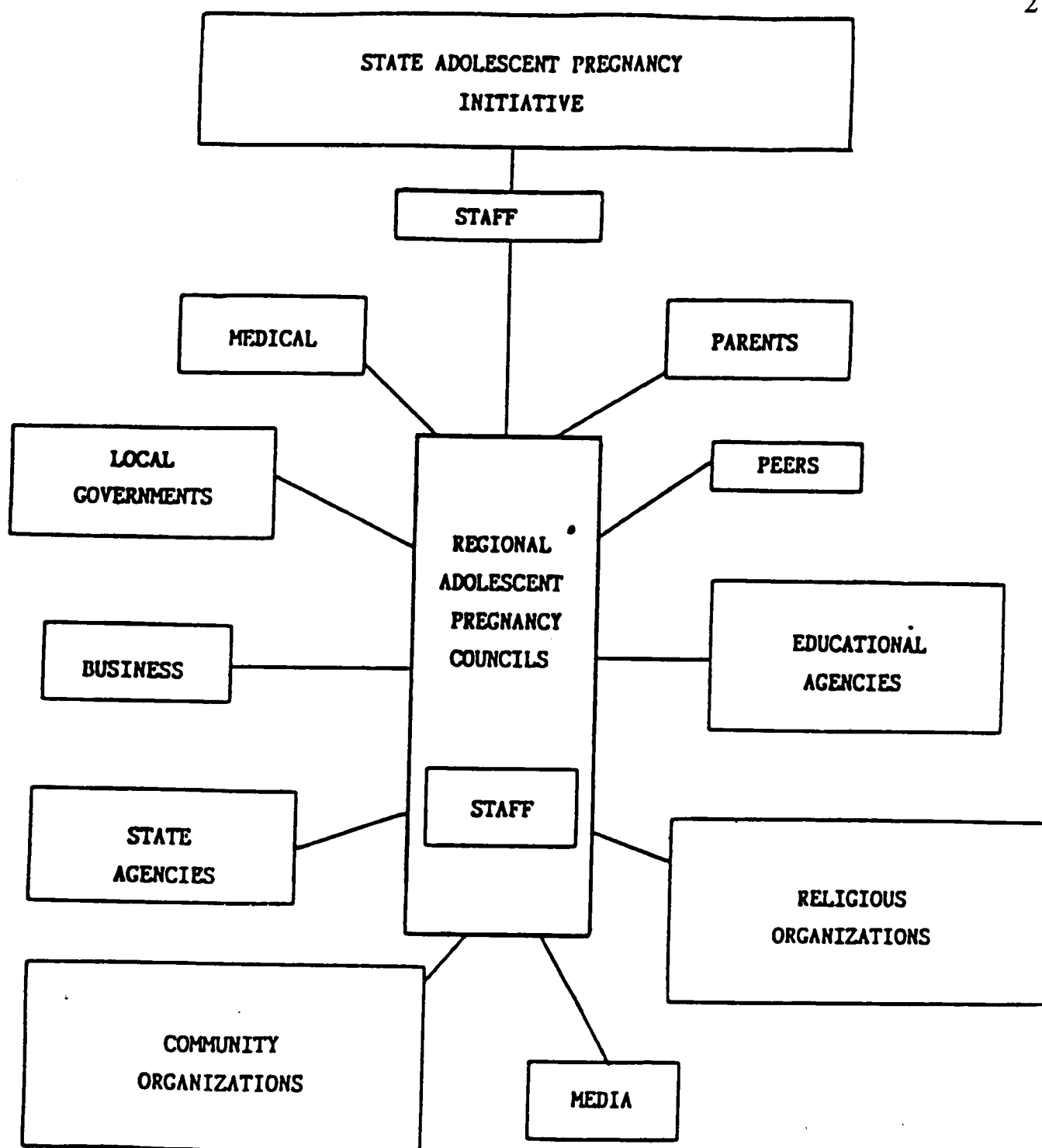


Figure 2

State Adolescent Pregnancy Initiative

Source: Tennessee Department of Health, 1994

The goals of the curriculum are clearly stated. Furthermore, there is a detailed explanation of Instructional Objectives, Content, Skills, and Activities that a teacher can do with the students to achieve the goals of the unit. The goals do not mention sex or sexuality. They do not seem to address the needs of the individual student. Rather, they discuss the scientific and rational explanations to the feelings that the student has during puberty.

The goals have not changed since the program was started in 1988.

The Health Education professionals expressed their concerns about the incongruency among the teachers that teach sex education. These feelings were also found to be true. Even among the four professionals that were interviewed, there were great discrepancies:

Teacher	Sixth Grade	Seventh Grade	Eighth Grade
ONE	approximately 10 days	approximately 10 days	approximately 10 days
TWO	approximately 10 days	approximately 10 days	approximately 10 days
THREE	approximately 2 to 3 days	approximately 5 days	approximately 7 days
FOUR	approximately 10 days	approximately 10-15 days	approximately 10-15 days

Thus, it seems that the teachers are dealing with the sex/ sexuality education component of the curriculum in

different amounts of time. Obviously, these time frames are congruent with the needs of the teacher and the comfort level the teacher feels with this subject topic. However, this does not mean that the time frame is adequate to the needs of the students.

The teachers indicated that the goals of the program have not changed during the years that the program has been in use. However, the teachers did stress that they were informed periodically about the different laws that were enacted and what they were and were not allowed to teach.

All four of the teachers, and the Health educator, expressed concerns that the program was being hindered by the community in which they work. The Health educator felt that the community was being misled by false media advertisement on what was occurring in the public school systems. All of the educators mentioned some incident in which there was unjust and misleading information published for the community.

TWO described her concerns that some Health teachers were forced to teach Health education although they felt more comfortable teaching Physical education.

HEALTH EDUCATOR expressed her concerns that the teachers were not teaching what they were instructed to teach. She felt that the incongruency among the teachers created vast educational gaps among the students.

Compared to the components of a successful sex education program the following information was obtained:

Successful Programs	Knox County Middle Schools Program
Teach about Self Esteem	All teachers indicated that one of their major focuses in Health class was Self Esteem
Teach topics on tolerance to teen sexual activity	The presentations that were brought to the classes expressed a certain tolerance to sexual activities. However, at the same time they expressed the importance of delaying sexual activity.
Believe that pregnancy is undesirable	All of the teachers expressed their belief that pregnancy is undesirable. However, they stressed more the diseases that unprotected sex can bring about, rather than pregnancy.
Government's role concerns avoiding pregnancy rather than delay it	All of the teachers expressed that they were encouraging their students to delay sexual activity rather than avoid pregnancy.
Free/ virtually free contraceptive services in the state	The teachers explained that they tell their students what they should do if they get pregnant. None of the teachers explained how to get free contraceptive services.
Free or subsidized abortions in the state	This is against Tennessee laws. Local agencies provide subsidized abortions. However teachers are not allowed to discuss this issue in detail.
Teachers have a positive attitude on sex education	The teachers that were interviewed had positive attitudes about sex.
Link between school and clinics that provide contraceptive services to adolescents	There is no link between any of the school system in Knox County and clinics that provide free contraceptive services to adolescents.

Human Development topics covered in Health class	The teachers interviewed taught Human Development. However they are not allowed to cover different sexual orientations in detail.
Relationship topics covered in Health class	The four Health Education teachers indicated that they spent time on relationship topics.
Personal Skills covered in Health class	The four Health Education teachers indicated that they spent time on issues concerning personal skills.
Sexual Behavior covered in Health class	In all of the classes the students discussed sexuality throughout life and abstinence. Only one teacher discussed masturbation. Fantasy and sexual dysfunction were not discussed in the health classes.
Sexual Health	Contraception was not discussed by three of the five teachers interviewed. Abortion, Sexually-transmitted diseases and HIV infections, sexual abuse, and reproductive health were all covered to different extent in the classrooms by the teachers.
Society and Culture	In general, this topic was covered by all of the teachers interviewed.
No mixed messages	The students seem to get mixed messages about sex. The teachers seem to imply that no one should have sex before marriage. Yet, the teachers do tell the students what they should do if they do get pregnant. Furthermore, there is no continuity between the Middle School program and the High School program. Thus, students might be exposed to different teachers with different approaches to the subject once they leave the middle school.

Quantity and quality	The teachers have an adequate background in teaching Health education. However, they indicated that they would like to have more time to teach about sex and sexuality.
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Part III: Installation

All four of the teachers teach Health full time. Furthermore, they all teach Health in the three middle school grades, sixth, seventh, and eighth. However, the extent and the manner that they teach this program varies.

Teachers ONE and TWO teach about sex education for approximately two weeks. These two teachers teach in the same school and focus on the same material. However, their methods of teaching are different. ONE's classroom is mostly lecture oriented. He brings in speakers and shows videos and filmstrips about sex. He has a more liberal view point about sex education and feels that it should be dealt with in a more open fashion. TWO, on the other hand, teaches the class in a more flexible fashion. Her class is based on lecture and discussion. She seems to have conflicting feelings on abstinence based programs because she sees herself as a sexual person. She believes that sex before marriage is all right if the two people are committed and mature about their feelings. This feeling is based on her experience with adolescent females in high school that stay in sexual relationships although they are mentally and physically

abused by the relationship. These two teachers teach approximately two weeks out of the six weeks period sex/sexuality education.

Teacher THREE has a more conservative view about sexual intercourse. She feels comfortable with the abstinence part of the program and does not teach about contraceptive methods unless the class asks her to. In each grade level in her classes, THREE stresses a different component of sex/sexuality education. In sixth grade the students have a couple of days that they learn about sex; in seventh grade about a week, and in the eighth grade, about two weeks.

Teacher FOUR has the most progressive attitude towards sex/sexuality education. She feels comfortable with teaching abstinence but she also feels that this is not the appropriate program for all children. In her classes, Four discusses sex and sexuality, prevention methods, AIDS and other sexually transmitted diseases, and even masturbation as a positive way to enjoy sex and at the same time be protected from the problems that sexual relations might bring about.

The focuses of the Health education teachers varied concerning sex/sexuality education:

Sixth Grade:

ONE: AIDS and other sexually transmitted diseases;
Relationships at puberty; Physical changes in puberty;
Reproductive system.

TWO: AIDS and other sexually transmitted diseases; Appropriate/ Inappropriate behavior; Relationships at puberty; Physical changes in puberty; Reproductive System.

THREE: Diseases; AIDS

FOUR: AIDS and other sexually-transmitted diseases; Relationships in puberty; Physical changes in puberty; Environmental influences on sex and sexuality; Peer pressure; Pregnancy; Parenting; Reproductive System.

Seventh Grade:

ONE: AIDS and other sexually-transmitted diseases; Relationships at puberty

TWO: AIDS and other sexually-transmitted diseases; Relationships

THREE: Reproductive system; Sexually-transmitted diseases

FOUR: Puberty; Reproductive system; Pregnancy; Birth Process; AIDS and other sexually transmitted diseases; Dating; Marriage; Parenting.

Eighth Grade:

ONE: AIDS and other sexually-transmitted diseases; Teen pregnancy; Sex respect

TWO: Virginity and secondary virginity; Sexual abuse; AIDS and other sexually-transmitted diseases.

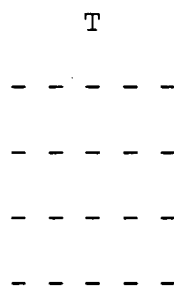
THREE: AIDS and other sexually-transmitted diseases; Sexual pressures; Results of teen pregnancy

FOUR: Puberty; Reproductive system; Pregnancy; Birth Process; Marriage; Parenting; Masturbation.

Thus, all four of the teachers focused on AIDS and other sexually transmitted diseases. Furthermore, all of the teachers discussed the positive effects of abstinence and the negative effects of pre-marital sex.

All four of the classrooms that the teachers taught in were structured in a formal traditional manner with a teacher standing in front of the students (Figure 3). The number of students in each classroom differed.

The four teachers indicated that they do not know of any way to measure the success of their program; however, all of the interviewed teachers were optimistic about the results of their teaching methods.



T = Teacher

- = Student

Figure 3
Traditional Classroom Structure

The four teachers interviewed indicated the problems that they faced in evaluating the students in their classes because of the subjective and sensitive nature of the topics taught in Health class.

There were several focuses that the teachers indicated would help them create a more successful sex/ sexuality program:

Teacher ONE felt that he could create a more successful sex/ sexuality program by having more actual hands on activities and bringing more guest speakers. Also, he expressed great frustration with the limitations that the state puts on materials that he can use. These materials would include filmstrips on condoms and other contraceptives. He feels that the inaccurate information that the students are getting from their friends and the media creates misconceptions about these issues.

Teacher TWO felt frustrated with scheduling problems. These included inner-school scheduling problems because of conflicting classes when guest speakers come to her school and scheduling problems to do with guest speakers from High Schools. These guest speakers, "Kids on the Block" discuss with the students what it is like to be pregnant at a young age. Furthermore, TWO has doubts about the effectiveness of creating a new consecutive curriculum for the three grades rather than teaching one group of kids (i.e. eighth graders) for nine weeks.

Teacher THREE felt that the program could be more useful if she had more time to teach about sex/ sexuality. She felt that having to cover so many important different topics in a six week time period was impossible. She also felt that economical restraints hindered the effect of certain activities that she does with her students.

Teacher FOUR felt that the program could be more useful if she could teach the students more about contraceptives. She also felt that the time she had to teach sexuality was very short. By extending the class time she could bring in more programs and get to know the students better.

All four of the teachers indicated that they give their students information that pregnant adolescent can use. All of the teachers felt that the ideal situation would be for the students to approach their parents about this sensitive matter.

A repeating political problem that the teachers, administration, and literature were concerned with was the "moral issue." All of the teachers seemed to indicate that the political climate and the variety of values in the school system made it very difficult to teach sex/ sexuality without upsetting some child, or a parent of a child. They also indicated that they felt it was necessary and important to teach the children about sex and sexuality. However, the teachers themselves differed on their methods of teaching and the material that they taught.

Another barrier in this program is the length of the program. The Health Education program lasts for six weeks in the middle school, however, the Health program covers 13 different issues. Thus, in order to cover all the topics, the teachers must allocate approximately two and a half days per topic. Obviously each teacher has a different approach to each topic and thus, the students in the various middle schools may receive very different messages about sex and sexuality.

Furthermore, since the middle school teachers and the high school teachers do not know what one another are teaching, the students, by the time they take a Health Education course in High School, are not equally knowledgeable about this sensitive subject matter.

There are several resources that the teachers indicated that they use:

* Textbook:

Sixth grade: The textbook that the sixth grade uses is Being Healthy by Harcourt Brace Jovanovich. The only section that refers to sex concerns sexually transmitted diseases. These diseases are defined as "diseases spread by intimate body contact" (25). Peer pressure and sex is not discussed in the book.

Seventh grade and eighth grade: The textbook that the seventh and eighth grades use is Teen Health: Decisions for Healthy Living. There are a few more references to sex and

sexuality in this book than in the sixth grade text book. Here too, the section on AIDS explains that by avoiding sexual contact one will not get AIDS. The book does have a section on ways to say "no" to sex (316-318). However, there is no discussion on contraceptives and ways to have "safer" sexual contact.

* Teens AIDS Prevention Program (TAPP): This program is very informative and provides a great deal of diverse activities that deal with AIDS and contraceptives. They do not advocate an abstinence only program but they do discuss "safer sex." The program is approximately one week long and the educator provides the homework and the assignments for the class.

* East Tennessee Nursing Association: This is a religious (Christian) based non-profit organization. The nurses come to the schools and teach about abstinence. In their presentation they stress the negative aspects of contraceptives. Some of the teachers that were interviewed explained that they sent their students to the Knoxville Adolescent Crisis center which is a ministry that is affiliated with the East Tennessee Nursing Association. This crisis center does not discuss abortions as an alternative method of dealing with teen pregnancy. Girls who go for care to this center are given a New Testament and their problems are handled in a religious approach.

* Kids On The Block: In this program puppets are used to discuss a sensitive adolescent issue. The conversations are thought provocative and the students are encourage to ask questions concerning the topic. Sex among the puppets is seen as a natural act. Furthermore, the puppets explain that marriage is not the key to safe sex, rather it is more important to be faithful to one another. For example, Natalie explains to Joanne that in order to protect yourself from AIDS one needs "to decide not to jump into bed with anybody who happens to come along" (Kids On The Block). Furthermore, the characters explain how one can have "safer sex." Alas, the skit ends on a very positive note when the two friends understand what AIDS is about.

* Students Teaching And Respecting Sexuality (STARS): This is a very successful program which many teachers in Knox County use. The program is taught by students from local High Schools. The students discuss with the Middle School students the sexual pressures that they feel in High School. These students also discuss real life situations that have happened to them and how they dealt with them.

All the programs that the Middle Schools are using have been pre-approved by the Knox County Health Education Department. Furthermore, the evaluations of these programs are done by the teachers after the guests have completed their presentation. These evaluations are sent to Knox County Health Education Department for a final evaluation.

The evaluation of the individual middle school programs is done by one person at the Knox County Health Education Department. Furthermore, this person seems to be in good rapport with the teachers and he sends them information concerning the program periodically. Of the four interviewed teachers, all spoke very favorably of their supervisor and expressed their gratitude for his patience and devotion to the program.

Part IV: Program Outcomes

As one can clearly see in Figure 4, the number of pregnancies between 1985 to 1996 has dropped from over 23.2 per mil to 19.1 per mil. Yet, since the establishment of the program in 1991, there has been a constant fluctuation in the number of girls who were getting pregnant.

The large decrease in the number of pregnancies per mil occurred before the program was initiated, 1991, or designed 1988. One cause of this decrease could be due to the hysteria over the newly discovered AIDS virus in the early 1980s. At this time, the students received excessive information on Sexually Transmitted Diseases. Furthermore, as a society, the number of unprotected sexual activity decreased. Thus, although there has been a dramatical decrease in teen pregnancy rates since 1985, this decrease is not necessarily related to the Knox County Teen Pregnancy

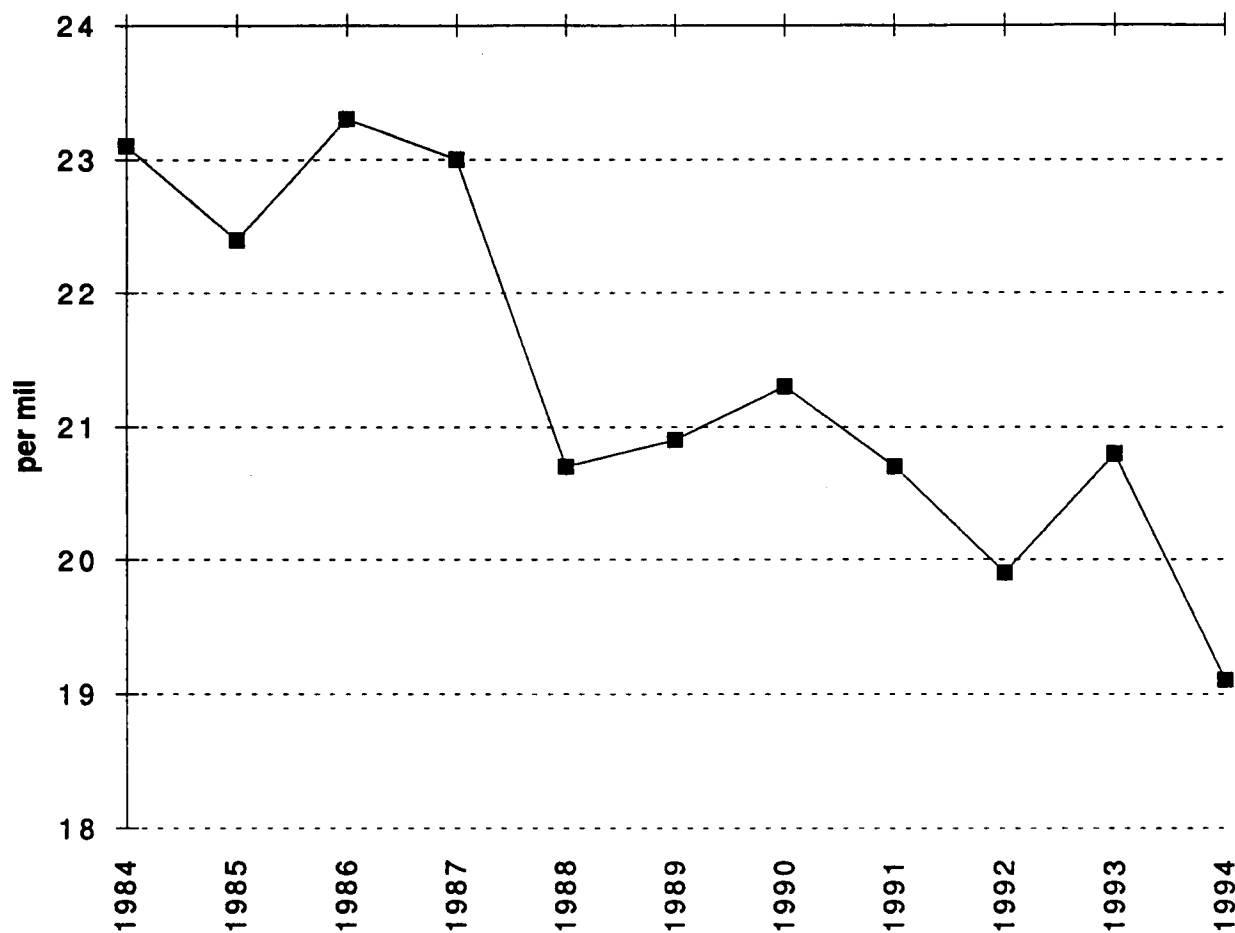


Figure 4

Teen Pregnancy Rates: Knox County

Source: Knox County Statistics

Initiative but rather to the change in sexual attitudes and behaviors exhibited by the American society.

In the year that middle school students enter high school there is a great jump in the number of pregnancies as seen in Figure 5.

One reason for this jump in the number of pregnancies may be due to the new pressures that the adolescent mother might feel as she enters this new environment. Another might be because of the increase in number of older men in this new school. These girls might be looking for a father figure in their lives and the school might suddenly provide it.

From the three goals that the program was developed upon, goal three has not been achieved. The coordinate services that some of the teachers encourage teenagers that are involved in pregnancies and adolescent parents, are religious organizations that have a far right, religious agenda to them.

All three of the goals are being discussed monthly by a committee of teachers, students, and community leaders.

One important stakeholder that the program does not address is the High School Health teachers. These teachers are directly influenced by what is occurring in the Middle Schools.

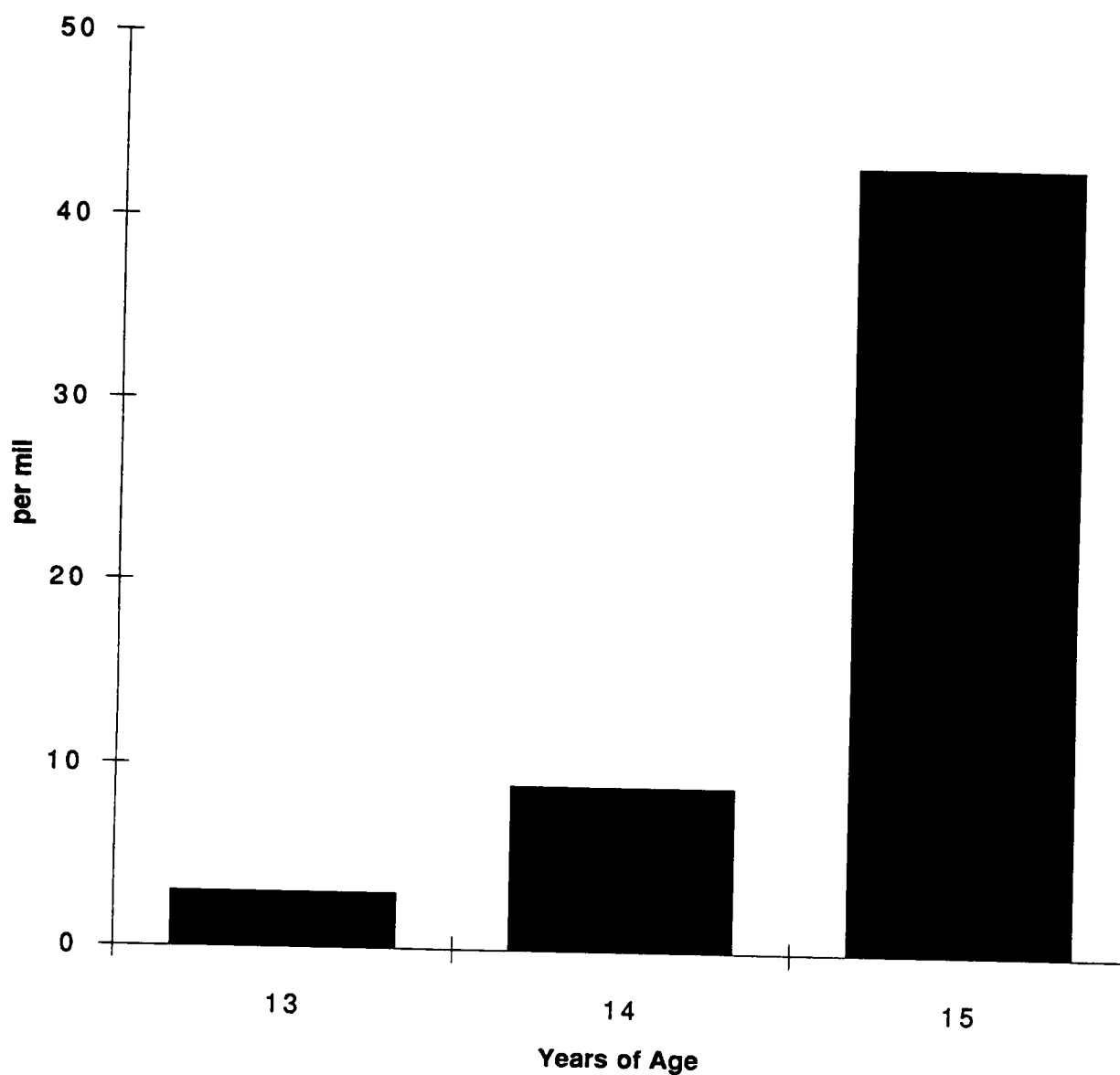


Figure 5

1994: Birth by Single Years of Age, Knox County

Source: Knox County Information sheet (1994)

Study Limitations

Since I evaluated this program by myself, I experienced difficulty in objectively analyzing the program without my own biases. Therefore, the interpretations are limited to the criteria that I found valuable on educating students about sex and sexuality.

After each recording of the individual interviews, I found that many teachers hesitated to have me record all of what they believed. As a result, after each one of the interviews, teachers approached me with additional information on the questions asked. This information, is not approved for documentation. However, I did use the details that they provided me to do more research on specific schools.

During my research I was faced with the problem of defining what is taught under the family life program that is aimed at teaching sex and sexuality. The curriculum is very general and the objectives can be covered in different ways such that the teacher does not even need to mention sex or sexuality.

Recommendations

After completing the analysis of the Knox County Family Life program and the attitudes of five educators about this program, I believe that there are ways to improve this

program. Based on my findings and the research of the literature, I have the following recommendations to make.

The Knox County Family Life curriculum is very long and elaborate. It is an impossible task to cover the entire curriculum in any six or even nine week period of time. Adequate time needs to be given to teach the sex/ sexuality part of the program. Otherwise, these curricula can not be internalized and applied by the students (Goleman, 1995).

There should be stronger enforcement of the sex and sexuality part of the program. Obviously, this topic is controversial, but teachers do have resources that they can turn to for advice and help. These resources should not be religiously motivated and should not have any political agenda to them. Students need to have clear and precise information about contraceptives so that in case they do decide to have intercourse and not be abstinent, they have the information to do so safely (Dryfoos, 1982).

In order for students to have the self-esteem and confidence to struggle with their sexuality, Health education classes should be small and intimate. Large 20-25 student classes are too big for such discussions. Also, the classes should not be structured in the traditional rows and columns. A circular seating arrangement might help the students open up and discuss how they feel about certain "uncomfortable" issues.

It is obvious by the five teachers interviewed that there are good and effective Health Education teachers in the inner city Middle Schools. These teachers are trying to create a positive sex education curriculum that would fit their school system. However, these teachers need more guidance and more information on what aspects of their Health program is and is not effective.

CHAPTER 5

CONCLUSION

In 1991 Knox County adopted a Family Life curriculum that was intended to decrease the number of unwanted teen pregnancies in the country. This program was deemed necessary due to the relative high number of teen pregnancies in the southern states.

To determine the effectiveness of the program, interviews from five health educators were conducted. The findings collected in these discussions were compared to what various publications stress as components of successful sex education programs.

The data obtained since the program was initiated is statistically inconclusive. Several reasons for the apparent shortcomings of this program were identified. Interviews with the health educators found that this may be partially a result of the significant discrepancy between what teachers deemed important to teach, how they taught their material, and the manner in which they perceived their role as health educators. These differences between the material taught in the classroom is a result of the flexibility of the program. On one hand, if the teacher knows about his/her students' sexual needs, this flexibility could yield a very positive result. On the other hand, if the teacher is uncomfortable with the sex/sexuality topic and is not aware of the

student's sexual needs, the students will not benefit, as they need to, from the sex/sexuality portion of this program.

There are several obstacles that are hindering the development of the program: mixed messages are presented to the teachers and the students; there are too many strands in the health education program from which the teachers must choose; the program promotes abstinence as the only positive way for teens to have relationships; classes are too formal and do not promote a comfortable atmosphere for discussion; there is no direct link between the elementary school health teachers and the high school health teachers; and finally, the program is not evaluated on a regular basis.

In order to better the Knox County Family Life program, a careful analytical study must be conducted that would create a short and realistic list of objectives. This program needs to be evaluated regularly based on clear criteria by a group of experts in the field. Furthermore, this curriculum can not be internalized by the students through traditional assessment measures. Unlike traditional subjects, sex and sexuality should not be taught by appealing to the intellect but rather to the emotional feelings of the students. Thus, the structure of the health education classes should be re-evaluated.

Hopefully, with the continuous support for these program, the Knox County Health program will take a lead in the search and solution for an effective sex/sexuality

education program. By learning how to deal with this problem in a positive and creative manner, the birth of a child will be a continuation of a life and not its loss.

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APPENDICES

QUESTIONNAIRE

1. In which grade(s) do you teach about sex/sexuality? For how long?
Would you like to have more time to teach about sex/sexuality?
2. What are your major focuses when teaching sex/sexuality education?
3. How do you think that your students are affected by the sex/sexuality education course that you teach?
4. If you could change the sex/sexuality education program in your school, what would be among your priorities?
5. How do you discuss in class the steps a teenager should take if she gets pregnant?

INTERVIEW 1 (ONE)

Response to questions 1 and 2:

Knox County schools operate independently. Once they get the core curriculum the principles sit down and they say this is the time we are going to have health and even though you know you going to teach, state mandates what we are going to teach, O.K.

Each school operates the classes differently. In the middle schools and the elementary schools, as well as high schools, it is a six weeks program. The difference is that in high school they are on a, on a, program which is a block system and so they have health and phys. ed. in a mixed mode that they take. Block system means that you have one class for an hour and forty five minutes. Where as in middle school and in elementary school, even though it is on the same six weeks, you have a class of 45 minutes and in 30 minutes - 35 minutes in an elementary school. The problem that that presents is that you can do more in that hour and a half, hour and 45 minutes in high school. You have a little less time in middle school and even less time in elementary school. But the biggest difference is that we are not dictated, we don't have constraints, as to what to teach. The problem is that the time that we do have to teach kids about sex ed. A lot of the parents have problems with it but, I'll get back to that in a minute. But eh basic thing is that the classes that we have here at [school's name]

maybe a little different then lets say at [school name] and [school name]. We may have the same subject matter but we may go about it in a different way, which is natural.

One of the things that we do here ... is with sixth graders we start with AIDS then we deal with relationships at puberty. We spend a great deal of time in puberty and a great deal of time in [interference]. Hold on a minute... sorry. We were talking about the six week time restraints, AIDS, relationships. With sixth graders as we start of with AIDS we deal with just the basics of the virus then we go from that to emotions and puberty and go into detail with that and that we separate the boys from the girls.

The boys talk about their side of puberty. What happens with them, growth of hair, growth of the body period. With girls, they do the same but they add a little thing, not a little thing, but the educational aspect of , of hum, the menstrual cycle. And there are a lot of misconceptions, believe it or not, with girls and their menstrual cycle and with boys just growing bigger, having deeper voices. Hum... once the students get into seventh grade, we begin to talk more of emotions, really evolve into deep seeded feelings. Once students start having sex and those emotions really develop relationships, we talk about dating, making a date, breaking a date, meeting parents, what to wear on a date. We do have several special programs that we have now in the sixth grade, seventh grade, eight grade. I'll come back to

that later. But in the eight grade we address AIDS once again, we talk about relationships once again, as well as those feelings and we try to go a little deeper conversation.

The outside resources that we have that really help us out in the eight grade is TAPP program. TAPP stands for Teens AIDS Prevention Program and it's sponsored through a local organization that sends in different guests five days a week. They give their own homework, they give a bit of lecture, more than just standard class procedures for middle schools. Some of the students respond very well, sometimes it doesn't go as well, of course eight graders think they know it all anyway. In the seventh grade we have special programming but we done some experimenting to see whether it work better in sixth grade or eight grade. That special programming deals with other STDs, other than AIDS. And it's by the East Tennessee Nursing Association. The sixth grade get's an outside source for sex ed. from Kids On the Block program. They come in with an AIDS prevention program that really addresses the myths and facts of AIDS. At this point we don't have many other outside influences other than the video and we get the videos to coincide with what we are doing in health.

We do address different issues of teen sex. One being teen pregnancy, teen STD's that are caught by teenagers and there are six that we really go in-depth with. The East Tennessee Nurses come in and they do show a slide

presentation and give almost like a shock treatment as to how these diseases look once they are on the body and the kids do give good responses to that.

One of the better programs that we have for the eight grade is called the STARS program. That's Students Teaching And Respecting Sexuality. This is presented by [name] from the [name]. And she comes in only to eight graders, at this point -- now, along with high school students. The high school students come from area schools from Knox County. Some may come from Chattanooga, Nashville, or other parts of Tennessee or Southern Kentucky but, they are living with the [name] or either maybe a local housing program for abused adolescence. What the STAR does is give the high schoolers to give a first hand account to all our eight grader students what it's like to be pregnant at this young age, to be put out of the home, to have actually gone through a rape, to gone through a birth of a child, to go through the accusations that you are responsible for getting someone pregnant. We do get quite a bit of response. We are working on getting that to be a two day program instead of a one day program. The one day program brings those high schoolers here and they get a chance to tell their experiences but our kids don't get a chance to have questions and answers and we are working on trying to resolve that at this point. We are also working on trying to get some kind of way to get some kind of feed-back other than a test.

Response to question 3:

Right now the feed-back that we use is just for the students to write a paragraph, or at least one paragraph, of questions that they would like to send to [name]. When [a person's name] comes in and that works pretty effectively.

We do inform the students here at [school's name] how many births are presented each year by teenagers and we do it by age and we do it by year and we take a five year span and we explain what is going on and that this growth is steady going up. We do the same thing with STDs as well as AIDS. And we just have to tell them that every year X number of students within this age are coming up with these diseases or getting pregnant or both and we've gotten a pretty fair response with it.

Sex ed. is taught from sixth grade, seventh grade, and eight grade. We talk about it for two weeks. Two weeks out of a four week program. We have students in class for six weeks. Last two weeks of the six weeks is sex ed. Here in [school's name] we call it "Sex Respect." It's an abstinence based program. I'd like to have more than two weeks but since it's based on a six weeks program there is nothing more I can do.

The only way I really have of knowing if they absorb anything is by test. The majority of students pass along a good grade in their testing. I don't know how successful it is five years after they leave [school's name].

Discussion seems to be the largest part. Because when you have students write it down there are a lot of students who can't really express themselves and then you have the other side of it where students just want to write down what's actually. The students today seem, especially along sex, as long as they can ask that immediate question, get an immediate response from whom ever they are talking to, that seems to be the best way, in my opinion, to come up with what's on in todays students mind.

Response to question 4:

To have more actual hands on activities. Have other outside resources, other people from group homes, that is other people, other students from group homes. Having students who dropped out because they had to support a family. Having students who ran away from homes because they had problems, pregnancy or rape, just abuse because of things.

The Health department gives me as much specific information as they have. The Health Education department only gives material that we can request. Now, we are limited by the state on what we can say and do. That includes abortions. That includes talking about condoms. We are allowed to talk about it [abortions and condoms] but, really not go into in-depth discussion, especially about abortions.

There is a fine line between the religious community and the school community. When you talk about facts there are a

lot of people that believe that the world was created by the Big Bang, then you have people who believe that the world was created through evolutions, then you have those people who believe that the world was created by a god. And so to keep from those things from being confused, we tell students, when that type of question comes up, about, especially about, abortion, about religious aspects. Because there are certain religious groups that do not believe in abortion. And the only thing that we can do is say "you need to go home and talk to mommy and daddy."

When it comes to condoms, when a student just blurts out in class, which has happened, they use a condom, well I tell them that a condom, when you hear entertainers, of any sort, say "use a condom; we know you going to do it anyway, use a condom," you aren't getting all the information and then we go into the information they need to have and not just leave it there because everybody heard "use a condom." We talk about Monoxide 9 which is a spermicide. Nobody says go to the drug store and get a spermicide that kills the sperm. Nobody says you don't put the condom in your wallet because the heat and the pressure will kill it. Nobody says that. A lot of people find out the hard way once it breaks and when it breaks you know it's broken at the wrong time.

We don't teach that [how to put a condom on]. We don't show it. It may be shown in one of the videos that has been pre-approved by the state's Health Education department of

Knox County. We do not show anything about demonstrations of condoms.

One of the best videos that's out now is one by Magic Johnson and Arsenial Hall. It's a free video that any kid can get but the reason that we can't show it is that it shows one of the entertainers dressed-up in a condom. And he is talking to you as if he is the condom. The problem with it again applies to these religious groups. These parents who don't want their kids exposed to it, even though the kids are going to get the information and they are going to get that wrong information. What this comedian is doing is saying, hey, I'm a condom, I've been misused and abused. I've been in this wallet --and then he shows this wallet that is all beat up, been in someone's pocket and he says, that is why I have all these holes in me. And now here he [a young man] comes and wants to use me. Watch and see what happens. And as he narrates what is going on, you don't actually see the condom in use or anything like that but, you do see the good and bad parts. Almost like a shampoo commercial. When they show what a bad shampoo does and a good shampoo is supposed to. And there are those things that need to be done and kids just need to get information. They don't get the information because of the religious aspects.

Response to question 5:

We discuss it. First of all in a situation like that we tell them that perhaps it might be best for them to deal with

their family and see what happens. Being that we are on an escalating program, if we take into consideration that all our students come to us in the sixth grade they stay with us through the eighth grade, and understanding that in the sixth grade we give out addresses, get a phone book, they look up and understand how to find homes for them to go to if they think they need to run away from home. Safe places they can go to.

Seventh grade we deal with going to the health department. Understanding that you can go and get all your AIDS testing and STD testing and you don't need a parents permission. But there are certain draw backs to those things and we let them know about those drawbacks.

In the eighth grades we just go back over those two things from sixth and seventh grade, and mostly students are aware and they pretty much adhere to it.

One of the problems during this adolescent time is that students really tend to talk to each other and they pass on that information; and, when I was in high school there was sex ed. too, even though it wasn't from a teacher. Our sex ed. came from our best friend who did not always have the best information. Now we do discuss and have open discussion in class and it seems to bring up a much better response.

INTERVIEW 2

Response to question 1 and 2:

OK... In the sixth grade we do sex respect. We talk about things like appropriate/ inappropriate behavior. Talking around the opposite sex...um... How we sit in class, posture, things that we wear; sometimes people get different impressions of a person. We talk about puberty, embarrassing moments for both sexes, boys and girls, especially gym incidents. Like sixth grade is the year for it. Um... we go very basic, we talk about their bodies anatomy because some of these children have never had that before where ever they come from. We talk about correct terms, not street wise words, so that in the years that come everyone is talking the same way. We talk about physical and emotional differences between boys and girls. We talk about HIV and AIDS, we have Kids on the Block for sixth grade and they'll be here today. In case you'll...you'll probably not be able to come down. It's sixth and seventh period. [Interviewer: I'll be there]. OK. Sixth or seventh you can come in and watch. It's real cute. Seventh grade we go into further about HIV and AIDS. We talk about sexually transmitted diseases. Um... Sometimes we're fortunate enough to have the East Tennessee Nursing Association they come out. Did you get a chance to sit through any of that [Interviewer: No]. OK, um.. they come every six weeks. We talk about relationships. Um... what else do we talk about in the seventh grade? I know there is

something else. In the eighth grade we just had a little bit more about um... virginity. We talk about secondary virginity, um... starting over, for those who want to quit stoppable behavior. It's no difference than those that have been smoking. But there is something about eighth grade girls that think if they have already had sex, that there is no turning back so they have a real issue with that. Um... We have the STARS program, East Tennessee Nursing Association, we have TAPP, that is what you got to sit through, that's Teenage Prevention Program, and we do talk a little bit about sexual abuse. And you will be surprized the amount of students after we talk about that that eh... come back to talk to us afterwards. You would be really surprised of things that happen in the household and they never say anything until we talk about it. We had several instances. Usually it starts of "my friend has this problem..." then usually... it well... you know, there have been things go through the HS and some things, uh, inappropriate touching by um, because you have lots of parents now a day who are remarrying. You have lots of parents now a day that are bringing boyfriend into the households and living with kids.. and, um... you know, inappropriate. Eighth grade girls don't know that it's OK to say "NO" with out upsetting everybody. So that's about it.

[How long do you teach Sex Education?]

Probably about a week and a half out of the, sometimes two, out of the six weeks 'cause we just have them for six weeks. But technically, if you have a kid in the sixth, seventh, and eighth grade, usually by the time they are in the eighth grade, it's a pretty solid program.

[Do they retain the information from those previous years?]

Mm...I like the fact that because it's a special area class. Humm, I like that it's six weeks because we get to hit on everybody in the school by the end of the year, where as if they were longer, I'm not too sure how we would do that. Plus, the fact that if the class was longer, the class size would probably be larger. And every guest speaker that we have [teacher's name], and I put our classes together and when you call a guest speaker and you say that how many kids you have in a class, sometimes it really, um... makes them not feel comfortable coming to the class, so because we have good size classes, when we put them together, we never have more than forty kids, it makes it... They can ask questions and stuff. So I would rather take the six weeks with all the things.

[Do you talk about contraceptives?]

Uh...we talk about contraceptives. It's in all of the text books that we use. It is in some of the videos that we use; just as far as about everybody that comes out, our guest speakers, at some point or 'nother, talk about contraceptives. But, I talk a little bit more about the

failure rate. And, um... talk about the fact that even condoms um... We show them slides that even condoms do not cover all the sexual, where you might have sores for syphilis and stuff. SO we talk about the fact that it's kind of like, anything else, some protection is better than nothing.

Our curriculum is really not abstinence based by the way text are. Because the texts talk about contraceptives. And things sent from [name], talks about contraception. Like I said, I talk about it but, I tell em more so than just pregnancy and some of the things' I talk about the emotional aspects and how I don't think that they're ready for sex in the sixth, seventh, and eighth grades. Yah, so I do, I do talk about abstinence. My program is abstinence based.

There is probably more lecture on my part in class. We use the book but we use it on a limited, ah... there is a lot of information that comes with the books in handouts. We do a lot of those.

We do some role playing. I don't look at mine as so much as a lecture, because even if I talked the whole period, it's kind of... you see, I listen to [points to the direction of the other health teacher] lecture and it's different because there is a lot more question and answer and interaction between the kids. I have to be willing to stop because if I don't that question they had, right then, they wont, they'll let it die if I wait till I'm done. I think that they feel more at ease and they know, this is not a

pass/ fail class, this is a graded class, but a lot of the things we do here are not right or wrong.

The Tennessee program, according to our text books em..., I would say, talks about abstinence in the sexual chapters but it talks about contraceptions too.

[What are the personal methods you use to talk about sex and sexuality?]

I spend a lot of time talking about the fact that em... so many girls, so many girls, the reason I talk about the emotional part is that so many boys and the girls in the high school are involved in abusive type relationships. Em... I have a lot of friends that are in the high schools now and they are girls that are being hit by their boyfriends and visa versa. But because they have been sexually active with this one person, and they waited maybe till they were fifteen or sixteen, they stay with that person because they don't want to sleep around. You know, if I stop dating John and I start dating Mark, then that means that that is my second sexual partner. Em... So they stay in abusive relationships or they stay in relationships that are not healthy for them. And a lot of these kids don't talk to the person they are dating. It is just all involved they get dressed up, they go out, they have sex, they come home. I talk about the fact, that you know, sex is very physical but, a lot of these, a lot of them are missing out on so much other stuff because that's all they are involved in is physical.

Response to question 3:

I think that it's positive. A lot of them come back and talk to us after they've gone to high school. They'll come back and they'll say that sex is a big issue in high school, extremely big issue. Um... I think we help those, especially with the STARS program. I think the kids that do want to wait ... we let them see kids that are virgins in high school and that it is OK and sometimes you might be kidded about it but a lot of times your kidded because other kids wish they had waited also. Because there are a lot of things in the churches now, um, where they sign these pledges and things like that.

So, I think that it's pretty positive. Um... my daughter was a senior at [name of school] High School before she ever had, before anything was ever really taught about sex and um... I don't know what all they do in high school.

I tell 'em that it is OK to have sex when they feel they are with someone and they think that that relationship is lasting enough that they can be monogamous in that relationship. Also, that they need to know that person awfully well.

Response to question 4:

Scheduling problems -- [teacher's name] and I do not have the same plan period and that, I mean, it sounds real picky, but it's a real big issue, when we have guest speakers come out, in order for them to hit every class, if it happens

to be something real important, that person has to be here all day long.

So in, ah, my fourth period has a real hard time because we have to let someone go to lunch during that time therefore I need to get special permission for those kids to hit other classes. You know the way the curriculum set up, no one wants to let their kids out of class for fear that they will miss something, so basically, scheduling problems. Eh, I have a funny feeling that eventually loose the STARS program because the high school principals because of the block scheduling are not letting those kids out very much. See we used to use them in the seventh and eighth grade and now we cut back to the eighth grade. So, scheduling is a real issue. And more inventive ideas. If we had more money maybe we would have more resources. And you don't want it to become more repetitious since we have... I've often wondered if we had, we've talked about this before, with the block scheduling coming in. Instead of a child taking, ah, health for three years, maybe just one group of kids, like all seventh graders or all eighth graders, and then if you did have them for nine weeks you could really do a lot more.

Sometimes we spend so much time trying to make the sixth grade, the seventh grade, and the eighth grade so different so they aren't bored each year with it.

[Do you remember the names of all your students?]

No, no there are 1300 kids here, so I teach 650.

Response to question 5:

We talk about [gives me Crisis Information card]. This is a Crisis Pregnancy Program Center, it's a counseling center that as soon as someone finds out that they are pregnant, they can go find out confidentially, and they are given all the different options. It's not just eh... Abortion comes up as an option of an unwanted pregnancy. I have to be real careful with this. I'm not really pro-life or pro-abortion... You have to be careful because you are talking to kids who, I mean, are very very open. One time we were just talking about, you need to get to know somebody and... um... ah... grow in the relationship a little bit before you just have sex because you don't want your relationship to be based only on sex, and I said that sometimes people when they get married just because of the sex, when that grows off, they find out that they don't ever like the person they just liked the way they looked, whatever... One little ol' boy in the back of the room, one day, raised his hand and he goes "My mothers been married four times, and ah, she had sex with everyone before they got married and I don't think that that was as issue." And here she was married interruption

You really need to like Health in order to teach it. I would think. I had a real hard time Health and sex ed.

The kids have an option not to come to this class. As far as sex ed. They can't be taken out of Health but when me

do sex ed, their parents are free to write a letter and they are given an alternate assignment, somewhere else. I'd say in five years we've had may be, I want to say, between, maybe five kids whose parents felt that they were better off. Maybe six or seven at the most parent and usually that was the same kid each each year.

INTERVIEW 3

Response to question 1:

Uh, in the sixth grade the only thing that we do really get into of a sexual nature would be when we do our unit on diseases and we do a unit on diseases and one of the diseases is of course AIDS and so we get into the methods by which AIDS is transmitted and of course one of them being sex between people and one of the partners being infected. So that's um the extent of any type of instruction with the sixth grade that we get into. In the seventh grade we teach, we have health for six weeks and so during those six weeks I've structured it into where we do body systems. And we of course have the reproductive system as one of those nine systems of the body. So at that time we get into some information about the way the reproduction system works and then we will also get into some things about decision making as far as the proper use of our reproductive system. And what time of our lives it is necessary to make decisions and things like that. We also have a program by the East Tennessee Nurses for Health Education. They come in and do a two day stint on Sexually Transmitted Diseases and then another day is devoted to the ability to resist sexual pressures and we do that in the seventh grade. Um... about a week in the seventh grade is about how long. And in the sixth grade a couple of days really is about all that it is. In the eh eighth grade we spend about two weeks looking at

teen pregnancy, sexual pressures, teaching them ways in which they can resist pressure of any kind. And we do this thing on Sexually Transmitted Diseases. We do units where we do an imaginary characters project called Sugar Babies and they have to carry a 10 pound bag for a week, keep a journal, put themselves on a budget, try to get by on \$100 of imaginary money that week, they also have to do some research on things such as checking up to see the cost of the doctor, the cost of taking care of a child for a week. So in the eighth grade it's about a two week thing devoted primarily to sexual pressures and the result of teen pregnancy.

Response to question 2:

I have the classes for six weeks so I would definitely have to say yes. Um... in all three grade levels. I feel like we could do more if we had more time, surely. There are resources that are available that, you know, we don't get to use because of the time factor.

We don't use the book a great deal. The book is good in a lot of areas but as far as... I've used the book in the section that deals with life and we go through the beginning of life, through the different stages of life, all the way through to adulthood, senior citizen, and death. How to deal with death as well as how to dealt with new life. So I do use a section in the book when we do that. But as far as teen pregnancy, we do use the book when we study it in the seventh grade, the reproductive system.

Response to question 3:

I can be optimistic and say that I feel that they are more aware of the fact that these pressures are around them, through, you know, everywhere, all aspects of the media and this type thing.

I think that they are more aware of that they live in a sexually bombarded society. That this is something that they are more aware of after we get through with it in the eighth grade. I don't know how to judge whether it is helping to reduce the rate of teen pregnancy or not. Optimistically, I'd like to think so. Realistically, I don't know whether a program is doing any good. We, no one has done a study of the middle schools, for example, and the rate of teen pregnancy as prepared to the last ten years, or anything like that. But I feel that they are definitely, they feel good about themselves in studying this. I do know that there are several teens who indicate that they can not talk to their parents, and they are really rather, in the dark about a lot of things concerning their bodies and, and the ways to express love to someone else and I think that they begin to see that this is a normal part of their development and that there are choices and that they are going to have to be strong to make that decision not to have sex before marriage and at an early age. I think that they see, I think that they are educated to as to what will happen if they choose to have sex at this time in their lives. But I can't judge

whether it actually affects their decision after they leave here.

Response to question 4:

Um... more time definitely to spend on it. We have something like 13 strands in the curriculum that we supposed to touch on and we have time to do maybe six or seven of them in the time that we do have them. And choosing this one is so important. The time factor would be among my first priority that we do need more time to where we could get into things more in detail and stress the things a little-bit longer.

[How do you decide what to teach?]

Um... we make the decision among ourselves. The other health teacher and I get together and decide what things we think an eighth grader, seventh grader, sixth grader, needs to have in order to be able to function as a middle school student. And things, the facts, that they need to know before they move on in the high schoolss level. In all areas, whether it be First Aid and safety, or where it gets into the drug education, whether it's sexuality.

I use Teens AIDS Prevention Program, the TAPP programs. The TAPP program has been very good as to teaching AIDS education and the facts with that. They also do some, some sexual pressure decision making. I use that program, it's a week. I also use the STARS programs -- Students Teaching And Respecting Sexuality. We do that with the seventh graders

now because, their their evaluations are showing that too many of our eighth graders are already sexually active and perhaps at the eighth grade level, we had done it at the eighth grade level till this year, and it looks as if we are a little bit late. So, we are using the program in the seventh grade. We also use The Kids On The Block program. With the sixth grade, which is also another way to help us teach our AIDS education which deals with sexual pressures.

Response to question 5:

Yes, we discuss it. We go over the what ifs. Um... it's very important that someone know, especially the female, what she should do and um... sadly enough, I have just had a student, this week, last Thursday, come into this room and share with me this fear that she has about being pregnant. So we definitely go step-by-step what would happen and what a person should do first. Who they should talk with. What they are going to do about talking with their parents and um... what their options are. So we do go over that in class.

[Do you talk about abortion as an option?]

These are choices that are available to people in this country, right now. So that is one of the options that is mentioned. And, we do not stress one option or the other. But we do mention all of the options and all of the choices that are legal. We talk about moral issues and how girls have to make the decision themselves. And before they make

their decision they need to know all of the angles and they need to know how they are going to feel and what might be the result of what-ever choices they make. So we do discuss those steps. [Name] is excellent, constantly sends us material. He will come out on occasion if we ask from him to come specifically and hear a source or explain any of the material. He is available by phone or he will come out. Anything that is new, or that he thinks we could incorporate to our program, he sends us through the school mail. And he makes sure that during inservices, that we are aware of things not to do, as well as to do, things that the board of education has approved that we can talk about. He evaluates me, as well as my principal.

Oh, another thing that I would change would be to make this imaginary parenthood project more realistic. If we could get the computer-chip baby to where they cry every three hours and you have to get up and hold them, and you have a key that you have to turn to turn them off and you have to go through the actual physical steps to parent that child and um, the health department has some of these in the high schoolss but it's limited. But that would be something. If we would have more money to buy those so, into making this project more realistic. I feel that that would be something that would be helpful because they couldn't put that in their locker, or take it home and chuck it away somewhere. They

would have to give up their physical time and their energy to make sure that they were responsible.

[In which ways do you communicate with the high schools?]

We do not. That is something we do not do. We do not meet with the high schools level when we get together. It is Middle School teachers together and high schools teachers together. So as far as, and we are all scheduled differently. All of the middle schools, or most of the middle schools are scheduled differently so as far as trying to come up with some continuity is difficult because we have different amounts of time. We probably approach things differently. So as far as saying everyone has taught teen sexuality, we can't say that.

INTERVIEW 4

Response to question 1:

OK. What I would like to start of saying is that I don't teach about sex, OK. I feel, I'm a sex educator, and I teach about human growth and reproduction ... and humanity, OK. So, because this is big big, what is it when you hear the word "sex" everybody thinks about intercourse and that's not what I'm here to teach about. Unfortunately, they know all about intercourse. I'm here to teach them about parts of their body, how to respect each other, and the grades that I do teach human growth and reproduction, uh, and humanities too is sixth through eighth grade. Um... I teach it for about two weeks, actually a little more because I include commutable diseases STD, so it's about two and a half weeks.

I've been in sex education for over twenty years. I started at [name of state]. At the high school level and uh, in [name of state] things are very liberal and I was allowed to bring in quite a lot; where as here in Tennessee your limited and what I do I will teach what that principle wants taught at their school. I'm not here to buck them -- I want a job, I need a career, I want a career. Um... and I will teach what the principal wants so... that in this school I'm allowed to teach certain things that I probably wouldn't be allowed to in another community school. I just have to respect that.

Uh... Would I like to have more time to teach about sex/sexuality? Probably. But the kids, their attention span, you know, you just lose them really quickly. So two weeks is pretty adequate. Because I cover other topics being a health teacher, being drugs, which I think is important to spend a week on that; I cover nutrition, which is important, so if a child is pregnant, she knows that she has had some input on what to eat. And I teach about stress, coping with stress. So it all kind-of interplays with human growth and reproduction actually. Their favorite topic is Human Health and Reproduction. The kids, you know, they pay the most attention when we are talking 'bout that.

Response to question 2:

Now what I teach during that time is um, I'm focusing about learning about their bodies and respecting each other. And I teach, I start off with going through adolescence and puberty, and the changes they will go through because a lot of them don't know what's going on exactly. They'll see people kissing on TV or the movies, you know, and yet they don't know exactly. They are only 11 years old, between 11 and 15 and why they are feeling certain feelings and why things are happening to their bodies and why they're getting those tingly feelings, and all that.

I make sure to go over puberty, the changes, the reproduction system so that they know the male female reproductive system looks like.

I cover the process of pregnancy so that they actually see an egg being fertilized by a sperm cell in a movie. They are just amazed. But that's what's happening actually. Conception to the uterus, I do show them the birth process which I think is important that they see, that - uh... all that hugging and kissing and love making on TV but they don't show you the woman actually going through having a baby. And um... a lot of the girls sit here and say: "Oh my goodness, that big head through that little hole? Doesn't that hurt, isn't that uncomfortable?" I say: yes, yes it is. So you have to think ahead and plan ahead and of course, we discuss being a parent, and the responsibilities of being a parent and the cost and all. I cover that with the pregnancy program and the birth process. Talk about STD and AIDS because again they don't realize that those people in the movies and on TV are hugging and kissing, and but OK, what about STD that they could have for their life that could possibly kill them? Is it worth the risk, the chance? And I do talk a bit, if they bring it up, I talk about contraceptives, you know... if they bring it up. And i also tell them that the best contraceptive is abstinence. But you and I know that they are not going to do that. Uh, I've spoken to some of the students that I know are sexually active, and I said: Why can't you wait? And one little person who is 13 said: "I waited 3 years!" What?! And another little girl, I said: Why can't you wait? Why do you

have to have full sexual relationships? "Well, it just feels too good, I don't have any will power." So, with that kind of attitude, they're not going to listen to abstinence, I'm going to turn them off and they're not going to listen to anything I have to say. So, yah, we talk about condoms. And yes, I do say however, they're not totally safe. Number one they can break, number two, they do not totally cover everything. You can get an STD with a condom on. But I'd rather have them have something than nothing.

We talk about dating, about marriage a little bit, um... and unfortunately, some communities, some cultures, marriage is not a big thing. It's like guys want to see how many girls they can "do in" without a commitment. Some of the girls would like a commitment but they are like, I've got to do this because I really want to hang on to this guy and they see their adult role models doing the same thing. So it's kind of learned from them. There is not husband and wife kind of commitment that are out there.

There are a few and those are great but they are not enough. We talk about parenting and uh, it just doesn't sink in. They think they just want to have this baby because they want somebody to love and cherish and to love back. But they don't realize that they have a responsibility to that human being. Uh, to keep them well fed, clean, to the doctor, play with...

They think it's a doll to put back on the shelf and they are just babies having babies and it's just not a good thing. I try to make them aware of that.

Response to question 3:

How effective I am, I don't know yet. Um... there are still girls getting pregnant, there are still guys getting girls pregnant, and I'm sure that there are plenty of them that in the next few years will come down with STD. Uh, I bring in programs during these two weeks so that they don't get bored with me. You know, like the Teen Age Prevention Program, which is TAPP and they come for a week and educate all my seventh graders in AIDS education. Kids on the Block for my sixth graders, they do an AIDS program, um, my eighth graders have a woman from the Health Department, she comes in and talks to them about STD and AIDS. She does an excellent job with them. I have an educator come from the Discovery Center in the Candy Factory, they come in and I do, we do a program together on pregnancy and childbirth programming. We get the kids to try on the Pregnancy Belly that makes you 8-9 months pregnant and weight. I like to get that on the guys. And we bring in baby dolls and we have the mechanical baby, that we turn on to let the kids hear crying and they all get to hold it. And we talk about being a parent at that point - - what would you do with a child like this? And one kid said "smack it" and I said: smack it, why? I mean this is a

baby, it didn't do anything wrong, so we get into good discussions and I video tape them doing all this.

I make use of a lot of equipment, the lazar disk show the actual fertilization of the egg, I have books I bring in, the childhood books. We use text books, they're limited in what they can show, um, because they are kind of out-dated, that's why I bring in all this stuff. I bring in the STARS program who are teenagers, some of them have had babies and they come in and talk to our kids about it. It's good peer education. And I have computers set up which are around the room, and we study the reproductive system using this computer system. I try to keep them up dated, I'm internetted so I try to get information as soon as I get hooked up here we'll be able to have it in the room. But basically, that's what I cover.

I think my students are listening. I have them come to me with questions. I have a girl that thinks she is pregnant now and has confided in me so I think I've gained a rapport with me and I think that they are listening.

Some of them wont hear and I guess I'm an idealist, I love for everyone to hear my message but unfortunately I don't think that they are all going to hear it. There are going to be a lot that are going to stray and do their own thing. But at least I feel I have done my part. And I feel I was put here for that reason. [interruption].

I have them for six weeks. It varies, some classes I have twenty and some classes eight. So it varies. Of course, the smaller classes are nicer because you get a little more "chummy" and they feel a little bit more relaxed and it's nicer. But even with that group of twenty I try to bring them all in and make them feel good.

Response to question 4:

If I could change it I would like to be able to do a lot more with contraceptives, and actually bring in the models and show them the different contraceptives. I know they banned us from bringing condoms in because 5-6 years ago a teacher was doing a demonstration. The student went home and told the parent and the parent took it the wrong way and made a mountain out of a mole hill. So now we can't show that. But I think that we are allowed to do quite a bit.

Response to question 5:

Well, basically we talk about pregnancy and that if a teenager does get pregnant, the first thing they need to do is talk to the parent, I stress that. And then the next step I would say is get to a physician. Of course we also go over the symptoms of pregnancy but I emphasize that they could be so uptight that they could have symptoms and not be pregnant. Seek out medical attention. Keep themselves in good health.

I don't teach about abortion. I don't talk about it unless they bring it out. I'll give them the biological

aspects of what details in an abortion. I also pass around fetal models so that they can see the stages.

Abortion is not a form of contraceptives. A lot of them think that. That, uh, they've got to put some responsibilities on them. But I won't sway either way.

I don't know what goes on in the high school. All the studies show that once they get into high school it's too late to talk to them.

Another thing that kind of creeps up in a joking way, but I take it kind-of seriously, some of the guys start talking about "beating their monkey" or "pulling the chicken" and they think that I don't know what it's all about and when I show them that I know that it's about masturbation, I use it as a cue to teach them that maybe if they played with themselves more, there would be less babies and disease. They all grin of how could a person touch themselves, and I say that you could touch each other and get all these diseases, and give one another babies. I try to bring in that as babies that's what they used to do whether it was male or female or sucking a bottle and playing with themselves because it was very comforting and I just kind of not emphasize it but make them know that there is nothing wrong with it.

INTERVIEW "Health Educator"

The community, they don't know about the program. There is just a wellness curriculum and no, a big deal has never been made about it. And there has been no response from the community. There has been no open forum, that type thing. I think it's better not to make a big deal out of it because there are certain groups of people who will pick everything to pieces and they will pull some part of the curriculum out and really focus on it negatively. So no, we do not have open forums.

The reason they started it [the program] is that in the late 80s the Southern Government Association looked into southern states and saw that the pregnancy rates was growing more than anywhere else. Now why? Probably lack of education. So, what they said is well, we will assign each state to address this problem and whatever they see fitting for their state. Tennessee state plan was the API or Adolescent Pregnancy Initiative. OK. So they start. Tennessee's plan was to hire coordinators, first of all this was in 1991, out of each of the metro health departments. And the metro health departments, being Chattanooga, Memphis, Nashville, and Knoxville. The task was developing some type of initiative or task force in each of our communities. The schools, the business community, the religious community, parent component, teen component, people working in agencies, working in services, and that was how the program was to

begin. Some guidelines were given but the whole point was to curtail the task force to fit your own community, wherever the gaps and needs where you could fill those.

[Approximately 28] people meet monthly. All the people who are already working in services of prevention. The teen component is the STARS panel. But that is how [the program] started. [Gaps and needs where addressed in the panel, committees were formed from those gaps and needs - four committees]. Each of those committees pulled in some of those gaps and OK... these are some goals we are going to fit and activities to reach the goals were created.

[HEALTH EDUCATOR described what she does in the program and personal issues that relate to the program. She explained that teachers, in general, participate less in activities and programs than the Knox community at large]. So I really feel that the teachers say that they need help in this area and they want help in teaching it and they are not responding [to programs] ... Teachers that are responding are teachers that I thought would respond. Teachers that I know are doing a lot with "Family Life" in their classroom and feel really comfortable with it... .

[HEALTH EDUCATOR explained more about the program she is involved in doing].

Well, our teen pregnancy rate in Tennessee, we are seeing slight decreases in the last two years. In Knox County we did. We saw a decrease in 1994. In 1993, I call

it a slight fluctuation, because, you know, the numbers go up and down. It was a fluctuation up in 1993, there was two percent fluctuation down in 1994. we do not have 1995 status yet. Really overall you would call it a steady decrease. But the problem lies not in the overall decrease but the ages of teens getting pregnant is younger. That's where the problem lies. We may be seeing a decrease in teens getting pregnant -- 13, 14, 15. And often times if they are having their first baby at that age they may have a repeated pregnancy at 17 or 18.

The ideal solution, uh, to me the only ideal solution is to reach them young enough for them to set some goals and see that they have a way of reaching those goals. That's going to be the only solution. You know, all the education in the world ... they are still not using protection, for the most part. Some are but... contraceptives is not there [in middle schools] not shown in Knox County middle schools. Now, if the teacher chooses to do that it is approved. They are protected if they do this, the teacher it is in the wellness curriculum. But no, all teachers do not choose to do that avenue. I think that they try to forces on STDs, and the graphic side of the STDs, ut it is not mandatory or by far, it is not anything across the board that they are taught about contraceptives in every class. And it's this way everywhere. The larger your community, it's harder to have consistency in teaching anything in the system. But I think

that teachers are really giving some information as a help mate in this area. You have some teachers that are very comfortable in this subject that are not afraid to answer questions. Then you've got other teachers that will tell you that I want to get through that part of the curriculum with that subject, because you don't know where that child is going to go home and say the wrong thing and then that parent could easily go to the newspaper, you see what kind of situation that puts the teacher in. And that has happened in Knox County a few years ago. So you kind of understand where teachers are coming from. Some of them that are not real comfortable with it, but the ones that are not comfortable can call in outside speakers, the Knox County Health Department has across the board approval to go into Knox County schools; other agencies do not have what is called across the board approval. They can be approved on individual bases by the principal and the teacher to go into a school and do education.

The whole Wellness Curriculum, the way it was developed, is that it may not be condensed into a certain time frame, they like the teacher to be able to deal with all of these issues whenever it's brought up or when it's needed in the classroom. I'm not sure if this is all crammed up in six weeks, it used to. You mean Family Life? It used to be that all Family Life was all taught in a week in some schools. For example, [name] Family Life educator, she goes in a she

goes into a little more in-depth programming than that. She will go into a classroom one time, but others she will go into several times, and as uh, as an outside guest speaker. And the teacher has the freedom to do that. Some teachers call in a lot of resources from the community, others call in no outside resources from the community; they do their own thing.

But, this curriculum is approved state wide, so as long as they follow the guidelines of this curriculum, they are fine. The curriculum "Sex Respect" which was purchased by Knox county schools, I believe around 1991 or 1992, does not follow the mandate of what must be taught on Family Life. It does not fulfill that mandate. So what it was ordered for was to be used in addition to, or as a supplement to the Family Life curriculum which is now the Wellness curriculum. It can not stand, Sex Respect can not stand on its own to cover and fulfill what's supposed to be covered for Family Life. It does not have that information. But it can be used as a help mate. Several curriculums are used as help mates. teachers can use them as a resource. But most of them do not stand on their own. You can not use those curriculum and say that I have fulfilled the family life curriculum obligation.

I would think that they would follow the Wellness curriculum. I don't know state wide. I don't know. There is not anything in place to monitor this. that would take allot of man power, first of all, and you know there is

mandates, there are guidelines, but as far as monitoring exactly are these things being done, I doubt that that happens.

I think, from what I remember, I think the teachers saw it as a lot of information to try to plug in to their classrooms with all the other subjects that they have to teach.

[The interview lasted for approximately 15 more minutes. the rest of the interview is confidential, therefore it is not printed in this section].

VITA

Ora Miller was born in Israel and spent part of her childhood there. She received her education both in Israel and the United States. After high school she moved to Israel and taught in a multi-cultural after school program for one year.

In 1995 she received a Bachelor of Science degree in general science and math from the University of Tennessee, Knoxville. A year later she completed a Master of Science degree in Curriculum and Instruction.

Ora Miller currently resides in Knoxville, Tennessee, where she teaches math and science in a local middle school