

“Just because you see their privates doesn’t mean you’re not a virgin”:

Adolescents’ understanding of sexual terminology

by

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INTRODUCTION

The nature of premarital sexual activity has changed dramatically over the years. According to Kirby (1997) the change in the nature and outcomes of premarital sexual activity has been due to (1) the decrease in average age of menarche and spermarche, (2) decrease in the age of first sexual intercourse, and (3) increase in the average age of marriage. These trends have led to significant gaps between puberty and marriage. Thus, other trends have occurred such as a larger number of sexually experienced youth at varying ages, more frequent acts of intercourse prior to marriage, and more than one sexual partner before marriage.

In order to understand the changing nature of adolescent sexuality one must first determine what sexual behaviors adolescents perceive are within their available repertoire. The purpose of this study is to evaluate adolescents' understanding of sexual terminology. The research will attempt to gain a deeper insight into what sexual behaviors adolescents consider to fall within the range of abstinence, sexual intercourse, and virginity. Specifically, the researcher hopes to determine whether or not sexual behaviors such as oral sex and anal sex are perceived by adolescents as activities that do not fall within the category of "having sex."

By the time they are twenty years old, seventy-seven percent of young women and eighty-six percent of young men are sexually active (Centers for Disease Control, 1994). A report by the CDC showed that by age 16, 55 percent of U.S. teenagers are sexually experienced (CDC, 1994). Each year, in the United States, approximately one million girls ages 15-19 become pregnant, and half a million of them carry the pregnancy to term (Children's Defense Fund, 1995). Teen pregnancy can lead to a reduction in completed

education, can limit employment opportunities, can affect marital stability, and can lead to welfare dependency (Kirby, Short, Collins, Rugg, Kolbe, Howard, Miller, Sonenstein, & Zabin, 1994).

In addition to teenage pregnancy, there are serious psychological consequences of early sexual activity. These emotional consequences may be short or long term and may be serious enough to influence marriage and parenting. Lickona (1999) notes ten negative psychological consequences of premarital sexual involvement. They include: (a) worry about pregnancy or AIDS; (b) regret and self-recrimination; (c) guilt; (d) loss of self-respect or self-esteem; (e) corruption of character and the debasement of sex; (f) shaken trust and fear of commitment; (g) rage over betrayal; (h) depression or suicide; (i) ruined relationships; and (j) stunted personal development.

Sexually transmitted disease (STD) is also a common consequence of teen sexual activity. Teens have been found to have the highest rates of STDs among any age group when compared with all sexually active people (Department of Health and Human Services, 1990; Rosenthal, Cohen, & Biro, 1994). Rosenberg, Biggar, and Goedert (1994) found that one in four new AIDS infections occur in people less than twenty-two years of age; one-half of new infections are found in individuals less than twenty-five years of age.

Statistics such as these have lead communities to respond by educating youth about the dangers involved in sexual risk-taking activities. The federal government has also stepped in to play a role in decreasing adolescent sexual activity. As part of welfare reform, an abstinence education provision was added to Title V of the U.S. Social Security Act. The purpose of this provision is to allow the state to provide abstinence education, and possibly mentoring, counseling, and adult supervision that promotes abstinence from sexual activity

(Social Security Act, 1996). The focus of this programming is on groups most at risk for out-of-wedlock births. Abstinence education is defined under this law as a program which:

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

Additional funding has also been made available to states to provide abstinence-based programming. These programs promote abstinence as a healthy lifestyle choice, but also provide information on contraceptive services and various types of contraceptive methods.

A significant amount of research on adolescent sexual behavior has been conducted in urban settings with much of the data used to develop prevention programs intended for urban adolescents. When these programs have then been implemented in rural communities the success rate has been low.

The participants in this researcher's project all came from rural midwestern areas. Thus, the researcher hopes the results of this study can be used throughout the rural communities in the Midwest to assist in the development of curricula for youth. Since much of the Midwest is composed of rural communities the results of this study may be generalizable to a greater population than just the three school districts that participated in the research project.

The term "rural" is often defined by population size. The three schools where the survey research was conducted are located in counties with populations ranging from just over 8,000 residents to nearly 37,000 residents. Though the counties vary significantly in population of total residents, the individual populations of the communities in which the schools are located is more similar. Data to determine school size was obtained from the Census Bureau (1999). School A has the junior high and senior high youth in two separate locations. These schools are located in communities with populations of less than 450. The junior high youth are in a town slightly larger than the senior high youth. School B's community population is nearly 4,300 and is the largest of the three school districts that participated. School C is located in a community with a population of approximately 900 residents. This study will use a rural sample of adolescents to evaluate adolescents' understanding of sexual terminology. The researcher will focus on gaining a deeper insight

into what sexual behaviors adolescents consider to fall within the range of abstinence, sexual intercourse, and virginity.

LITERATURE REVIEW

Transmission of AIDS and STDs

“Two-thirds of the estimated 12 million persons who acquire a STD annually are under the age of 25, and each year 3 million teenagers are infected with STDs” (CDC, 1994, p.3). The Department of Health and Human Services (1990) further notes that one in four young people have been infected by any STD by age 21. “An estimated 40,000 to 80,000 Americans become infected with HIV each year, or an average of 110-220 a day. Under current trends, that means that between 27 and 54 young people in the United States under the age of 21 are infected by HIV each day, or more than two young people every hour” (Office of National AIDS Policy, 1996, p. i).

The length of time between being infected with HIV and being diagnosed with AIDS has been cited as falling within the range of 2-10 years (Strunin, 1991; Boyer & Kegeles, 1991; Barth, 1996). Thus, individuals diagnosed with AIDS in their twenties very well likely became infected as adolescents.

In adolescents 13-19 years of age, HIV is most commonly found in males and racial and ethnic minorities. However, the Office of National AIDS Policy (1996) indicates recent increases in infection and diagnosis among females-“increasing from 14 percent of diagnosed cases of AIDS among adolescents in 1987 to 43 percent in 1994” (p.1). Increases in HIV and STDs affect the physical health, ability to bear children, and chances for a normal life span for these individuals (Kirby et al., 1994).

The HIV/AIDS virus may be spread from an infected individual to others through genital, anal, or oral sex; sharing needles from drug use, or from a mother to her child during

pregnancy and sometimes through breastfeeding (Riviera & Yzaguirre, 1994). HIV can be found in the blood, semen, or vaginal fluids of an individual affected with the virus.

STDs such as chlamydia, gonorrhea, herpes, Human Papilloma Virus (HPV) or genital warts, and syphilis can be spread through oral, anal, or vaginal intercourse.

Chlamydia is the most common STD in the United States, with approximately four million new cases occurring every year. (Riviera & Yzaguirre, 1994). Syphilis is a highly contagious STD that can be spread by direct contact with sores or lesions and can enter the body through broken skin, genitals, the mouth, and rectum. “Syphilis is transmitted very efficiently through oral-genital contact” (Riviera & Yzaguirre, 1994, p. 11).

Participation in Risk Behaviors

Oral Sex

Herold and Way (1983) conducted early research on oral-genital behavior in a sample of university females. Using a sample of 203 female students enrolled in undergraduate classes in sexuality and family dynamics, the researchers studied variables that affect oral-genital sexual behavior and discussion of this behavior with others. The sample ranged in age from 18-22 with an average age of 19.8. Forty-eight percent were in a committed relationship and fifty-two percent had experienced sexual intercourse (Herold & Way, 1983). Questionnaires using close-ended questions were administered to the female participants.

Nearly two-thirds of the young women had experienced oral sex and the majority did not feel guilty about it (Herold & Way, 1983). Sexual activity commonly has a hierarchy that starts with less intimate behaviors and progresses throughout the relationship. Herold and Way (1983) cite Kinsey et al. (1953) that oral sex was considered more intimate than intercourse and seldom occurred until intercourse had been experienced (p.335). However,

the current study results indicated that virgins also were experiencing oral sex (approximately one-third of those in the sample). Among some virgins, oral sex may be viewed as a substitute for intercourse (Herold & Way, 1983). The authors did find that for those women currently sexually active, oral sex was just considered another intimate behavior and was part of the intercourse experience. Herold and Way also cite Mahoney (1980) that among highly religious students oral sex generally preceded coitus, whereas among the less religious oral sex usually followed coitus (p.335). Thus since vaginal virginity is likely to be a priority among the highly religious, oral sex may be a guiltless act of intimacy.

Another finding by Herold and Way was that the young women in the study needed an emotional commitment from their current partner before they would participate in oral sex. The strongest predictor of having oral sex was personal ideology regarding the acceptability of oral sex (Herold & Way, 1983). In addition, intercourse experience was strongly related to oral-genital experience. Herold and Way (1983) found that once a woman has experienced either oral sex or intercourse, she is likely to experience the other behavior shortly thereafter.

A 1985 study by Coles and Stokes found that one-third of 13-18 year old adolescents had engaged in coitus and one-fifth had engaged in oral sex. Coles and Stokes (1985) also found a small number of students who had experienced oral sex prior to coitus. Fifty-nine percent of those youth that were coitally experienced had performed oral sex compared to sixteen percent of those without coital experience. The authors suggested as an explanation that abstaining from coital activity was more of an attempt to prevent teen pregnancy than to maintain virginity. Simon et al. (1990) note that:

in general, oral-genital contacts within both heterosexual and homosexual contexts appear to be firmly rooted in contemporary public sexual culture, or if you will, available cultural scenarios. While probably still exhibiting differential levels of incidence and frequency within various social classes, it is reasonable to assume that oral-genital contacts will continue to see substantial increases. Indeed, it is not unlikely that an associated trend toward viewing oral sex not as an aspect of foreplay in anticipation of coitus, but as an alternative to coitus, will also continue to increase (p.272).

For many students, sexual behaviors such as oral intercourse appear safer than vaginal intercourse. In 1996, Seal and Palmer-Seal investigated barriers to college students' condom use. Participants were compared based on condom use during first oral/vaginal intercourse with their current dating partner versus condom use during current oral/vaginal intercourse with their current dating partner. No risk was perceived for oral intercourse by 17.2 percent of individuals who did not use a condom during first oral intercourse and 18 percent of individuals who did not use a condom during current oral intercourse with their current dating partner. However, fewer individuals perceived vaginal intercourse without a condom as non-risky (6.8 percent for first vaginal intercourse with their current dating partner as compared to 2.2 percent for current vaginal intercourse) (Seal & Palmer-Seal, 1996).

Studies have been conducted that ask young adolescents about such sexual behaviors as oral sex. In a New York Times article by Tamar Lewin (1997) it was noted that oral sex was viewed by young people (high school youth) as less intimate and less risky than sexual intercourse. "Many girls also see it as a means of avoiding pregnancy and of preserving

virginity” (Lewin, 1997). According to one adolescent, “A friend told me she’d done it to a boy last weekend and I didn’t even think to ask if she’d used a condom. But if she were having intercourse, I’d maker her promise me that she would protect herself.” Another teen noted that “Oral sex doesn’t seem like sex” (Lewin, 1997).

School educators also perceive this level of sexual activity among their students and feel that “many of the adolescents see oral sex as safer than intercourse” (Lewin, 1997). Youth begin to question what this sexual behavior entails in the early puberty years, such as fifth and sixth grade, because they are curious. However, according to Dr. Cydelle Berlin, the health educator who founded the Adolescent AIDS Prevention Program at Mount Sinai Medical Center, “By seventh grade, they want to know if it’s really safer sex, and what are the mechanics. For girls, ‘do you spit or do you swallow?’ is a typical seventh grade question (Lewin, 1997).

Oral sex appears safe to these adolescents. However, they do not see the risk of exchanging bodily fluids. Any sexual activity that exposes an individual to someone else’s blood, semen, or vaginal fluids is risky. Syphilis and herpes are examples of STDs that easily spread through oral sex.” (Riviera & Yzaguirre, 1994, p. 14).

The previously mentioned study by Seal and Palmer-Seal (1996) found a perceived invulnerability to HIV/STD infection. The Health Belief Model postulates that one must recognize his own behavior as risky in order for preventive health behaviors to take place. Therefore, modifications in an individual’s beliefs are necessary. The basis of this model is that action will be undertaken to avoid disease when people believe they are susceptible to the disease, believe the disease would have a negative impact on their life, believe that preventive measures exist to reduce susceptibility, and believe that the benefits of

participating in a specific preventive action outweigh the costs (Thomas, 1996). According to Cochran and Peplau (1991), “the health belief model focuses on the importance of perceived susceptibility and seriousness of the disease as predictors of implementing behaviors that are viewed as effective at reducing risk” (Cochran & Peplau, 1991, p. 35).

Anal Intercourse

The hazard of contracting the AIDS virus (HIV) is relatively low when comparing oral sex to anal sex (Voeller, 1990). Anal sex carries a greater probability for transmitting the HIV virus. Padian and Marquis (1987) studied women whose sexual partners were HIV-infected males. They found that Northern California women who engaged in both vaginal and anal intercourse place themselves at double or triple the risk of HIV infection experienced by women who limited coitus to vaginal intercourse.

Voeller (1990) notes that the perception that heterosexual anal intercourse is rare is a product of the lack of physicians’ questioning their clients about this behavior. This may be due to an “inhibition most professionals feel in approaching patients or subjects with questions about ‘unusual’ sexual practices” (Voeller, 1990, p.282).

Voeller (1990) cites two studies that specifically identify occurrence of STDs as a result of anal sex. A study by Schmale, Martin, and Domescik (1969) is cited where 369 women who reported to a STD clinic were examined and interviewed. “Of 206 women with gonorrhea, 109 (53.1%) had rectal gonorrhea. In a subset of 112 women, 55 (49%) had rectal gonorrhea. Seven of these women (9%) had rectal gonorrhea alone (i.e., not cervically, urethrally, or vaginally infected), decreasing the likelihood that they became anally infected, for example, by vaginal seepage and cross-contamination rather than through anal intercourse.” (Voeller, p.292). A second study by Jones et al. (1985) in Indiana, “described

rectal chlamydial infection in 64 of 1,227 (5.2%) of the women tested, of whom 2.7% had negative genital cultures; 4.1% of the women gave a history of anal intercourse (Jones et al., 1985 cited in Voeller, 1990, p.294).

Additional studies by Voeller (1983, 1988) conclude that when vaginal or cervical infection is not present, but anal infection is, “the infection is more closely linked with anal intercourse than with seepage” (Voeller, 1990, p.294).

Reinisch, Hill, Sanders, and Ziemba-Davis (1995) conducted a study to find out if their previous findings from a 1988 convenience sample of a large Midwestern university were correct. Previous results indicated that the majority of college students have engaged in sexual behavior that places them at risk for both STDs and unplanned pregnancy. The authors examined age at first vaginal intercourse, anal intercourse, the prevalence and frequency of each type of intercourse, and the number of sexual partners for each type of intercourse (Reinisch et al., 1995). Each type of behavior was evaluated according to the respondent’s sex and whether or not the current sexual relationship was exclusive or not. Students completed a self-administered questionnaire on sexual attitudes and behaviors.

The majority of the college students in the sample (heterosexual students) had participated in sexual activity that could lead to both pregnancy and STDs. According to Reinisch et al. (1995) only 20 percent of the males and 20 percent of the females had never experienced vaginal or anal intercourse. “The average age at first vaginal intercourse was seventeen for both males and females, 17 percent of males and 18 percent of females had engaged in anal intercourse at some time in their life” (Reinisch et al., 1995, p. 82). Further, “38 percent of sexually experienced males and 36 percent of sexually experienced females

had engaged in vaginal intercourse with more than five partners in their lifetime” (Reinisch et al, 1995, p. 82).

The risk comes from the lack of or limited use of contraceptives to prevent these outcomes. “Approximately one-third of the respondents who had engaged in vaginal or anal intercourse during the previous year either had not used any form of protection against STDs or had used a method that provides little or no protection from either STDs or pregnancy (e.g., withdrawal or rhythm) at least some of the time” (Reinisch et al., 1995, p. 82).

According to the authors, only three in ten had used condoms or fewer than one in ten had used a barrier method that offers more limited protection from STDs such as a foam or spermicide.

Because of this behavior, “1 in 5 males, and nearly 1 in 3 females had been infected with a STD” (Reinisch et al., 1995, p. 82). Based on this finding and those of the 1988 study, it is evident that high-risk sexual behavior is common among college students even in an age of public education about these risks.

A study by Jaffe, Seehaus, Wagner, and Leadbeater (1988) “investigated the sexual behaviors of 111 sexually active inner city adolescent girls (44% Hispanic, 46.8% black)”. Further the relationship between knowledge of AIDS and worry about contracting AIDS to changes in sexual behavior was examined.

A questionnaire was distributed to adolescents at an adolescent health center that provides a broad spectrum of health care to a mainly poor, inner city, black and Hispanic youth population. The questionnaire addressed demographic information, sexual practices such as oral sex, anal intercourse, and condom use. In order to assess AIDS knowledge, youth responded to true/false/not sure questions addressing transmission and prevention of

AIDS. Fear was assessed by questions on worry about getting AIDS. "Change in behavior was assessed by asking whether the subjects had changed their 'sex life because of the AIDS problem'" (Jaffe et al., 1988, p. 1005).

The responses of 148 female adolescents were used for analysis. The age range for these youth was 13-21 with an average age of 17 years. The majority of the youth were attending school or had graduated from high school. A minority (14%) had dropped out of school.

Seventy-five percent of these young women were sexually active. "The mean age of this sexually active group was 17.2 years" (Jaffe et al., 1988, p. 1006). The majority of the youth were Hispanic. The average age of first intercourse was 14.8 years with 22.5% reporting sexual activity by age 13. However, the range of first intercourse was 11-18 years (Jaffe et al., 1988).

Results of the study found 25.2% of the girls reported participation in both anal and vaginal intercourse. Anal intercourse was associated with increasing age with no difference between blacks and Hispanics. Risk of HIV infection is higher for these youth due to their reported lack of condom use. Condoms were more likely to be used for vaginal intercourse and less likely for anal intercourse (Jaffe et al., 1988). Just under half (48.2%) of these sexually active young women had participated in oral sex. Similar to anal intercourse, oral sex was also noted to increase with age.

Jaffe et al. (1988) cited Marin (1986) that "sexual intercourse is usually considered to be inclusive of vaginal sex only; one reason is that some consider all heterosexual activity other than vaginal intercourse as foreplay" (p.1006). The taboo against discussing anal sex could also be another possibility for not including it as true sexual intercourse.

The findings of the study illustrate that knowledge may not bring about changes in behavior. Knowledge of AIDS increased with age and many adolescents admitted to worrying about AIDS. However, 54.6% of the adolescents had not changed their sexual activity to avoid getting AIDS (Jaffe et al., 1988).

One theory that could be used to explain the gap between knowledge of AIDS risk behavior and changing behavior is the Protection Motivation Theory. The basis of this theory is on how cognitive processes mediate attitude and behavior change (Prentice-Dunn & Rogers, 1986). Factors in young people's environments may encourage youth to participate in behaviors that are simultaneously high in risk and excitement. According to Stanton, Black, Kaljee, and Ricardo (1993):

In considering how to respond to the challenge (threat appraisal), youths balance the rewards accompanying the behavior, both intrinsic (personal pleasure) and extrinsic (family, peer, community, and societal approval), with the perceived severity of the negative outcomes and their perceived vulnerability to the threat (Stanton et al., 1993, p. 47).

At the same time the youth evaluate a protective action or coping appraisal. This takes place by balancing the likelihood that the protective action will reduce the threat and the belief that the youth can perform the protective action with success. Barriers to the protective action are also evaluated.

Prentice-Dunn and Rogers (1986) refer to the coping appraisal as an evaluation of the response costs, response efficacy and self-efficacy. These authors provide the following example in the case of protecting oneself from a STD:

Response costs may consist of inconvenience, expense, unpleasantness, disruption of

spontaneity, or nonsupport/displeasure from a partner. Efficacy factors consists of judgments about what personal responses will avert the perceived threat successfully, as well as the person's capability to implement the adaptive response successfully (Prentice-Dunn & Rogers, 1986, p. 249).

Dual appraisal of the threat and coping skills leads to protective motivation in which the adolescent either responds to the challenge of participating in the behavior by performing the behavior considered risky or uses the protective action. The presence of an effective alternative response is not enough. The adolescent must also have the belief that he/she is capable of implementing the preventive action.

Characteristics of Adolescents

Adolescents are often characterized as having concepts of invincibility that lead them to experiment in risky behavior such as sex and drugs. Further this group is often thought of as impulsive. According to Strunin (1991), adolescents are characterized as "being concerned with immediate risks rather than long-term risks" (p.222). Decisions are often made on immediate desires rather than consequences of those desires (Office of National AIDS Policy, 1996).

Identity formation occurs during adolescence. Often this includes the ability to develop intimate relationships and the formation of a sexual identity (Rosenthal, Cohen, & Biro, 1994). These youth develop a strong reliance on peer networks rather than parents for information and support. Thus, as autonomy from parents develops and youth create their own identities, sexual risk taking may occur. This is further influenced by affiliation with peer groups.

Smith (1994) identifies several risk factors associated with sexual risk-taking among

adolescents. These include low self-esteem, low educational level of mother, perceptions of peers' attitudes towards sexual activity, low religiosity, and age started dating.

Teenage high-risk behaviors may include early age of sexual activity, multiple sexual partners, drug use, and use of inadequate or no protection during intercourse. First intercourse usually occurs around age 16 (Zelnik & Shah, 1983 cited in Boyer & Kegeles, 1991, p. 13). These youth may also have intercourse with numerous partners or participate in a series of monogamous relationships (Sorenson, 1973 cited in Boyer & Kegeles, 1991, p. 13). Thus, the likelihood of teen pregnancy, STD infection, or HIV transmission is common among this age group, especially when barrier method contraceptives are not used consistently or at all. These teens are also participating in other risk behaviors such as anal intercourse, which increase the chances of HIV transmission.

Development theory can be used to help understand health beliefs and health-compromising behavior among adolescents. By using Piaget's Cognitive Development Theory researchers can begin to understand how adolescents develop their concepts of health. One of the concepts of Piaget's theory is that both the child's past experience and his internal maturation affect how the adolescent perceives the world. Assimilation and accommodation can be used to help explain the mechanism involved. Assimilation is "the process of taking in or understanding events of the world by matching the perceived features of those events to one's existing schemes" (Thomas, 1996, p. 237). In other words, the adolescent is assigning one or many meanings to an object based on maturity and past experiences. Accommodation differs from assimilation. According to Piaget, "assimilation reshapes the environmental input to fit existing schemes whereas accommodation revises or adds to the schemes to readjust for environmental factors that cannot conveniently be ignored

or distorted” (Thomas, 1996, p. 238).

Piaget’s stages of development can also be used to understand how adolescents develop their concepts of health. These stages include the sensorimotor period, the preoperational thought period, the concrete operations period, and the formal operations period. This last stage is thought to first become present somewhere between ages eleven and fifteen. According to Piaget, at this stage of development, adolescents can “now imagine the conditions of a problem-past, present, or future-and develop hypotheses about what might logically occur under different combinations of factors” (Thomas, 1996, p. 251). In other words, the adolescent can think abstractly.

Though formal operations are noted as the last of Piaget’s stages of development, adolescent thinking does differ considerably from that of adults. Adolescents merely have the framework for thinking abstractly but the detail is just to be filled in. Piaget notes that

The most obvious distinction between adolescent and adult thought is the greater lingering egocentrism displayed by adolescents. Teenagers with their newly acquired skills of logical thought are idealists who expect the world to be logical (Thomas, 1996, p. 252).

Further, as adolescents transition to formal operational thinking skills, a belief in the personal fable takes place. “The personal fable is the belief that the person is not vulnerable to natural laws that affect others (e.g., acquisition of STDs)” (Rosenthal, Cohen, & Biro, 1994, p. 251). This feeling of invincibility may lead to a lack of preparedness to respond to situations that place them at risk. Thus, “they may not perceive a need to avoid the risk or be aware that certain behaviors can place them at risk for contracting HIV” (Office of National AIDS Policy, 1996).

The Centers for Disease Control (1994) considers a risky behavior as “any activity that would allow the exchange of body fluids (semen, vaginal secretions, or blood) which could result in the transmission of HIV if one of the partners is infected. This means that all penetrative sexual intercourse (vaginal, oral, or anal) is risky if latex condoms are not used or are not used correctly” (CDC, 1994, p.7). Although oral sex does not carry the same risk as anal or vaginal intercourse, some risk is present due to the exchange of bodily fluids. For heterosexuals, most HIV transmission occurs through vaginal or oral intercourse. However, heterosexual women and homosexual men are at an increased risk for HIV when they participate in anal intercourse (CDC, 1994).

An individual’s perception of risk also plays an important role in altering sexual practices. In a study by Mays and Cochran (1990) on AIDS risk-related sexual behaviors among black Americans, a 1987 report by Weinstein is cited. When an individual has no perception of risk or the perception is inaccurate, the individual may not be motivated to alter sexual practices or may alter behavior ineffectively. According to Weinstein (1987; cited in Mays & Cochran, 1990), “Unsafe sexual behavior will not be perceived as risky if: (a) the individual is unaware of the relation between behavior and the level of risk; (b) the individual is aware but devalues the risk to the group (e.g., the black community); or (c) the individual is aware of risk to the group but devalues the extent of personal risk.”

Bishop and Lipsitz (1991) conducted a study to compare the sexual behavior of a 1988 sample of college students with that of a similar sample of students from 1982. The purpose was to compare “sexual behavior in the AIDS era to sexual behavior in a time just predating the problem for heterosexuals” (Bishop & Lipsitz, 1991, p.136). Both samples consisted of students who were younger than 25, had never been married, and were enrolled

in an introductory psychology class at a university in Kentucky (Bishop & Lipsitz, 1991). Most of the students were white and were either Catholic or Protestant. Most of the students surveyed were 18 or 19 years old. The males in the sample were slightly older than their female counterparts with the average age for males of 19.4 years compared to females' years of age, 18.8 (Bishop & Lipsitz, 1991).

Surveys were used to collect data on sexual behavior that addressed such issues as “whether intercourse had been experienced, at what age, with how many partners, and how many times” (Bishop & Lipsitz, 1991, p.138). Other questions addressed parental sexual standards and use of birth control.

Results of the study showed an “increase in sexual activity, a shift toward more permissive sexual standards, an increase in the use of birth control, and no indication of behavior change related to AIDS” (Bishop & Lipsitz, 1991, p.144). Sexual intercourse was not occurring at earlier ages, but more students were participating. The average age of first intercourse was around 16.5 for both genders. The questionnaire conducted in 1988 included questions on oral and anal sex also.

Seventy-two percent of the males and 82.8% of the females reported having received oral sex, and 68.6% of the males and 76.3% of the females reported having given oral sex. Fourteen percent of the males and 17.4% of the females indicated that they had participated in anal sex. (p. 140)

An increase in the number of sexual partners was also present (Bishop & Lipsitz, 1991). Results of the 1988 survey indicated that students in 1988 reported more frequent use of birth control and more likely use of contraception at last intercourse than students from the 1982 sample. Despite this finding, disease did not appear to be a concern for many of these

individuals.

First, even for the 1988 subjects, condom use at last intercourse was relatively low, 36.8% for males and 21.8% for the partners of females. Secondly, condom use did not increase (and even decreased for females) between first and last intercourse.

Although this could have been because students felt more confident that their partners were AIDS-free, it might also have been because they had been using condoms solely for contraception and had switched to another method. Thirdly, over 20% of the students had had seven or more partners during a two and a half-year period. And finally, when asked if they had discussed AIDS with their most recent partner, over three quarters of the students said they had not (Bishop & Lipsitz, 1991, p. 146).

Stanton, Black, Keane, and Feigelman (1990) conducted a study to determine what factors were associated with participation in HIV risk activities. The authors noted that more than knowledge is necessary to prevent youth from participating in high-risk behaviors. A gap exists between knowledge and behavior. There are several factors that influence this gap and can be used to explain why knowledge does not always determine behavior.

One factor is sociocultural background. According to Stanton et al. (1990), “Increasing evidence suggests that if a risk behavior is prevalent within a local population, the patterns underlying it are a part of the cultural system. For example, the youths’ perception of the behaviors and the attitudes of their peers are important predictors of sexual activity” (p. 19). A second factor is the appeal and benefits of sexual activity and drug use. “The immediate benefits associated with risk behaviors will be of paramount importance. For example, adolescents describe their sexual activity as a means of giving pleasure, expressing their “love,” experiencing pleasure, or satisfying their curiosity” (Stanton et al.,

1990, p. 19). Because risk for young adolescents is only conceptualized at the immediate level or in concrete terms, the benefits of risk behaviors may appear greater at this age than for adolescents who can conceptualize risk abstractly (Irwin & Millstein, 1986, cited in Stanton et al., 1990, p.19).

A third factor to consider is biologic development, which influences the timing of sexual behaviors. This would include the puberty and the physical development of breasts, muscles, in addition to the onset of menstruation for young women. Cognitive development and personality characteristics also play a significant role. As adolescents mature their thinking changes from concrete to abstract and the ability to think in terms of causal relationships develops. “As their ability to think abstractly develops, young adolescents may experiment with cause and effect relationships, but in a fashion that ill reflects reality (Irwin & Millstein, 1986 cited in Stanton et al., 1990, p. 19). Therefore, perceived vulnerability to HIV infection may be low, reducing the likelihood of appropriate health-seeking behaviors” (Kirscht, 1974) cited in Stanton et al., 1990, p.19). Low feelings of self-esteem and a lack of self-determinacy may also affect risk-taking behavior (Stanton et al., 1990).

Knowledge of HIV/AIDS

In 1986, Strunin and Hingson conducted a statewide random-sample survey in Massachusetts assessing the knowledge, beliefs, attitudes, and behaviors of adolescents about AIDS. “The majority of the adolescents knew that AIDS can be transmitted from other body fluids but were unclear about which fluids and how the virus enters the body. Twenty-two percent were unaware that AIDS is transmitted by semen, and 29% were unaware that it is transmitted by vaginal fluids” (Strunin & Hingson, 1987, p.827).

“The majority of adolescents knew that AIDS is related to blood, other body fluids,

and sexual and drug behaviors, but many had a limited understanding of the mode of transmission. Even among the highest risk groups a substantial minority do not even know what sexual and drug precautions are necessary to avoid transmission of the virus. Only 15% of sexually active adolescents reported changing their sexual practices to avoid contracting AIDS, and only 20% of those who changed mentioned truly effective precautions [condoms, abstinence]” (Strunin & Hingson, 1987, p.827).

Two 1988 studies of adolescents aged 16-19 were conducted in Boston, MA to explore differences among adolescent’s knowledge about AIDS, perceived risk of infection and what sexual behaviors placed one at risk for infection. Youth from white, black, Hispanic, and Asian ethnic groups were surveyed either through a telephone survey or a self-administered questionnaire. Fifty percent of the respondents were male, with 45% being black, 26% white, 13% Hispanic, and 11% Asian (Strunin, 1991, p.223).

The study found that “of the adolescents who said they had been taught about AIDS in school, 90% or more, of all groups had been taught how to avoid getting the disease. However, giving the correct answers to questions about sexual or drug use transmission does not necessarily reflect their understanding about transmission” (Strunin, 1991, p.226).

“Responses to questions about casual and sexual transmission of AIDS [in both studies] suggest that many adolescents misunderstand how the virus gets into the body. If they do not understand the mode of transmission they may not understand or accept the suggested means to avoid contracting the virus” (Strunin, 1991, p.226).

A 1990 study by Roscoe and Kruger set out to determine knowledge of late adolescents concerning AIDS and how their sexual behavior has changed as a result of this knowledge. Survey instruments were randomly mailed to 750 juniors and seniors enrolled at

a Midwestern university with a population of 17,000 during the fall semester of 1987. “Only late adolescents were included in the study because it was believed they were more likely to be sexually active, to have been so for a longer period of time, and thus more likely to have had the opportunity to change their sexual behavior” (Roscoe & Kruger, 1990, p.42). One hundred sixty-six females and eighty-nine males made up the final sample. The average age of the adolescents was 19.7. The majority of the youth were seniors and heterosexual. “Fifty-three participants were not dating anyone at the time of data collection, eighty-eight were involved in a dating relationship, eighty were going steady, two were engaged, and twelve were living with a member of the opposite sex” (Roscoe & Kruger, 1990, p.42). The average age at first intercourse was 17.4 for males and 16.4 for females. The survey questions addressed questions on AIDS knowledge, demographic items, and changes in sexual behavior due to fear of AIDS.

Keeling provided insight into why assessment of adolescents knowledge of AIDS is such an important issue to study. For many adolescents, AIDS is heard about daily but is not seen as a “personal problem” (Keeling, 1987 cited in Roscoe & Kruger, 1990). Due to the invulnerability adolescents perceive themselves to have, they do not worry about AIDS. Roscoe and Kruger (1990) cited Keeling (1987) in a concern that “if young people do not see the threat of HIV infection as immediate and specifically relevant to them, they will not take precautions, tolerate essential restrictions imposed by these precautions, or provide peer support for those who choose to be careful” (Roscoe & Kruger, 1990, p. 42).

Adolescents in this study were highly knowledgeable on the topic of AIDS with more than ninety percent answering two-thirds of the questions correctly. However, fewer than half answered the question on the cause of AIDS correctly. The timing of the study may

have played a significant role in explaining the level of knowledge these youth had. This increase in knowledge may have been due to “the different questions posed in the surveys; greater awareness of AIDS today; more education programs; more professional and lay literature on the subject; the large number of reports in the mass media; and the recent safe-sex commercials on television and radio” (Roscoe & Kruger, 1990, p. 44).

While level of AIDS knowledge was fairly high, only 34% of participants had actually changed their sexual behavior because of AIDS. Roscoe and Kruger (1990) note that since the youth “do not see any immediate negative consequences of unprotected sex, they assume they are not susceptible” (p.45). Another possible explanation cited by the authors is that these youth were already practicing safe sex. No questions addressed this issue.

Of those youth that did change their sexual behavior, for many it included being “more selective”. Roscoe and Kruger (1990) cite the work of Smilgis (1987) that a concern is how these youth are being more selective. Many adolescents have the misconception that if their potential partner does not have any blisters or other physical abnormalities or does not “look” like they are infected with a disease, then they must be safe (Smilgis, 1987 cited in Roscoe & Kruger, 1990).

MacDonald, Wells, Fisher, Warren, King, Doherty, and Bowie (1990) examined data to determine behaviors among “postsecondary students that could influence their risk of acquisition of STDs and HIV” (p. 3155). First-year college students in all regions of Canada were sampled. The institutions from which the sample of students was drawn included community colleges, universities, and other postsecondary institutions such as technical or agricultural colleges. A total of fifty-one institutions participated totaling 5514 eligible

students who were younger than 25 and registered in their first year (or second year in Quebec) class. The students ranged in age from 16-24 with an average age of 19.6 for women and 19.8 for the men. There was 1 male to 1.4 females.

The students answered a 142 item anonymous questionnaire that focused on knowledge and attitudes regarding STDs and HIV, as well as on current sexual practices and behaviors (MacDonald et al., 1990). Survey questions also addressed demographic characteristics, such as whether students lived with family or relatives, roommates, or alone, academic achievement, and socioeconomic background in addition to questions of lifestyle addressing church attendance, alcohol, cigarette, and substance use (MacDonald et al., 1990). Mental health, self-esteem, quality of relationships with parents and peers, and STD/HIV knowledge were included in the survey.

Results for the men surveyed indicated the living arrangements included 59.3% who lived with family or relatives, 31% who lived with a roommate(s), and 9.7% who lived alone. Women's results determined proportions of 55.3%, 34.4%, and 10.3% respectively. Substance use was relatively common. (MacDonald et al., 1990).

Many of the students had better knowledge of HIV than STDs. However, there were still gaps in knowledge. "Almost half of the students were unaware that STD infection can be asymptomatic and that genital herpes can be acquired during oral sex. In addition, 12.6% were unaware that oral contraceptives did not protect women from STDs" (MacDonald et al., 1990, p. 3156). At least 14.3% of coitally active males and 18.6% of coitally active women had participated in anal intercourse at least once. Further, as the number of sexual partners increased, so did the number of individuals who had participated in anal intercourse. (MacDonald et al., 1990). As the number of partners increased however, condom use

declined for female respondents. Consistent condom use was not common in this sample. Only 16% of women and 25% of men reported consistent use of condoms. The data indicate that fear of an unintended pregnancy rather than fear of AIDS was the main reason for condom use (MacDonald et al., 1990).

“Overall, 5.5% of the sexually active students reported having had at least one diagnosis of a STD, and the STD history increased with the number of partners” (MacDonald et al., 1990, p. 3157). However, although the majority of students were aware of the sexual activities that increased the risk of HIV and of safe sexual practices such as condom use, they still participated in risky behaviors (MacDonald et al., 1990). Unprotected intercourse was high in this group of adolescents as were STD rates. The high level of STD rates in these adolescents is an area of concern. High STD rates may lead to transmission of HIV. “Recent studies have shown that unprotected heterosexual intercourse in the presence of genital ulcer disease (e.g., chaneroid, syphilis, and herpes) and perhaps genital C trachomatis substantially increases the risk for HIV transmission” (Quinn, Glaser, Cannon et al., 1988 cited in MacDonald et al., 1990, p. 3158).

Sexual Behaviors Defined

The emphasis on abstinence education, especially as defined by welfare reform, creates a need to identify what adolescents perceive as abstinence if educators are to be effective in promoting abstinence as a healthy lifestyle choice until marriage.

According to the Centers for Disease Control (1994), “for HIV prevention and other public health purposes, abstinence may be defined as refraining from practicing sexual activities that involve vaginal, anal, or oral intercourse” (p.7). The Descriptive Dictionary and Atlas of Sexology follows suit with a similar definition that abstinence is “the voluntary

decision not to engage in sexual/genital relations of any kind” (Francouer, Perper, & Scherzer, 1991, p.5). While these definitions provide an explicit definition of the term abstinence, youth may not receive such an explicit definition in the classroom. Abstinence may be defined as not having sexual intercourse or maintaining one’s virginity. Often legislation regarding abstinence and instructional materials available to teachers fail to establish the specific terms of sexual activity (Horan et al., 1998). Horan et al. (1998) report that a 1997 search through the CDC’s comprehensive school file of the Combined Health Information Database “found 433 references to brochures, curricula, and videos which discuss sexual abstinence but only 50 references to abstinence from vaginal intercourse, and a mere 27 references to abstinence from anal and/or oral intercourse” (p.54). Thus, many curricula do not appear to specify which behaviors youth must abstain from in order to prevent STDs and HIV. However, unless youth receive explicit definitions of these terms, the abstinence message may be lost.

Francouer, Perper, and Scherzer (1991) offer the following definitions of sexual intercourse and virginity:

Sexual Intercourse-A technical synonym for coitus or copulation; the act of inserting the erect penis in the vagina or anus. The term is also used in conjunction with qualifying or descriptive adjectives (e.g., anal, interfemoral, or oral intercourse). More broadly placing the emphasis on sexual communications and interactions, sexual intercourse includes the entire proceptive and acceptive interaction from loveplay through intromission, orgasm, and afterplay. (p.314)

Virgin-A man or a woman who has never had sexual intercourse. (p.701)

Specific definitions such as these are necessary for youth to fully understand what the term abstinence means. According to Richards (1955) the learner's or educator's frame of reference play an important role in how each individual receives a communication. Gill (1994) is cited in Horan et al. (1998, p. 53) that "an individual's meaning for a word may be both denotative, providing a descriptive meaning that can be used in categorizing, and connotative, providing a meaning that subsumes the denotative but also includes the emotional context and individual affects that are associated or triggered by the denotative meaning." For example, how an adolescent perceives the term abstinence may be dependent on the context of that youth's life. One youth may hold high religious values and perceive that abstinence may only occur in the context of marriage. Another youth may experience a different context and include in his/her definition of abstinence that it is limited to vaginal intercourse but that oral sex would be acceptable.

Horan et al.'s (1998) study set out to establish the denotative meaning that college students attach to the term "abstinence". Completed surveys were received from a total of 1131 psychology students enrolled in an introductory psychology class at a large southeastern university. Student surveys used for the study totaled 1101. Students were asked to "indicate whether a series of sexual behaviors were abstinent or not abstinent" (Horan et al., 1998, p. 55). These behaviors were taken from the survey developed by Swinford, Haines, Fabiano, and Keeling (1994). The behaviors used for the question were "vaginal intercourse, phone sex, sexual thoughts about another person, anal intercourse, dry kissing, wet kissing, bathing or showering together, manual stimulation to orgasm of another person, masturbation (alone), oral contact with another person's genitals, and oral-anal contact (Horan et al., 1998, p. 58). Student responses were then compared to the definition

of abstinence provided by the Centers for Disease Control (1994). Students were also surveyed on demographic factors including relationship status and sexual orientation. Sexual activity was determined by responses to the question, "Have you ever willingly engaged in sexual intercourse (Defined as Anal: penis in male or female rectum; Vaginal: penis in vagina; Oral: male or female mouth on penis or vagina)?" (Horan et al., 1998, p. 58). According to Horan et al. (1998), consistency with the CDC definition of abstinence was only received by twenty-one percent of the respondents. High percentages of students identified risky sexual behaviors such as anal intercourse and oral intercourse as abstinent.

Additional studies have been conducted among college students to determine their perceptions of what is sex. A recently published study by Sanders and Reinisch (1999) explains the importance of "explicit criteria in contrast with implicit assumptions" on whether or not oral-genital contact is regarded as having sex. According to Sanders and Reinisch (1999), social and legal definitions of "sex", "sex act", "having sex with", "sexual relations", and various crimes related to having "had sex" vary depending on the sources, but often refer to sexual intercourse which, in turn, is often defined as coitus or copulation. In addition, the authors note that some individuals may regard activities outside penile-vaginal intercourse as a way to maintain "technical virginity" (Sanders & Reinisch, 1999).

From their study of a randomly selected, stratified undergraduate sample at a major Midwestern university, 60% of the respondents did not consider oral sex as "having sex" (Sanders & Reinisch, 1999). Further, 19% of the sample did not consider anal sex as "having sex". The authors also found of those who had experienced (1) both oral sex and penile-vaginal intercourse, (2) neither of these behaviors, or (3) only penile-vaginal intercourse, 59 percent said that oral-genital contact did not constitute as having "had sex" (Sanders &

Reinisch, 1999). In addition, those respondents whose only sexual experiences were limited to oral sex were even more likely to say that oral sex was not defined as having “had sex” (Sanders & Reinisch, 1999).

Given the high rates of oral and anal intercourse noted in the studies of college students and the broad definition provided by college students for the term “sex”, it is imperative to establish how young adolescents (junior high and high school) define terms of sexuality. In particular, since much sexual health education occurs in the junior high and high school years, it is essential that studies are conducted to ascertain how these youth define “abstinence” and “sexual intercourse”. It is also important to determine adolescents’ knowledge of behaviors that prevent pregnancy but that put them at risk for HIV and STDs.

Sonenstein, Ku, and Pleck (1997) addressed the challenges in studying adolescents when it comes to determining definitions of sexual activity, especially when those youth had not yet had sexual intercourse. As part of the National Survey of Adolescent Males (NSAM) qualitative interviews were conducted with 15-19 year old males. According to the authors, the young men had different views of what “having sex” meant. “For example, one teen thought that touching a female’s breast counted. Others in the preliminary pilot test of the interviews were unsure whether certain behaviors such as receiving masturbation or oral sex should be included as sexual intercourse” (Sonenstein, Ku, & Pleck, 1997, p.96). This difference in interpretation of terminology was also evident in questions addressing that one counts as a sexual partner. “One respondent thought that a sexual partner was anyone that he ‘went on a date with, kissed or had sexual intercourse with’. Still another said that a partner implies that there is an investment of meaning in the relationship; a meaningless sexual

experience in which there are no feelings involved might be excluded from the partner designation” (Sonenstein, Ku, & Pleck, 1997, p. 96).

Sexuality Education

Sex education often focuses on anatomical and reproductive aspects in addition to more comprehensive concepts such as gender roles, sexual attitudes, feelings, behaviors, and interpersonal relationships. Most adults agree that there is a concern about teen sexual activity, however, they disagree about the nature of the issue. While some adults are more concerned with the early age of initiation of premarital sex, others worry about teen pregnancy and still others worry about the contraction of STDs.

Trudell (1993) further notes that although most adults support sexual education in the school, there is much disagreement over the content, method, and timing of curricular offerings. According to Donovan (1998), “although national and state polls consistently show that 80-90% of adults support sex education in schools-including instruction on contraception and disease prevention in addition to abstinence, many school districts are under intense pressure to eliminate discussion of birth control methods and disease-prevention strategies from their sex education programs” (p.188).

Supporters of sexuality education say that the goal is to do more than reduce teen pregnancy and STD rates. Rather, the goal of sex education is to “give young people the opportunity to receive information, examine their values, and learn relationship skills that will enable them to resist becoming sexually active before they are ready, to prevent unprotected intercourse, and to help young people become responsible, sexually healthy adults” (Donovan, 1998, p.188).

Opponents of sex education continuously place pressure on local school boards, but

this concept is not new. This controversy led legislatures in twenty states to restrict or eliminate sexuality education in the early 1970s. (Donovan, 1998). However, the emergence of the AIDS epidemic and the recognition that AIDS could be spread through HIV led schools back to including sexuality education. Many schools in the 1980s were required to provide STD and AIDS information. “As of 1997, nineteen states and the District of Columbia had laws or policies that required schools to provide sexuality education, and thirty-four states and the District mandated instruction about HIV, AIDS, and other STDs” (Donovan, 1998, p.189). Assistance has been provided by the CDC to aid states and agencies in improving HIV education in schools. According to Kirby et al. (1994) the two most common messages emphasized are “abstinence and how to resist pressures to become sexually active and responsibility regarding sexual relationships and parenthood” (p.340).

Ninety-three percent of educators reported that sex education or AIDS education is offered in their schools. The majority, 77%, report both sex education and AIDS education is provided. Students in schools that provide sex education are most likely to receive instruction in this topic in the ninth and tenth grades.

The educators also commented that sex education is usually not taught as a separate course but as part of another subject such as health education. “Eighty-one percent of teachers report that the sex education in their school is part of health instruction; 40 percent, that it is part of home economics; 38%, biology or another science class; 11%, a physical education course; and five percent, some other course” (Forrest & Silverman, 1989, p.67). AIDS education is usually taught separately and is offered as part of the health classes.

The educators were asked to list and rank “the three most important messages or pieces of information that they would like to get across to students”. “Three topics are each

named by more than a third of the teachers as one of their most important messages- exercising responsibility regarding sexual relationships and parenthood, knowing the importance of abstinence and how to resist pressures to become sexually active, and having information about AIDS and other STDs” (Forrest & Silverman, 1989, p.67).

Almost all sex education instructors cover transmission of AIDS and STDs. Ninety percent of educators talk about sexual decision-making, abstinence, and birth control methods. Decision-making and abstinence are taught at any grade level. However, methods of birth control are usually reserved for older adolescents (Forrest & Silverman, 1989). A limited number of educators discuss abortion or ethical issues surrounding abortion. However, educators are more likely to discuss abortion than homosexuality or safer sex practices (Forrest & Silverman, 1989).

A little over half (52%) of sex educators cover where to go for birth control methods although this topic is less likely to be approached with younger adolescents such as seventh graders. A majority of educators note that discussion of birth control methods is part of their curriculum. This topic is more likely to be approached with youth in the higher grades than with younger adolescents. “When birth control methods are in a sex education curriculum, they appear to be taught in addition to abstinence rather than instead of it: Teachers are more likely to teach about abstinence if methods are in their curriculum than if methods are not in their curriculum” (Forrest & Silverman, 1989, p. 68).

The topic of birth control methods illustrates the gap between what teachers think should be taught in sex education and what is actually taught. For example, ninety-seven percent of teachers feel that sex education should address where to obtain birth control methods, but only forty-eight percent are in schools that address this topic (Forrest &

Silverman, 1989). Another example is illustrated by the age in which sex education is offered. “About 75% of teachers think that sexually transmitted diseases and abstinence should be covered in grade seven or earlier, but only 34-37 percent of teachers are in schools where the subject is taught in the seventh grade” (Forrest & Silverman, 1989, p. 68).

“Encouraging abstinence is one of the most commonly cited goals of sex education teachers. Eighty-six percent teach that abstinence is the best alternative for preventing pregnancy and STDs, and one percent teach that it is the only alternative” (Forrest & Silverman, 1989, p. 69). Despite this message, many educators perceive that their students are sexually active. “Seventy-three percent think that at least one-quarter of 10th graders have had sex, and 46 percent and 63 percent think that at least half of their 11th and 12th graders, respectively, have had intercourse” (Forrest & Silverman, 1989, p. 69). This assessment is most likely correct. Forrest & Silverman (1989) cite Hayes (1987) that “almost a quarter of male and female American teenagers have had intercourse before their 16th birthday (p.69). For most youth this generally occurs in the 10th grade. By the time adolescents celebrate their 18th birthday, slightly more than half have had intercourse.

Many of the educators cover STDs including AIDS, gonorrhea, syphilis, and genital herpes, but are less likely to cover chlamydia, genital warts, and pelvic inflammatory disease (Forrest & Silverman, 1989). Educators tend to focus on transmission of AIDS and STDs, effects of having a STD, prevention through abstinence and condoms, and symptoms of the diseases (Forrest & Silverman, 1989). Prevention measures and symptoms are more likely covered with AIDS than with other STDs.

Other Factors That Influence Teen Sexual Activity

Religion

A 1980 study by Young examined the “attitudes toward and behavior relative to oral-genital sexuality among students attending a private church-related college” (p.62). A stratified, randomly selected sample of undergraduate students enrolled at a small (enrollment 680) Southern Baptist college was obtained. The final sample included 92 students with 41 males, and 51 females. The majority of the male sample was white and all the female sample was white. Subjects completed a sexual behavior inventory and an attitude scale. The sexual behavioral inventory collected data on sexual intercourse, giving oral sex, receiving oral sex, and love as a prerequisite for participation in a specific sexual behavior. Further an attitude scale was administered to measure attitude of the subjects to oral sex. Each subject’s score was classified as either favorable, neutral, or unfavorable (Young, 1980).

Students who had previously participated in oral sex and those who had sexual intercourse had a more favorable attitude towards this behavior. Students with high church attendance were more likely to have an unfavorable attitude towards oral sex. “Results concerning behavior showed that men and women who had participated in sexual intercourse were more likely to have both administered and received oral-genital contact” (Young, 1980, p. 64). Men, however, were more likely to have participated in oral sex than were women. Those who reported low church attendance were more likely to have participated in oral sex. In addition, these individuals had more favorable attitudes towards oral sex.

Results of the present study indicate that among students who reported participation

in oral-genital behavior women were more likely than men to require love as a necessary prerequisite for their participation (Young, 1980).

Media

The media is often criticized for promoting promiscuous sex. The content of prime time television has changed from shows such as *Mork and Mindy* and *Little House on the Prairie* to family hour shows including *Beverly Hills 90210* and *Friends* (Whitman, 1997). According to a U.S. News and World Report by Whitman (1997), "Several studies have found that prime-time network shows implicitly condone premarital sex, and air as many as eight depictions of it for every one of sex between married couples." (p. 210) Sexual relations outside of marriage are portrayed as the norm in many of these shows.

Alcohol and Drug Use

Although not a direct risk, alcohol may serve to free inhibitions against engaging in sexual and/or other drug use behaviors and affect the use of contraceptives or the participation in other risky sexual behaviors (Strunin, 1991).

A 1990 study by Gayle et al. to examine HIV prevalence among college campuses noted that IV drug use is not a major concern on university campuses. However, the use of alcohol and other drugs impairs judgment and may lead to unsafe sexual behavior. These individuals may be more likely to be careless about their safety and thus not take the care to protect themselves.

An examination of the literature indicates the need to research further how adolescents define sexual terminology. The main research question focuses on determining what sexual behaviors adolescents consider to fall within the range of abstinence, sexual intercourse, and virginity. Specifically, the researcher hopes to determine whether or not

sexual behaviors such as oral sex and anal sex are perceived by adolescents as activities that do not fall within the category of “having sex.”

METHODS

Subjects

Survey Study

Subjects for the study were 282 rural adolescents. The youth ranged in age from 12 years of age to 18 years. Specifically, the composition of the sample was 34 12-year olds, 67 13-year olds, 57 14-year olds, 51 15-year olds, 39 16-year olds, 28 17-year olds, and 5 18-year olds. The sample consisted of 124 males and 155 females. Three additional youth did not identify their gender. Each of three school districts was approximately equally represented with 35.1 percent of the sample representing school A, 32.6 percent representing school B, and 32.3 percent representing school C. 93.6 percent of the student population classified themselves as white.

Interview Study

Two boys and two girls who participated in the survey were contacted to participate in the interview portion of the study. The students for the interviews were selected because of their maturity in being able to respond to questions delving into the topic of teen sexual activity and their willingness to participate in such an interview. The four students were leaders in their schools through their participation in athletics. The high school health teacher at school A and the high school principal at school B made the initial contact with the youth.

Because the educators selected the youth to participate in the interview there may be some bias present. As previously mentioned the youth were all leaders in their schools. The educators most likely selected students they were familiar with. In addition, the students

were most likely selected by these educators because of their level of maturity and possibly because of their social skills.

The researcher's initial assessment of these youth is that they fit within the upper bracket of the schools' social hierarchies. Their active involvement in each of the schools and their appearance during the interview lead the researcher to this conclusion. Thus, these students' opinions may not be generalizable to the entire student population.

The health teacher at school A obtained parental consent while consent was obtained by the researcher at school B. The parents were reminded of the purpose of the study and told that the researcher would like to interview their child to gain further insight into the opinions generated through the survey. They were informed that all answers would be kept confidential. All parents allowed the youth to participate in the interviews.

The educators arranged the interview schedules with all interviews being conducted on school property. Students in school A were excused from health class while those at school B participated in the interview during study hall. The four adolescents asked agreed to participate in the interviews.

Procedure

Survey

One of the early steps in the research project was the development of the survey. The survey contained both open and close-ended questions for youth to respond to. Prior to recruiting schools to participate in the study a focus group was held as a means to test the questions on a group of young people. Five youth in grades ninth through twelfth were recruited to participate in the focus group. The County Extension Education Director (CEED) of a small rural community in the Midwest recruited these youth and obtained

parental consent. The youth were informed that the researcher is a friend of the CEED and is working on her master's degree at Iowa State University. The CEED told the youth the researcher needed to make sure the survey was understandable to young people like them and wanted their input as to how to improve the instrument. The youth were further informed that the survey was based on sex education and participation was voluntary.

The focus group consisted of two males and three females. Prior to beginning the discussion the youth were served refreshments. During this time the CEED introduced the researcher to the young people and used this time to help the researcher and youth become familiar with each other. Each youth received a copy of the survey to examine. The discussion lasted nearly one and one-half hours with the CEED present during the first 10-15 minutes.

Most of the discussion focused on the open-ended survey questions. The youth were supportive of the questions and offered insight as to how they would interpret and respond to each question. Several of the youth offered suggestions as how to improve questions and even suggested additional questions to delve deeper into the issues the researcher was focusing on. For example, one youth indicated that the question on dating was not an appropriate question to really understand this concept. The question was asking youth to indicate when they had first begun dating and how often dating occurred. One youth shared that to truly understand this question the researcher should ask the youth that would take the survey how they describe dating and what a typical date consists of. Further, a couple of the youth felt that a question should be added to identify how much time youth spend unchaperoned with a member of the opposite sex. While dating may occur during the

weekend, a significant amount of time may be spent unchaperoned during the week, especially during after school hours.

Upon reviewing the entire survey the youth agreed that after making their recommended changes the survey should be more understandable to their peers. None of the five focus group participants felt threatened by the survey as it did not specifically ask about their personal sexual behavior but asked about teenage relationships in general. All responses during the focus group were recorded by hand to ensure the comfort of the youth during the discussion. The discussion was not audiotaped.

Prior to recruiting schools to participate in the survey, permission was granted by Iowa State University's Committee to Review Research Involving Human Subjects. A total of seven schools were contacted with only three responding in affirmation. The first schools contacted had received state funding for abstinence education from the State Department of Public Health or a teen pregnancy prevention grant from the State Department of Human Services. Additional schools were contacted based on proximity to the researcher's residence and occupational site. The main criteria on selecting the schools to participate in the survey was their location in a rural community with a relatively small student population.

The first step in recruiting the schools was to contact the school superintendents or principals about the study. Those interested were sent a cover letter explaining the study in addition to a copy of the survey and examples of parental consent letters (see Appendix A, B, and C). Contact was then made once more with those school districts to answer any questions and to arrange a time to meet in person to discuss the study further. School A invited the researcher to a meeting with the superintendent, physical education/health teacher, and K-8th grade guidance counselor. This meeting was used to inform the key

people of the study and to clarify any points of concern. Permission was granted by all present to conduct the survey. School B held a private meeting with the high school principal and the researcher with final consent being obtained from the school's superintendent via telephone. School C invited the researcher to a faculty meeting during which the researcher shared the purpose of the study and responded to questions. Permission was granted by the superintendent to administer the survey.

Among those schools that did not want to participate the argument was made that the questions were not appropriate for this age group and that the community would not support the school participating in such a survey. One school agreed to participate if the open-ended questions could be removed. This action was vetoed as the heart of the study is in those questions.

Physical education teachers, guidance counselors, and principals played an active role in the recruitment of youth to participate in the survey. Both school B and C were asked to recruit students in the seventh through twelfth grades. School A was only asked to recruit students through the eleventh grade as this survey was conducted in the spring and twelfth grade youth would not be available in the fall to conduct a follow up interview with.

Parents of each student received an informational letter in addition to a parental consent form. Parents were informed that the survey was completely voluntary and that no student would be penalized for not participating. Parents were also provided the researcher's name, telephone number, and e-mail address in order to contact the researcher with concerns. Only those students who returned a parental consent form were allowed to take the survey. The educators assisted the researcher in verifying which students were eligible to participate in the survey. The researcher administered surveys to all youth during class time. School A

elected to allow the middle school youth to take the survey during physical education class while the high school youth completed the survey during health class or study hall. All students at school B were administered the survey during lunch and study hall. Finally, school C's surveys were administered during physical education.

Prior to receiving the survey all students were given a personal permission slip to sign indicating their acknowledgment that the survey was confidential and voluntary and that the youth were participating on their own free will (see Appendix D). The researcher read over the form with the students and had the students sign and return the form prior to receiving a survey. The youth were reminded that all of their answers were going to be kept confidential and there would be no right or wrong answers to any of the questions. In order to reduce influence of peers all youth were monitored closely and not allowed to talk to their peers while taking the survey. Upon completion of the survey the youth received refreshments and a \$1 gift certificate to either Hardee's or McDonalds. School B did not receive refreshments for those students who took the survey during study hall per the principal's request. However they still received a gift certificate.

Interviews

Semi-structured, open-ended questions were developed after analysis of the survey data was complete. The health educator in school A and the principal in school B were asked to select students that they felt could maturely respond to questions delving deeper into the issue of teen sexual activity. Further, the researcher encouraged these individuals to select students that would not feel uncomfortable answering these types of questions in a private setting with the researcher. They recruited one male and one female student each to participate in the interview.

Parental consent was obtained prior to conducting the student interviews (see Appendix E). Interviews were conducted with four adolescents. The researcher was the interviewer. Prior to each interview adolescents were offered refreshments and given a gift of \$10 for their participation. The youth were also asked to sign a consent form acknowledging that all information obtained in the interview would be kept confidential, meaning the youth's name or school would never be associated with the data. Further the youth were reminded that participation in the interview was voluntary with no penalty for not participating and that the youth could pass on any question he/she was uncomfortable answering. All interviews were conducted on school property in a private room with just the youth and the researcher present. The youth were informed that the interview would be audiotaped. Interviews ranged in length from thirty minutes to forty-five minutes.

After the interview data was written up, the researcher gave each student that participated in the interviews a copy to review. Students were asked to read the text to confirm that the researcher had interpreted each student's thoughts correctly. Further, students were told that they had the option of asking the researcher to remove any of the text which made them uncomfortable. Each student was given the data in a manila envelope in which they sealed and returned to the researcher via the health education teacher or the principal. Among the four interview participants, no students had any additions or corrections to the text.

Instrument

Survey

Adolescents were administered a 48-item self-report survey (see Appendix B). The surveys included a cover letter explaining the purpose of the survey, a reminder that the

survey answers were confidential, and that there were no right or wrong answers to the questions. All students were reminded not to write their names on the survey.

Questions were developed based on questions used in previous studies by Herold and Way (1983), Sanders and Reinisch (1999), and Brooke (1995). Rosenberg's self-esteem scale (1965) was also used. The survey assessed a variety of demographic information, students' opinions on sex education, dating activity, and who students turn to when expressing feelings and gathering information on sexuality. Further, open-ended questions asked students to respond in essay form how they defined various sexual behaviors. The researcher took additional care to ensure that the questions did not ask the students to reveal their sexual orientation.

Demographic information

Students completed demographic information assessing age (question 1) and their grade in school (question 2) and gender (question 3). Family information was assessed through questions asking mother's and father's marital status (question 5), number of siblings and birth order (questions 7 and 8). Students were asked to provide the name of the town in which they reside (question 9). Further, students were asked to identify their religion (question 10), the frequency they attend religious activities (question 11), and the role of religion in their lives (question 12).

Dating

Students' interactions with peers through dating relationships were assessed through six questions. Students were asked to respond to two open-ended questions asking them to "Describe what dating means" and to "Describe a typical date." Dating was further assessed through an open-ended question that asked students to indicate "How old were you when you

first began dating? (unchaperoned outing). For those students who have not yet begun dating the statement “I have not yet begun to date” was available for the students to check.

Students were asked about their present dating status. Response alternatives were “not dating”, “dating more than one person”, and “steady relationship with one person.” The frequency of going on dates (unchaperoned) was also asked with alternatives ranging from “do not date” to “three or four times a week or more.” The same range of responses was available to youth responding to the question “How much time beyond dating do you spend with your girlfriend/boyfriend? (unchaperoned)

Defining sexual behavior

The main purpose of this study is to assess how youth describe different sexual behaviors and the breadth of sexual activity that fits within these definitions. Thus, youth were asked a series of redundant questions to explore this. The following open-ended questions were available for youth to respond to: “If someone asked what abstinence means, what would you say?” (Question 19), “Please list all physical behaviors that might occur in a teenage relationship when dating or going steady.” (Question 20), “What does sexual intercourse mean?” (Question 21), “What physical activities might be considered as having sexual intercourse?” (Question 22), “If someone asked what it means to be a virgin, what would you say?” (Question 23), “What physical activities could someone participate in and still be considered a virgin?” (Question 24), “What physical activities take place before someone is classified as a sexual partner?” (Question 25), and “Sexually transmitted diseases (STDs) can be passed from one person to another person by:” (Question 26).

The questions asking how youth define abstinence, sexual intercourse, and virginity were used to assess youth’s knowledge of sexual terminology in addition to probing into

what specific behaviors youth perceive to fit within each term's definition (Questions 22, 24, and 25). The final question on the transmission of STDs was added to gain insight as to youth's knowledge on what behaviors may serve as modes of STD transmission.

Sex education

Youth were asked about their experiences with sex education in their schools. The question, "In my sexual health education program we learned about" (Question 27) was asked to assess what types of sex education youth perceive they are receiving. Youth could respond by indicating, "I did not participate in a sex education program," "abstinence only," "abstinence and contraception," "abstinence, sexually transmitted diseases, and contraception," and "other." Youth were also asked to fill in a blank indicating the last grade in which they had a sexual health education program (Question 28). A final question assessing youth's beliefs about sex education asked "When do you think sexuality education should begin" (Question 32)? Alternative responses ranged from "never" to "during elementary school (ages 5-8)."

People adolescents choose to confide in regarding sexuality issues

Three questions were provided to assess whom youth confide in when they have questions regarding sexuality issues. Two of these questions were "Who do you talk to to get answers to your questions about sexuality issues" (Question 29)? and "When you need to share your personal feelings whom do you confide in most" (Question 30)? Possible alternatives included parents or other family members, friends, religious leaders, schoolteachers and guidance counselors, medical personal, others or no one. A third question asked who has been youth's main source of information on sex (Question 31). Alternatives

included were parents or other family members, schools, friends, books, magazines, TV/movies/videos, religious organizations, personal experience, the Internet, or other.

Alcohol and drug use

Six questions were used to assess each teen's alcohol and drug use (Questions 33-38). Students were asked to respond to the frequency of using substances by indicating "never", "tried once or twice", "1-3 times a month," "1-2 times a week", and "3 or more times per week." Specific alcohol/drug use questioned was tobacco, beer, wine (not at church), hard liquor, gasoline, glue or other inhalants, and other illegal drugs. When students responded that they had used other illegal drugs they were further asked to identify what these drugs were.

Self-esteem

Rosenberg's 10-item scale (1965) was used to assess self-esteem. Higher scores represented more positive self-esteem. These questions were the last ten questions of the survey (Questions 39-48).

Interviews

After analyzing the survey data, interview questions were developed (see Appendix F). The guiding questions were based on themes that emerged from the open-ended responses. Analysis of the question, "If someone asked what abstinence means, what would you say?" showed a range of responses with several youth indicating waiting to have sex until marriage. This led the researcher to question why youth provide such varying definitions for this term. Furthermore, several youth indicated that certain behaviors were acceptable for one to be considered abstinent while others would not be. A second question

asked during the follow up interviews was “How do teens decide what a particular term such as abstinence will mean for them?”

A fairly dominant theme throughout the survey was for youth to identify certain behaviors as fitting within the definition of sexual intercourse but they also indicated that one could participate in those behaviors and still be considered a virgin. Therefore, a second question asked of the four interviewees was what drove this theme or why teens thought this way. A final theme identified was the concept that for someone to be referred to as a sexual partner, sexual intercourse must occur with that person more than one time. Youth interview participants were asked to describe this concept and what drives youth to think this way.

An analysis of each youth interview was completed and themes identified before conducting another interview. In this way the interviews built off each other and the guiding questions were expanded. As additional themes came out of the interviews, questions based on these themes were developed. In particular, youth were questioned on the role of alcohol and drug use in their respective schools and their perceptions of how that impacts sexual activity. Further, youth were questioned on how they perceived living in small, rural communities with limited supervised social activity influenced teen experimentation with sex, drugs, and alcohol. In addition, slang terminology used throughout the survey by youth was verified during the follow up interviews. Youth were asked to clarify what terms such as “making out”, “foreplay”, “touching”, and “French kissing” might mean, among others.

RESULTS

Survey

The sample consisted of 282 youth representing three school districts in rural Midwestern communities. Each school district was approximately equally represented with 32%-35% of the sample coming from each district. Students ranged in age from 12 years to 18 years with an average of 14 years. These students were in grades 7th-12th with the distribution across grades as follows: 7th grade (23.4%), 8th grade (23.4%), 9th grade (20.6%), 10th grade (18.8%), 11th grade (8.9%), and 12th grade (5.0%). The sample consisted of 124 males and 155 females.

School A has a total student population of 345 students across grades seven through twelve. All students in seventh through eleventh grade were invited to take the survey. School B is the largest school with a total population of 684 students. Students in the study hall were invited to take the survey. This includes youth in all grades except twelfth. Thus, the survey was made available to 594 youth in school B. It is important to note that one senior did complete the survey. However, this youth most likely took the survey when the researcher was instructed to administer the instrument during lunch breaks. While several of the youth that took the survey during lunch were from the study hall, a very small sample came from other classes. School C has a student population of 223 seventh through twelfth graders. All students enrolled in physical education in grades seven through twelve were invited to participate in the survey. According to the high school principle, thirty percent of the student population opts out of physical education due to scheduling conflicts. Thus the survey was made available to 156 students in school C. Table 1, Student Enrollment and

Table 1. Student Enrollment and Survey Participation

	Number enrolled	Percent surveyed
<u>School A</u>		
7 th grade	56	42.9
8 th grade	55	43.6
9 th grade	61	32.8
10 th grade	61	47.5
11 th grade	52	9.6
12 th grade	60	0.0
<u>School B</u>		
7 th grade	117	19.7
8 th grade	122	17.2
9 th grade	119	16.8
10 th grade	102	14.7
11 th grade	104	10.6
12 th grade	91	1.1
<u>School C</u>		
7 th grade	44	40.9
8 th grade	39	61.5
9 th grade	36	50.0
10 th grade	38	23.7
11 th grade	32	28.1
12 th grade	34	38.2

Survey Participation, provides a description of the percentage of students in each grade that participated in the survey.

School A had a total of 99 students that participated in the survey. For school A over all 48 questions response rates varied from a low of 50.4 percent to a high of 100.0 percent.

From school B 92 students participated in the survey. Over all 48 questions the response

rates for school B varied from a low of 62.0 percent to a high of 100.0 percent. For school C 91 students participated in the survey. Over all 48 questions the response rates for school C varied from a low of 50.5 percent to a high of 100.0 percent.

The majority of these students come from homes in which their parents are married. When asked mother's and father's marital status 66.3% indicated their mother was married to their father and 67.3% stated their father was married to their mother. These youth also come from homes in which the highest degree earned for both mothers and fathers has been a high school diploma or G.E.D. These youth represent sixteen different Midwestern towns with a range in population of 150-13,000. For schools B and C the majority of students lived in the town in which the school was located.

The two most significant religions practiced among these youth are Catholic and Methodist traditions. Participation in religious activities falls between the two categories of attendance "a few times a year" (34.4%) and "once a week" (32.6%). The role of religion in their lives falls between "occasionally attend religious services or events" (31.2%) and "moderately religious, attend religious services or events regularly (34.0%).

Students were asked a series of questions on dating behavior in order to help assess levels of sexual activity. One of the first questions students were asked was the age at which they first began dating. Looking at the results of the survey, however, might indicate that this question may not be a valid indicator of the age teens begin dating because there were several outliers that indicated youth began dating at a very young age. The range for this question was between 2 years old and 17 years old. Just over half (57.6%) of the youth indicated that they had begun dating before they reached high school.

Another question students were asked on dating was what was their present dating status. Students were encouraged to respond to the choices of “not dating,” “dating more than one person,” or “in a steady relationship with one person.” Sixty-four and one half percent of the respondents that answered this question stated that they were not dating. Further, youth were asked how often they go on dates (unchaperoned). Given the options of “do not date,” “once a month or less,” “two or three times a month,” “once or twice a week”, and “three or four times a week or more” 48.6 percent of the youth indicated they do not date. The last question on this topic asked youth how much time beyond dating they spend with their boyfriend/girlfriend (unchaperoned). Again the majority of the respondents selected the least amount of time and indicated that 41.8% of the youth do not spend any time beyond dating with their girlfriend/boyfriend. The results of a 5 (grade) by 2 (gender) ANOVA assessing how often youth go on dates (unchaperoned outing), showed that there was no main effect for gender but there was a main effect for grade ($F(5, 266) = 8.54, p < .00$). In addition, there was an interaction for grade and gender ($F(5, 266) = 2.42, p < .05$). No significant grade effects were found for male students, but there was a significant grade effect for female students ($F(5, 148) = 10.64, p < .00$). Post hoc tests indicated that a significant difference ($p < .05$) exists between the frequency in which seventh grade females ($N = 38$) and ninth, tenth, eleventh, and twelfth grade females go on dates. There were also significant differences between eighth grade females ($N = 28$) and tenth ($N = 30$) grade students of this gender and between eighth grade females and twelfth grade females ($N = 6$). Further, post hoc tests found differences between ninth grade females ($N = 36$) and tenth and twelfth grade females. Lastly, differences in dating frequency occurred among tenth grade

females and eleventh grade females ($N = 16$) and between tenth grade females and twelfth grade females.

One possible explanation for the lack of dating activity by this group of teens may be the young age of the respondents. Just over half of the youth (56.2%) are age fourteen or younger. A second possibility is that teens' definition of dating varies from that of adults. Therefore, it is important to understand how they define this term to understand their responses to the questions on this topic. Two open-ended questions were asked of youth to clarify this behavior. One question was "describe what dating means" and the second asked the youth to "describe a typical date" (see pages 58-64 for discussion of these findings).

Because this survey is based on sexual health education, one of the questions asked of the youth was the grade when they had their last sex education program. Student responses ranged from fourth grade to eleventh grade. The majority of the responses indicated that for most students their last sex education class occurred between sixth grade and tenth grade. Students were also asked when they felt sex education should begin. They were given the options of never, young adulthood (19-24 years), during high school (15-19 years), during middle school or junior high (12-14 years), during late elementary (8-11 years), or during early elementary (5-8 years). Nearly half the students who responded to this question (48.6%) indicated that sex education should begin during the middle school and junior high years. The results of a 5 (age) by 2 (gender) ANOVA assessing when students believed sex education should begin showed that there was no main effect for gender or age but there was an interaction effect for age and gender ($F(5, 258) = 2.46, p < .05$). However, no significant age-effects were found when the ANOVA was rerun for males and females separately.

Students were also asked questions to assess alcohol and drug use because these have been known to play a role in teenage sexual activity. Students were asked if they had used tobacco, beer, wine (not in church), hard liquor, inhalants such as gasoline or glue, or participated in illegal drug use. They could respond by indicating never, tried once or twice, 1-3 times per month, 1-2 times per week, 3 or more times per week. For each drug, never was the most frequent response. However, several youth indicated they had at least participated in these behaviors once or twice: Tobacco-never (59.9%), tried (18.1%), Beer-never (41.8%), tried (33.7%), Wine-never (47.2%), tried (42.9%), Hard liquor-never (60.6%), tried (22.3%), Inhalants-never (89.7%), tried (5.3%), Illegal drugs-never (83.0%), tried (8.2%). Among those that had tried illegal drugs marijuana was the most common drug. Other drugs included cigarettes, meth, crack, coke, and spray paint.

Beer and wine were recoded to assess youth that had used any type of alcoholic substance. In addition, illegal drugs and inhalants were recoded to assess drug use by adolescents. Then, the variables tobacco, alcohol, drugs, and hard liquor were recoded to assess youth who had never used each substance and those who had used the product at least one time. Chi-square analysis showed that no differences exist between males and females when assessing participation in alcohol and drug use. For example, 81 males reported use of either beer or wine at least one time and 96 females indicated use of either beer or wine at least one time ($\chi^2(1, N = 267) = .52, p < .47$). Additional chi-square analysis found that 22 males reported use of either inhalants or illegal drugs at least one time and 24 females indicated use of either inhalants or illegal drugs at least one time ($\chi^2(1, N = 266) = .27, p < .60$).

One question asked of the youth was who they felt was their main source of information about sex. They were given the options of parents, the school, friends, siblings, books/magazines, television/movies, religious organizations, personal experience, the Internet, or other. The most common source for teenagers to obtain information about sex from was friends with 59.6% of the students indicating this. Their second source of information was school 43.6%, then parents at 40.4%, and following closely behind parents was television/movies/videos at 36.5%. Among those youth that chose to select someone else not on the list they wrote in boyfriends, other family members such as cousins or siblings, a doctor, or an ex step mom.

Finally, the survey concluded with a series of questions about self-esteem. Students' responses to self-esteem were recoded so that for all items a higher score indicated a higher level of self-esteem and the new variable, total self-esteem, was simply the sum of the 10 individual items. A bivariate correlation was performed to assess the relationship between total self-esteem and students' beliefs of when sex education should begin. Total self-esteem was not significantly related to when sex education should begin ($r = -.002, p = .979$).

Additionally, a correlation was run between total self-esteem and how students viewed the role of religion in their lives. A positive, significant relationship existed between these variables indicating that students who view religion as a more important factor in their lives have higher self-esteem ($r = 0.16, p < .01$). Frequency of attending religious activities was also significantly related to total self-esteem ($r = 0.12, p < .05$). Therefore, youth who participated more frequently in religious activities had higher self-esteem.

Bivariate correlations were also conducted between how often youth used tobacco, alcohol, hard liquor, drugs, and total self-esteem. A negative, significant correlation existed

between tobacco use and total self-esteem ($r = -0.14, p < .05$). Thus, students with higher self-esteem were less likely to participate in tobacco use. The correlation between alcohol use and total self-esteem was also negatively significant ($r = -.17, p < .01$). Therefore, students with higher self-esteem were less likely to participate in beer or wine use. The correlation between total self-esteem and hard liquor use was marginally significant ($r = .11, p < .07$), indicating that those with higher self-esteem were somewhat less likely to use hard liquor. Finally, a negative, significant correlation existed between drug use and total self-esteem ($r = -.17, p < .01$). Thus, youth with higher self-esteem are less likely to use inhalants and other illegal drugs.

Qualitative survey questions

Describe what dating means

School A

Across the ninety-nine youth in the 7th-11th grade one common response was to describe dating in terms of a relationship and caring about the individual one is dating. This was a more common response as the youth advanced in age with a higher percentage of youth defining dating in terms of a relationship as the youth got older. Among this group of youth several mentioned that dating occurs between members of the opposite sex with no youth indicating same sex relationships.

Another pattern across the grades was that if they did not describe dating in terms of a relationship it was described in terms of going someplace with someone or spending time together. For example, one seventh grader said, “When you go out with a boy or girl you like to the movies, dance, etc. Plus a small kiss goodnight or kiss sometime during the movie” (R24). One point of interest to note is that only two respondents mentioned any kind

of physical contact when describing dating. The example above indicates a goodnight kiss. Another youth shared that after you go out to a movie you go somewhere and make out before going home.

One particularly interesting response was provided by an eighth grader and brought in the factor of age and how this determines how one defines dating. This youth shared that dating can be described in two different ways, “To go out with someone or a group of people. If not old enough to go unchaperoned, it would be having a boyfriend or girlfriend” (R28).

School B

One common response among the ninety-one 7-12th grade youth that responded to this question was the description of dating as going somewhere with someone. One ninth grade youth even identified that going someplace with someone did not necessarily have to be just among a pair of students but dating could also include going out someplace with a group of friends. The researcher would venture to guess though that this group of friends includes other couples or at least the student responding to this question would have a special friend along. In other words going out with a group of male and female friends would not necessarily be defined as dating, but depending on the dynamics of the group it could.

Students also identified dating in terms of relationships with other individuals. These responses indicated the importance of caring for someone and getting to know them better. One ninth grade youth in particular provided a very mature response about these relationships. This student stated that dating means, “Exploring people you would be interested in marrying and spending the rest of your life” (R149). When youth described dating they also indicated that this usually occurs among members of the opposite sex. They

either directly said so or indicated a male and a female were the participants in dating activities. A few youth also identified physical contact when describing this term. This was usually limited to kissing and holding hands though.

School C

One pattern among the ninety students in grades seventh through twelfth was to describe dating in terms of developing a relationship and thinking of the person as more than just a friend. The frequency of this response increased as the youth progressed in age with a higher percentage of twelfth graders responding in this way than seventh graders. These youth focused on this description of dating as a means of getting to know each other better and developing a steady relationship in which a couple goes out on a date on a regular basis.

Youth across each grade indicated that dating occurs among members of the opposite sex. For example, one sophomore shared that he/she believes dating is “Seeing or going out with the opposite sex. Someone you care a lot about and eventually maybe love” (R255). Further physical activity was identified as part of the dating pattern. Youth in the seventh and ninth grades referred to physical behaviors that might occur when dating. These were limited to kissing, hugging, and holding hands.

A second pattern that emerged was to identify dating as going someplace with someone. This was also seen across all the age groups. While several youth indicated that dating in this sense of the word was merely for fun, others shared that this provides an opportunity to get to know someone better. Also, there was some disagreement between the youth as to who attended a date. While some youth indicated it was just two interested youth going on a date others shared that a group of people might go out together.

Describe a typical date

School A

Almost all the youth provided specific examples of places youth could go on a date. This included movies, going out to eat, going to arcades, clubs, or going to a dance, going to the races, or just staying home and watching videos. Other youth examples were going to the mall, bowling, or skating. For most of the youth that responded to this question some of these examples may be their ideal date but not what really happens. The youth in this school must travel several miles to get to any town large enough to have anything such as a movie theater or even a restaurant. One point of interest is that a few youth provided examples of dates that were pretty traditional meaning the guy picked the girl up and the guy paid for the date. One eighth grader responded, "Pick up your chick. Take her out. Pay for all. Take her home" (R39).

Some type of physical activity appeared to be the norm when it comes to dates also. However, this was usually limited to kissing or making out. Two youth did include sexual intercourse as a possibility. Their answers were particularly interesting because these sophomores placed a time frame in which sexual activity would begin. For example, "Go to a party/movie or something, then go home, maybe after a month or so start doing sexual things" (R66) or "Go out to eat, go home. Depending on the length of time dating we would most likely engage in foreplay and often sex" (R71).

School B

Almost all the youth responded to this question by identifying a date means you go somewhere. Nearly every one of them provided an example of specific locations teens would go on dates or specific activities they would do. These included going out to the

movies, out to eat, sporting events, walking, bowling, going to the mall, hanging out somewhere or at someone's house, cruising around town, going to parties or going to an arcade. Most of these responses are typical events for the location of this community except perhaps the mall as the closest mall is nearly forty miles away. The eleventh grade youth identified that a date could include going out with a group of friends and your date, not necessarily alone.

When youth were describing dates several youth offered very traditional examples of what a date is. The researcher termed these traditional because they involve the male taking the girl out on a date with the responsibility of driving and paying for the date. For example, one eleventh grade youth stated that, "Guy picks you up, takes you to dinner, eats, pays, and then takes you home" (R183).

Another pattern that emerged was physical contact. The seventh through eleventh graders indicated that physical contact with the person you go on a date with is also common. These acts include kissing, holding hands, and holding each other, finger banging, and making out. One ninth grader's response was particularly interesting. This student stated that a date consisted of, "Usually he picks you up, you go to a movie or something like that, you eat. Afterwards depending on the length of time you've been dating people around here usually end up having sex" (R151). This is interesting to the researcher because, well first of all, this youth acknowledges how common teen sexual activity is. This youth also seems to be saying that a period of time must pass but if a couple makes it past this point then sex is the next step. An interesting question to use in the follow up interviews would be what is this time frame? How long do youth usually wait before becoming sexually active or have sex? Another student's response raises a red flag for the researcher. This sophomore

described a date as, “Dinner, movie, drive around and whatever happens” (R171). This response says two things. First the researcher would guess that after driving around would come parking and some type of sexual contact. This youth just might not want to say that. Secondly, this response could indicate that this youth expects some type of sexual behavior to occur but has not necessarily made up his/her decision about what that will be and whether or not he/she is comfortable with this fact.

School C

Almost every single youth who responded to this question identified locations or places to go when on a date. These included going out to eat, going to the movies, shopping at the mall, attending parties, going dancing, going miniature golfing, attending a college sporting event, attending rodeos and races, and just driving around and hanging out. This would most likely all be within or near the environment these youth live in since their school is located near a large metropolitan area. Several of these youth provided traditional examples of a typical date based on the role the male plays in the date. For example, one junior shared that her opinion of a typical date is, “Have the guy pick you up on time. Meet my parents. Go out to eat (he has to pay), movies, then take me home (maybe a goodnight kiss)” (R269). It is interesting to point out that although the younger youth cannot drive they too take part in dating. One eighth grade youth shared his/her view of a date and the reliance on parents to help make a date happen. This student stated, “Going to the movies, eating, and then go home. (Being driven by parents)” (R225).

Among the seventh graders the theme emerged that dating occurs among members of the opposite sex. However no other group of youth included this requirement in the response to this question. The sophomores and juniors showed signs of disagreement as to who may

attend a date. While a few youth in the tenth grade indicated it was acceptable for friends to go along with one on a date, some eleventh grade youth stated that dating occurs just between two people. Youth in the seventh, eighth, and tenth grades identified that physical behavior occurs during a date. This was limited this to kissing and making out. Making out is an unclear term that needs to be examined further.

If someone asked what abstinence means, what would you say?

School A

It appears that the 7-9th graders struggle with this term more than the 10th and 11th graders. Among the twenty-four 7th grade youth there was an obvious lack of knowledge among several youth as to what this term means. Several youth said they didn't know, left the question blank, or provided the wrong answer all together. One youth defined this term as having sex and another mixed up abstinence with adolescence and so described the term as a stage the body goes through. Several other youth provided vague answers to this term such as choosing not to do something or very broad textbook definition type examples such as, "Abstinence is avoiding something to benefit yourself and others" (R12). These answers were broad and did not specifically address sex. Only nine youth out of twenty-four knew that abstinence was not having sex. Several youth included using drugs or not using drugs as part of their abstinence definition. One youth did mention waiting until marriage to have intercourse and two youth mentioned waiting to have sex until a certain age or that sexual intercourse is something that should not be done at a young age.

When the 8th grade was asked the same question they responded in similar fashion as the 7th graders. Seven out of twenty-one youth noted that it means not having sex with several youth including non-use of drugs and alcohol as part of their definition. Several

included very vague statements such as, “It means not doing something, to avoid something” (R39). Once again several students could not define this term and one confused it with adolescence as was also noted in the seventh grade. One particularly interesting definition provided by a youth was, “Not doing anything I didn’t want to, only what I am comfortable with” (R25). If this is a student’s definition of abstinence then does this help justify among youth a broad definition? Are students using this term to their advantage so that they can be sexually active but still maintain a label of being abstinent?

Among the ninth graders only 30% of the youth knew that abstinence meant not having sex with two youth including in their definition “waiting until marriage.” Several youth did not know what the term means with three youth defining it as having sex before you are married. Additional youth provided vague, generic answers such as, “Staying away from something” (R65).

Most of the tenth grade knew the definition of abstinence fairly well indicating that abstinence was not having sex or sexual contact or, “Abstaining from sexual activities” (R74). One particularly interesting response among this age group was, “Abstinence could mean one of two things: It can mean totally no sexual contact whatsoever or it can mean just no intercourse” (R93). This interests the researcher because again it appears that youth are using this term to their advantage and deciding what they can still do and be considered abstinent.

Among the very small group of five eleventh graders all knew the definition of abstinence and said it was not having sex. One student included that oral sex must also be refrained from in order to be considered abstinence.

School B

The 7-9th grade youth struggled with defining this term. In fact very few youth in each of these grades could correctly define abstinence. Several youth left the question blank, said they did not know, or provided completely wrong answers. Some of the youth identified abstinence as its opposite or as having sex. Of those youth in this age group that did correctly define the term the eighth and ninth graders were really the only youth with clear definitions. The seventh graders provided vague but mostly correct responses such as, “Abstinence is when you have sex after you’re married” (R19). Marriage was a common theme tied into the eighth and ninth grade youth that correctly defined abstinence. Between these two grades ten youth out of forty could correctly define this term and four of these youth included that abstinence included waiting till marriage to have intercourse. Further three youth in this age group identified restraint from use of alcohol and drugs as part of their definition. The researcher would guess that these youth have been taught a basic dictionary definition of abstinence that has then been applied to the areas of risk for youth such as teen sexuality and drugs.

The tenth through twelfth grade youth had less difficulty defining abstinence with the majority of youth in each grade correctly defining this term. Among the sophomores three youth included waiting until marriage to have sexual intercourse. One youth provided multiple definitions for this term. This tenth grader said that abstinence is, “Not have sex for sure. Not doing things that one or both don’t feel comfortable with” (R169). It appears for this youth that the definition of abstinence may vary according to what sexual behaviors one is comfortable participating in. Again, it seems to the researcher that youth sometimes define this term broadly so they can participate in sexual activity but still fit within the label of

being abstinent because they have not had vaginal intercourse. One eleventh grade youth stated though that abstinence means not having sex or going beyond kissing. So this youth has a more strict definition of abstinence.

School C

The ability to correctly define the term abstinence increased as the age of youth progressed with sixty-two percent of the twelfth grade respondents correctly defining abstinence in comparison to seventeen percent of the seventh grade youth. Several youth across all the grades identified that abstinence meant waiting until marriage to have sexual intercourse. There was disagreement between some youth as to if there was any leeway in what behaviors one could participate in and still be considered abstinent. For example, one ninth grader stated that, "I would think abstinence means not having sex until you are married and otherwise being totally a virgin until the days those vows are said. That person might be able to do extra stuff on the side not technically "sex" but not actually go through the "whole" sex process" (R197). So this youth allows some flexibility to experiment with sexual activity but most likely would draw the line at vaginal intercourse. A fellow classmate indicated though that until one is married no sexual activity would occur. A couple of eleventh grade youth back this respondent up with one junior in particular stating that abstinence is, "Not having any sex including intercourse, oral sex, and fondling. Kissing is probably okay" (R266). Another pattern among those youth that could properly define abstinence was to identify the term to mean a lack of food, drink, and sex. The researcher is unclear of why food was brought into the definition but has seen alcohol or drinking used when defining this term before.

For those youth who could not identify this term properly one of the themes that emerged was for the youth to define this term as its opposite. Thus youth defined abstinence as having sex. Further some youth confused the term abstinence with adolescence thus providing an incorrect response to the question. For example, one ninth grader said that abstinence is “It means having sex at a young age” (R251). Many other youth provided completely incorrect responses, left the question blank or stated they did not know how to respond to the question.

Please list all physical behaviors that might occur in a teenage relationship when dating or going steady

School A

Overall, each grade of youth mentioned a variety of activities that might occur in a teenage relationship when dating or going steady. Most common for all grades was kissing, hugging, and holding hands. While all grades mentioned sex as a possibility, the 9-11th graders provided more explicit definitions of what “sex” might mean. Instead of just saying “sex”, the older adolescents talked about oral sex, anal sex, in addition to touching the genitals with one’s fingers. In fact, the older youth provided much more graphic explanations. The difference in how older youth and younger youth responded to this question could derive from two areas. One is perhaps that the 7-8th graders are too shy to discuss teen relationships in such graphic detail or that perhaps they do not know the proper terminology and are embarrassed to use slang. Another possibility may be that they are not (or some of them are not) experimenting some of these activities or may not fully understand that sex can mean more than just vaginal intercourse and therefore are not participating in these activities. The older adolescents have had the possibility to be sexually active longer.

Thus they may have a broader sexual repertoire and have done more experimenting than the 7-8th graders.

Some additional interesting responses that occurred with this question are as follows. Among the 7th graders one youth mentioned how her religion plays a role in how she would behave in a teen relationship. This was the first and only youth to have done this. She stated that according to her religion holding hands and kissing would take place in a teen relationship. However, those viewed as “worldly” would also incorporate touching and perhaps sex. Another interesting pattern among this age of youth was the fact that many of them incorporated into their responses activities such as spending time together, walking, telling people who the person is, smiling, and sitting by each other. These come off to me as more innocent behaviors and perhaps exhibit the young age of these respondents and their naivete.

Among the eighth grade youth an area of concern arose when two youth out of 21 identified drinking and drugs as activities that occur within the context of a teenage relationship. The researcher could make a guess that this occurs in the context of parties. However, the researcher’s concern comes from the fear that this is such a young age group to mention these activities as the norm. The researcher is curious to know if these youth are seeing older adolescents participate in drugs and drinking and just assume that these are part of the normal dating process and thus are expected. Among the ninth graders other concerns were exhibited through responses indicating that fighting, abuse, and parents getting in the way were part of dating.

One out of the 20 ninth grade responses was interesting to the researcher because it clearly stated how common youth perceive sexual activity in the form of oral sex to be

among their peers. One youth stated that behaviors that occur in a teenage relationship are, “Some teenagers are having sex, well most are I guess. Kissing, making out. Some people give blow jobs or some guys eat the girls out. I would say most people are having oral sex rather than sex but sex is popular” (R57). This teen identified how common participation in oral sex is. Now, this may be just the perception of this youth but don’t teens make decisions to participate in certain behaviors based on perceptions of what their peers are doing? Many parents are most likely familiar with the phrase, “but everybody else is doing it.” Another response the researcher wants to point out is one by a youth that demonstrates a bit of maturity. One student stated the behaviors that occur in a teen relationship when dating or going steady are, “Kissing, just mainly making out. Not having sex unless you really love this person, which at my age you don’t know if you love someone or not” (R52). This is a very mature point of view and is an indication that some youth are receiving guidance from somewhere on what is age appropriate sexual behavior. To recognize the fallacy of love at such a young age is insightful.

The last response the researcher wants to point out is one provided by a sophomore youth indicating that bringing in outside items is a possibility. This youth shared that the use of toys and novelty items are a possibility among this age group. This may be an idea to probe further on in the individual interviews and to see how common this use of outside items is. Further several slang terms such as making out, flirting, and foreplay were used that need to be clarified through the interviews.

School B

Youth responses to this question seemed to be divided between two levels. Across each grade a portion of youth limited physical contact in a teenage relationship to kissing,

hugging, making out, and holding hands. Then an additional group of youth described more sexual behavior such as sexual intercourse, touching in the private areas, and oral sex.

Basically two youth summed it up when they stated anything from holding hands to having sex.

Oral sex and sexual intercourse were common responses across the seventh through eleventh grade youth. Among the ninth graders several youth discussed this in more detail. For example, one youth indicated how common oral sex is among this peer group and stated that behaviors in a teenage relationship are, “Kissing, holding hands, sex, oral sex. I’m only fourteen but I know tons of classmates that have done all of the above” (R146). Another youth would disagree that classmates are participating in sexual intercourse though. This youth states that in a teen relationship behaviors are, “Holding hands or waists, kissing, hugging. Sexual intercourse for some people but not very many” (R148). However, another youth again reiterates that sexual intercourse is common and that parents are often unaware of this fact. This student stated that, “I think more people (teens) have sexual intercourse than parents know “ (R160).

When youth were responding to this question several terms appeared that were unclear to the researcher. These included making out, horseplay, dry sex, foreplay, and wrestling. Another pattern that emerged in a couple responses caused the researcher some concern. A few youth indicated abuse was a behavior that occurred in a teenage relationship. This response was found in the ninth and eleventh grade youth responses. One eleventh grader shared that the behaviors that occur in a teenage relationship are, “Kissing, holding hands, foreplay, sex, abuse, hugging, wrestling” (R189). Just the mere mentioned of abuse makes the researcher draw a red flag. There is no clarification for these terms in the survey

data but the researcher wonders if the youth that responded this way have been victims of date rape or some other type of physical abuse by their dating partner?

School C

Numerous responses were provided across each grade in an attempt to explain what kinds of sexual behaviors occur in teenage relationships. The majority of the seventh grade students that responded to this question limited physical contact to kissing, hugging, and holding hands. One student also included making out in addition to the previously listed activities. This term was not defined further though. Although not a common response a few seventh grade youth did identify that sex is a possibility in a teenage relationship.

Just over half of the eighth graders that responded to this question limited physical contact to kissing, hugging, flirting, putting arms around each other, and holding hands. A few of these youth also mentioned sitting by each other and talking as part of their response and one youth included making out. Twenty-one percent of the eighth graders indicated sex was a possibility in a teen relationship. These youth also included kissing and making out in their response by listing these at the beginning of their response and then working up to sex. One interesting set of responses was the role of age in determining what physical behaviors occur in a relationship. For example, one youth shared that, "If you're as young as 13 (like me), it would be very small. Holding hands, hugs, maybe kissing (I don't know)" (R230). Another youth the same age shared, "Kissing (Frenching), holding hands, touching/grabbing (butt, THAT'S ALL), not any sex cause we're too young" (R228).

Among the ninth grade youth nearly one-third limited physical activity to holding hands, hugging, and kissing with one of these youth differentiating between kissing and French kissing by listing them separately. Further, an additional youth limited the behaviors

to those above but also added butt touching. One youth adds several additional activities to the response but really says it all when he/she states, “Oh wow, here I go-holding hands, kissing, hugging, sometimes me and my boyfriend like to just lay next to each other and sleep, I don’t know if that counts,...this is gross but blow jobs, kisses (EVERYWHERE), finger banging, just making out” (R239). What this youth is saying is that there really is a complete range of physical behaviors that might occur in a teen relationship. Another youth states it really depends on the person and what will occur in the relationship. This youth does not elaborate further. It would have been interesting to know what drives a person to limit physical behavior. This may be a question for the follow up interviews.

Nearly forty-percent of the remaining freshman identified sex as a physical behavior that occurs in a teenage relationship. A couple of these youth also included touching in this response and another said oral sex would occur. One response that initiated some concern for the researcher is when a youth included drinking as part of the relationship. This youth shared that in a teen relationship the following activities may occur, “Making out, dating, partying, sex, and drinking” (R247). This response concerns the researcher because of the close affiliation between teen drinking and sexual activity. Two particularly interesting responses to point out are ones in which youth indicate the self esteem one obtains when involved in a teen relationship. One ninth grader in particular shares, “You start to like yourself more and now you met someone that really cares about yourself and feel very good (just if you like him)” (R236). This is a new response but not one the researcher had even thought of before. The researcher had not really considered the fact that being involved in a teen relationship would influence self-esteem.

In the small group of sophomore respondents there was not much difference between how youth answered this question. Sex was a common response but there was also a group of youth that limited behavior to kissing, hugging, and holding hands with one additional youth also adding making out and fooling around. Though the junior age group is also small nearly all the youth identified sex as a possibility with oral sex also being included in the response of one youth. The youth who included sex in their responses also included simple behaviors like kissing and hugging, and as the list progressed also added making out, cuddling, touching, and fondling. Only one youth limited physical contact to kissing, hugging, and touching. One response of concern in the eleventh grade age group was, “Kissing, sex, fighting, flirting (cuddle), break ups, over-controlled” (R269). This response does not portray a healthy teen relationship.

There was nearly a fifty-fifty split among the seniors in what behaviors were included as sexual behavior. Half indicated sex as a possibility including oral sex and groping in addition to kissing. Further half of the youth limited their responses to kissing, touching, holding hands, foreplay, touching with clothes on, embracing, and physical contact. The slang terms of foreplay, touching, embracing, and physical contact need to be further addressed to determine their level of risk in a relationship.

What does sexual intercourse mean?

School A

Across the grades one of the most common answers when responding to this question was to simply state that sexual intercourse means having sex without offering a lot of further explanation. There were some youth in each grade that did take this a step further by specifying that sex was dependent upon penetration. However, a couple of these were vague

as to whether this meant strictly penetration of the penis into the vagina or whether or not penetration could include oral sex and anal sex activities. One pattern to note with this response was that as youth got older it was more common to see sex defined as the man putting his penis into a vagina than to just leave the definition at sex. Again, this could be due to the broader sexual repertoire of older adolescents and the need to maintain a label of abstinence.

The ninth grade youth approached the topic as to whether oral sex would be considered sexual intercourse. A couple youth felt that oral sex did count as sex, however, another argued that both oral sex and anal sex should not be considered as sexual intercourse. This youth's response was, "Mating with the opposite sex, not oral or anal sex" (R61). The term mating most likely implies vaginal intercourse.

A unique pattern that emerged in only two of the grades was that love is a requirement for intercourse to occur or that intercourse should occur in the context of love. For example, one sophomore youth stated, "(Act of doing) this with someone you love, trust, honor, and give your heart to" (R69). Lastly, several youth used slang terms such as "doing it" and "going all the way" to respond to this question. The researcher's experience with slang is that these terms are representative of vaginal intercourse. Two terms may need to be clarified in the interviews. These include sexual contact and touching.

School B

One common theme across the 7-12th grade youth that responded to this question was that the penis must come in contact with the vagina to be defined as sexual intercourse. Among the seventh grade youth a couple noted that the penis must come in contact with the female. Since this does not specifically indicate the penis entering the vagina this youth may

also be implying oral sex and anal sex as responses to the question. The lone senior who took this survey provided another interesting response. This youth indicated that not only must the penis enter the vagina but orgasm must also be reached. The question to ask then is orgasm required for this behavior to count as sex and further whom must the orgasm occur for?

The majority of the youth just left their response at having sex without going into a lot of further explanation. Some youth indicated that this must occur among members of the opposite sex. Other youth indicated that emotional attachment to someone is important. Youth in the seventh, ninth, and tenth grades indicated that sex should occur in the context of commitment such as marriage or with someone you care deeply about. One sophomore provided an example of how he/she views sex and making love as being different. This youth shared that, "I think making love and sexual intercourse are two totally different things because making love is someone that you love very much and have a lot of feelings for and sexual intercourse is you don't have to care about them you just do it for the fun of it" (R174).

A final pattern that emerged though only among three youth was the role of oral sex. Both seventh graders who responded to this question would include oral sex as a part of sexual intercourse, however, the ninth grader would not. In fact, one seventh grader appears to have a very strict definition of sex as his/her response to the question on sexual intercourse was "I think it means you are doing something sexual like touching, kissing, having sex, getting a blow job, finger banging, hand job" (R112). This strict definition could come from this youth's values or the belief that even seemingly harmless behaviors such as kissing can lead to more sexual behaviors.

School C

Across grades 7-12 several youth chose to respond to this question by describing sexual intercourse as sex without providing much further information. This was the main response among the seventh grade youth. One of these youth may have implied vaginal intercourse with the response that a male injects his “hereditary” material into a woman. However, this could also represent oral sex and anal sex should an orgasm occur during either of these sexual activities. Among the seventh graders one theme was that sexual intercourse occurs among members of the opposite sex. Further the relationship aspects were discussed. One youth in particular indicated that sexual intercourse should occur in the context of marriage. Additional youth shared that having deep feelings and love for another is important when having sexual intercourse.

There were youth in the eighth and ninth grades that went beyond just saying sexual intercourse was sex. Rather, five youth in each grade indicated that for something to be defined as sex the penis must penetrate the vagina. Two respondents among the grades indicated that orgasm must be reached. One eighth grader stated that the male must give up sperm to the lady and two ninth graders indicated a male or female orgasm is necessary. These responses make me wonder if orgasm is considered a prerequisite to something being considered as sex. Further, when it is defined as a female reaching an orgasm then is it okay for a male to reach orgasm while having vaginal intercourse with a female but if she does not reach a climax it is not considered as sex?

Both the eighth and ninth grade youth also indicated that sexual intercourse occurs between members of the opposite sex. Additional themes among the ninth grade youth are that oral sex and anal sex were implied by a couple of different youth through responses such

as, “It means you have sex. His penis goes into her vagina or someplace else, which I find to be very disgusting (R250) and “When a man’s body part is in the woman’s body” (R244).

The nine sophomores pretty much limited their responses to having sex with the only additional detail being that sex occurs with a significant other and between members of the opposite sex. Both the juniors and seniors indicated that sexual intercourse occurs among members of the opposite sex also. In addition, defining sex as the penis penetrating the vagina was a common response among this age group. One eleventh grade student stated that the exchange of bodily fluids could also be an indication of sexual intercourse. This is a vague response and could imply all types of sexual intercourse-oral, anal, and vaginal. Only one youth in the sophomore to senior age group specifically mentioned oral sex. This was a senior who stated that oral sex does not count as sexual intercourse.

What physical activities might be considered as having sex?

The researcher wants to point out right away that she wonders how the phrasing of this question influenced the youths’ responses. The researcher is curious as to whether she is getting any real clue to what the youth actually believe or did the word “might” open up the question to speculation?

School A

Several of the seventh grade youth left this question blank or stated they did not know how to give an answer to this question. Among those who did answer the question in this age group very few youth mentioned oral sex and anal sex. Four youth indicated that having sex or making love was their response without going into further explanation to describe these. A couple of youth included the penis and vagina though their responses are somewhat vague. For example, one youth stated that activities that were considered as sexual

intercourse were, “Where the guy’s penis actually goes in” (R10). This most likely implies vaginal intercourse but not necessarily. Both anal sex and oral sex could fit within this youth’s definition. Kissing was a pretty popular response. This surprised the researcher because she never thought kissing would be associated with this term unless they are referring to kissing someplace other than the mouth. Only a couple who mentioned kissing included additional behaviors in their response that would more likely be considered as intercourse such as fingering, blow jobs, touching, and sex.

The eighth grade had several youth that also chose not to respond to this question. While many of the youth that did respond to this question chose to leave the response at sex, two youth did include oral contact in their definition. Again, kissing was a common response but more youth followed it up with sexual behaviors such as being naked and touching each other. A couple interesting responses must be pointed out. One youth indicated that something would be considered sexual intercourse if sperm was given off. This is a vague answer but may be something to explore deeper. Since sperm could be given off through multiple sexual activities (hand, oral, vaginal, anal) the student’s response was unclear. Further another youth stated that dating and sex were similar. This youth responded to the question with the response, “I think the same as dating because sooner or later everyone will have to have some type of sexual intercourse” (R44). This response is vague and may be something to explore further. What does this response mean? Is sexual intercourse that expected among teens that it is so closely associated with a non-sexual behavior such as going on a date?

Just over half of the ninth graders responded to this question by saying it was sex. Nearly half of these youth then included oral sex as sexual intercourse also. Other behaviors

included were finger banging a girl, and oral contact with the female's breasts. A couple youth were very specific in defining sexual intercourse activities to be limited to the penis entering the vagina.

The sophomores offered a variety of responses with the majority responding by saying it was having sex or intercourse and included touching, kissing, and foreplay in their responses. A couple of youth specifically stated the penis must enter the vagina and an additional youth included sperm being released as a requirement. Again, the concern arises as to whether orgasm is necessary for something to be considered as sexual intercourse. This is of particular concern if orgasm for the female becomes a prerequisite to this definition, as it is often times harder for the female to climax through vaginal intercourse.

In this group of sophomore youth oral sex was also included as part of some youth's definition of sexual intercourse and one youth identified anal sex as sexual intercourse. One interesting response is "Nothing. I think having intercourse is having intercourse" (R84). Based on this student's definition of intercourse as the penis entering the vagina, this individual only defines vaginal intercourse as a sexual activity.

The majority of the juniors limited their response to having sex with one of them going further and defining sex as when the penis penetrates the vagina. Once again, across the grades slang terms were used to identify some of these behaviors. They included giving head, eating out, foreplay and several others.

School B

Across the grades, multiple responses were provided to this question. The seventh graders had several youth leave this question blank or respond by saying they were unsure how to answer the question. Among those who did respond one pattern was to define oral

sex as sexual intercourse. Further, some youth just left the term at having sex with no further explanation or with one respondent indicating that for something to be considered sexual intercourse the penis must penetrate the vagina.

Touching was another behavior identified as sexual intercourse. Most of the time this occurred alongside responses with further sexual activity such as intercourse or oral sex. A few youth mentioned kissing and added to their responses stripping and staying the night with each other.

In the eighth grade group a few youth just stated having sex without further explanation. One of these youth did specifically state the penis must penetrate the vagina. One youth just stated that orgasm must occur. However, this is a somewhat vague response as orgasm can occur from multiple sources of stimulation including oral sex and anal sex.

One of the most common responses among the eighth graders was to define sexual intercourse as both oral sex and vaginal intercourse. These youth also added additional physical behaviors such as touching in the private areas to these responses. Youth also mentioned touching as a way to define sexual intercourse. For example, one eighth grader stated that, "Feeling each other's privates could count as sexual intercourse" (R133).

The ninth through twelfth graders focused less on behaviors such as kissing and more on vaginal and oral sex as a way to define sex. Youth often just left their response at having sex although several additional youth across the grades were more specific and included penetration of the penis into the vagina as the way to best respond to the question. A few youth included oral sex as sexual intercourse with additional sexual behaviors in their responses including touching in the private areas. While one youth defined penetration of the vagina or rectum as sex this same youth said nothing about oral sex.

One response the researcher wants to mention is one provided by a seventh grader. This youth indicated that chatting in a dirty way on the Internet is something that might count as sexual intercourse. The researcher is pointing out this response because this is the first time she has seen a tie to the Internet and this could possibly be an indication youth are turning to pornography on the Internet as a means to experiment with their sexuality.

School C

Among the seventeen seventh graders having sex without further explanation was a common response. Some of these young adolescents also included touching of private parts, kissing, and hugging as activities that may be considered as sexual intercourse. Few youth were specific in responding to this question although there were a couple that indicated the penis must penetrate the vagina and that oral sex could count as sex. Several youth left this question blank, stated they did not know how to answer the question, or admitted to not knowing the answer.

Several of the eighth graders also struggled with this question. Among those who responded two were specific in indicating that the penis must penetrate the vagina for sexual intercourse to occur. In addition, several youth indicated that oral sex was also considered sexual intercourse. Nearly thirty percent of this sample left the answer to this question at sex without going into detail about what sex is. An additional small group of youth felt that touch could be considered as sexual intercourse.

One-third of the ninth grade respondents included oral sex as a behavior defining sexual intercourse. In addition, some of these youth also indicated anal intercourse would fit within this definition. Although these youth identified oral sex as sexual intercourse, one youth shared that he/she did not think oral sex should be considered as intercourse. A couple

of youth attempted to be more specific by indicating the penis must penetrate the female's body. However, this statement could indicate not only vaginal intercourse but also oral and anal sex and therefore is difficult to classify.

The sophomores in addition to defining sexual intercourse as sex also stated that oral sex could be constituted as sex. Further, one youth considered sexual touching as intercourse. Touching was also prevalent among the juniors with one of the students who listed touch also including oral sex as a behavior that would be considered sexual intercourse. In addition, two juniors stated that the penis must penetrate the vagina for an activity to be considered as sexual intercourse. Three seniors agreed with this statement. Among these twelfth grade youth oral sex and anal sex were also activities considered to be sexual intercourse.

If someone asked what it means to be a virgin, what would you say?

School A

Almost all the youth across each grade could properly identify a virgin as someone who has not yet had sexual intercourse. Several youth were very specific in their responses as to what exceptions to this definition might be. For example, several youth indicated that youth could do many sexual activities but penetration was not acceptable. One sophomore shared that, "If it's a guy it means his penis has never been in a vagina. If it's a girl it means she's never had a penis in her vagina" (R87). One eighth grade youth stated that penetration is what affects the label of virginity by saying that, "Not ever having sex. You may have kissed or something but never once did he go in her" (R26). The researcher could assume that this response means that vaginal intercourse has never occurred, but perhaps it could also

reflect anal and oral sex. One of the ninth grade respondents specifically stated though that oral sex does not count against one's virginity.

School B

Across all the grades the majority of youth could properly define a virgin as someone who has not had sexual intercourse. As the youth progressed in age, the response to this question became more specific. The older youth tended to indicate that a virgin is someone that has never had the penis penetrate the vagina. Therefore this could be an indication that oral sex and possibly anal sex are acceptable. Two youth in particular disagree with this idea though. One sophomore shared that a virgin is someone who has never had sexual intercourse or anal intercourse. In addition, an eleventh grader stated that a virgin is: "Someone that has never had any form of sexual intercourse" (R187).

A couple of youth included until marriage in their definition of virginity stating that a virgin means not having sex before marriage. Additional youth included value statements when responding to this question by indicating the importance of not having sex before marriage and that you feel strongly about your vow to remain a virgin. This may be a reflection of religious beliefs. One particularly interesting response provided by a student in the seventh grade shows that young people are aware of the scandal with President Clinton and Monica Lewinsky. This young person replied that a virgin means, "Not to have had what Bill Clinton and Monica Lewinsky had and not to have had genital sex" (R100).

School C

Across all the grades almost all youth could properly identify a virgin as someone who has not yet had sexual intercourse. Oral sex and anal sex were addressed when defining this term. In the seventh grade group one youth indicated that a virgin is someone that has

not had any type of sex, thus implying oral sex and anal sex in addition to vaginal intercourse. Further two juniors stated that in order to be considered a virgin one cannot have participated in sex of any kind including oral sex. Few youth indicated that one should not have intercourse until marriage with one of these youth also stressing that one should be married to someone of the opposite sex. Lastly, two seniors specifically identified a virgin is someone who has not had the penis penetrate the vagina. Thus this leaves a very broad definition of virgin perhaps with the ability to participate in any sexual behaviors besides the one described in the response. Among the youth who could not properly identify a virgin, one youth in the eleventh grade defined it as its opposite or as someone that has had intercourse.

What physical activities could someone participate in and still be considered a virgin?

School A

The seventh and eighth graders in general limited physical contact to kissing, French kissing, hugging, and holding hands. A few youth also included making out and foreplay without defining these terms further. Only a couple youth indicate touching in the private areas as part of the acceptable sexual contact. Among the younger age groups youth also stated that anything except sex was allowed for the label of virgin. Sometimes youth backed this up by stating this meant anything but the penis penetrating the vagina.

A few of the older youth limited physical activity to kissing, hugging, and holding holds. However, many of these youth also included touching in the private areas, making out and foreplay as behaviors a virgin could participate in. Several of the 9-11th grade youth indicated that anything but sex was acceptable for someone to be considered a virgin.

Among this age group oral sex was also a common response. For example, one ninth grade

youth stated the physical activities someone could participate in and still be considered a virgin are, “Eating someone out, giving a blow job. Just because you see their privates doesn’t mean you’re not a virgin” (R52). Another youth indicated that both oral sex and anal sex are acceptable behaviors that fit within the label of virginity.

School B

Among the seventh through eleventh graders who responded to this question there were youth in each grade that limited physical behavior to kissing, hugging, and holding hands. Additional youth provided examples of other acceptable behaviors besides these that would include touching in the private areas, making out, flirting, foreplay, and cuddling. Several of these terms are unclear.

Oral sex was considered by many to be an acceptable behavior that fits under the label of virgin. The youth who provided this response often also included other sexual behaviors. In fact two eighth grade youth included anal sex as a reasonable behavior that would fit within virginity. As youth progressed in age it appeared that more sexual behaviors were acceptable and one could still be called a virgin. For example, according to the sophomores, in addition to oral sex other behaviors acceptable for a virgin are: finger banging, going up a shirt or down the pants, hand jobs, kissing, hugging, holding hands, touching, and dry sex, described as going through the motions of having sex with your clothes on. Further, students in the ninth and tenth grades indicated that basically anything but sex is acceptable and one can still be considered a virgin. One sophomore was more specific and said, “Anything except anal and vaginal intercourse” (R170).

Three types of additional responses of interest need to be noted here. One seventh grade youth indicated phone sex and cyber sex as appropriate behaviors for a virgin. The

researcher is not pointing this out to dispute this point but rather to draw notice to the fact that youth are calling 900 numbers and logging onto pornography on the Internet or perhaps adult chat rooms as part of the experimentation with sex process. Another point to note is students in both the seventh and eleventh grades indicated masturbation as a behavior that one could do and still be considered a virgin. These students did not indicate if this was mutual masturbation with a partner or alone. However, this may be an indication that teens are turning to this behavior as a way to deal with their sexual feelings without acting out on them further with a partner. One last point is that students, though few and far between, mention the role of religion in determining their actions when it comes to sexual activity. One junior indicated that while one could touch someone sexually and still be considered a virgin that one's religion would determine where that touching could occur.

School C

Nearly one-half of the seventh grade respondents limited behavior to kissing, holding hands, and making out. Two of these youth seemed to differentiate kissing techniques by identifying both regular kissing and French kissing. This may be something to probe further on in the follow up interviews. Among these youth touching was also added to kissing as a limitation on what one could do and still be considered a virgin. Four additional youth broadened their definition of virgin with one youth specifically stating oral sex as an acceptable behavior for a virgin and three youth opening the definition completely up to include anything but sexual intercourse.

The majority of eighth graders who responded to this question limited physical contact to kissing, hugging, making out, holding hands, and touching. This included sucking on the female breasts and caressing private areas. In addition two youth stated that

masturbation was acceptable. However, they did not specify whether this was private or with a partner. Four youth had a broader definition with one youth stating that anything except having sex was acceptable for a virgin and three additional youth stated oral sex was proper behavior and would fit within the label of virginity.

One-third of the ninth graders limited behavior to kissing, hugging, holding hands, making out, and touching. For one additional youth touching included private masturbation. Four youth thought oral sex would be acceptable with one of these youth including anal sex also. Lastly, three youth stated that a virgin could participate in any behavior except sexual intercourse.

As with the younger adolescents, among the sophomores through seniors there were small numbers of youth indicating a broad definition of virgin activity as anything except sexual intercourse. The tenth graders did not mention oral sex and only one junior stated oral sex was acceptable. However, among the seniors nearly half the youth stated that oral sex fit within the definition of being a virgin. Further these youth included sexual touching and masturbation as behaviors in addition to oral sex that would be acceptable. Across these three grades of youth nearly half the respondents limited physical contact to kissing, holding hands, making out, touching, and being held in one another's arms as behaviors most likely to fit within the limits of virginity.

What physical activities take place before someone is classified as a sexual partner?

School A

The most common response across all the grades was that having sex with someone is a prerequisite to considering him or her a sexual partner. A pattern that also emerged was that sexual intercourse must occur with that person more than one time. A need for

commitment was also indicated by several youth. Some of these youth included marriage as an indicator of a sexual partner. Perhaps these youth feel sex should occur in the context of marriage.

The freshman and sophomore classes had youth that stated that having oral sex with someone would be an indication that that person was a sexual partner. Other physical activities these youth identified were making out, petting, hand jobs, and foreplay. The youth seemed to list a variety of physical activities when responding to this question. These descriptions usually began at kissing and progressed to touching and sex. There were a few youth that limited physical contact to kissing, hugging, and touching. The researcher wonders if this is truly their belief that these behaviors identify someone as a sexual partner or if they have misinterpreted the question.

School B

Having sex with someone was the common thread across all the age groups when it came to defining a sexual partner. Among the seventh graders students also mentioned the possibility of oral sex as a determining factor in considering someone a sexual partner. Yet others also included being involved with someone for a length of time or the degree of knowing someone as a factor. For example, one youth shared that a sexual partner means, "Being together for a long time, doing things like kissing, touching, sex, finger banging, blow job, etc." (R112). Length of time could be an indicator of getting to know someone well enough to participate in sexual activities with them. Several youth also indicated that marriage was the key to identifying someone as a sexual partner. A number of youth mentioned behaviors such as kissing, touching, holding hands, and making out when

responding to this question. However it is unclear if this is their belief or if they have interpreted the question differently than their other peers.

When responding to this question the eighth grade youth seemed to add disclaimers to their response that sex is what constitutes someone as your sexual partner. These included that sex occurs with or without protection and that sex must occur a lot. Thus frequency of intercourse with an individual seems to be a deciding factor in whether or not someone is considered a sexual partner. Additional youth indicated that participation in oral sex would indicate that person was your sexual partner. There were several vague responses provided by youth that were difficult to interpret and provided no real pattern of behavior.

Among the nineteen freshman a few youth indicated that for someone to count as a sexual partner sexual intercourse must occur more than one time or in the context of a steady relationship. Vaginal intercourse is the key to considering someone a sexual partner according to some students while others indicated that touching and making out may be included. One youth stated that, "You can hold hands, flirt, touch (the nice way), kiss, make out (with clothes on) without being a sexual partner" (R159).

The sophomores generally indicated that sex was the required behavior; however additional responses included oral sex, having sex with all body parts which could be an indication of oral sex or anal sex, and fondling could lead you to consider someone as a sexual partner. Sexual stimulation with the hands was also listed by one student to be an indicator that a person is one's sexual partner. A couple youth were very specific in stating that the penis must penetrate the vagina for someone to be considered your sexual partner. For example, "As long as the penis has not been in the vagina then you haven't had sex with that person and you are still a virgin. A sexual partner could be someone you do oral sexual

activities with I guess. Really I'm not for certain" (R172). This youth also indicates some confusion when defining this term. I would guess he/she is not alone and that many youth struggled with this question.

Both the eleventh and twelfth graders indicated sex was a requirement to classify someone as your sexual partner. However, one youth stated that you need to be dating the person you have sex with or it isn't the same. Does this mean the definition of what it means to be a sexual partner is determined by the relationship? Oral sex and sexual touching have been considered by some eleventh graders as behaviors that could classify one as a sexual partner. Further, one youth stated that any kind of sexual encounter would make someone a partner.

School C

Across all the grades the most common response was that one must have sex with an individual in order for that person to be considered one's sexual partner. Several youth included more specific information on the types of relationships in which intercourse occurs. Among the seventh graders commitment was the key for someone to be included as a sexual partner. One youth shared that one needs to commit oneself to his/her partner to be considered a sexual partner and another indicated marriage. Eighth graders identified the frequency of intercourse is necessary for someone to be considered a partner. For example, one youth shared that for someone to be classified as a sexual partner one must have sex a couple times, "once at least every week." Further, youth in this grade indicated that the relationship should be serious with one youth including marriage as an indication of such a relationship. Among the remaining youth in the additional grades frequency of intercourse was also an indication of someone being considered a sexual partner. Youth in the ninth and

tenth grades shared that a person must have sex with someone several times with the sophomores also including the prerequisite of recent sex for that person to be considered a partner. Further, being involved in a relationship was an indicator of a partner. The juniors also shared that regularity and frequency of sex are essential to considering someone a partner in addition to one youth's response that marriage is a good indicator. The seniors did not necessarily discuss regularity but shared that sexual intercourse must occur with the same person for someone to be considered a partner.

Youth in the ninth, eleventh, and twelfth grades also identified specific physical activities that could be indicators of someone being a sexual partner. Though only included as such by a couple of youth, oral sex was a common thread across these age groups. Some youth across these grades also indicated that kissing, hugging, and touching may be indicators of a sexual partner. Again, the researcher wonders how the youth are interpreting this question.

Sexually transmitted diseases (STDs) can be passed from one person to another person by:

School A

The youth across all grades were well-informed on the modes of STD transmission. All grades could identify sex as a means to transmitting STDs. Further, oral sex and anal sex was identified by all but the eighth graders. However, the eighth grade did indicate the exchange of bodily fluids and therefore could have oral sex or anal sex in mind when providing this response. Several of the youth that identified sex as a mode of transmission spoke of sex in terms of unsafe or unprotected sex. For example, one seventh grader stated

that STDs could be transmitted by, “Having sex with someone that is not wearing a condom” (R8).

Youth in each grade mentioned additional modes of transmission such as blood, vaginal secretions and semen, saliva, needle sharing or other drug use, and from the mother to her baby. Youth also identified kissing, toilet seats, and urine as a means to transmit these diseases. Some of these youth know that blood, vaginal secretions, and semen serve as a means to transmit STDs. Yet do they make that link when participating in behaviors such as oral sex or anal sex? While many different responses were provided by the youth, the common thread was sexual intercourse. Not every youth identified oral sex or anal sex or blood, vaginal secretions, and semen as modes of transmission. Therefore, are all youth knowledgeable of this fact?

School B

Among the seventh through twelfth grade youth who responded to this question the most common mode of STD transmission identified by each group of youth was sexual intercourse. Youth in all grades except tenth and twelfth shared that specifically it is sex without protection or a condom that provides the means for STDs to be transmitted. Youth in each grade identified oral sex as a means to transmit STDs with youth in the seventh grade also sharing that anal sex can spread STDs. In addition, youth in the eighth, ninth, eleventh, and twelfth grades stated that bodily fluids or semen would be another way STDs could be passed from one person to another.

Kissing was identified by youth in the seventh, tenth, and eleventh grades with the sophomores indicating that deep kissing was a means to pass STDs. Blood, open wounds, urine, needles, and saliva were other examples provided by youth, as was the transmission of

a disease from a mother to her baby. A couple youth indicated that almost anything one does can possibly make him/her susceptible to a STD. For example, one junior stated, “Having sex, oral sex, kissing, holding hands, urine, almost anything you do you can get a STD” (R189). A seventh grade student provided one additional response I want to note. This youth stated that STDs could be transmitted by “Putting it in or rubbing down there” (R110). This response makes the researcher wonder if this student thinks masturbation may lead to STD transmission.

School C

Across all the age groups youth identified sexual intercourse as a means to transmit STDs. Youth in all but the tenth grade indicated that this sex was unprotected or without a condom. Other modes of transmission identified across all age groups were kissing or touching (except sophomores), blood or bodily fluids (except sophomores), needles or drugs (except eighth, ninth, and eleventh graders). Eighth through twelfth graders further defined oral sex as a means of STD transmission. One group, the sophomores, stated that STDs could also be transmitted from a mother to her baby.

Interviews

As the researcher began reviewing the open-ended survey question responses, it became apparent me that several themes were emerging. In addition, the researcher became aware of slang terms students were using that although she knew what these terms meant when she was in high school the definitions of the terms may have significantly changed. With this awareness the researcher decided it was necessary to conduct a series of interviews with students representing the schools she had selected as her survey sites.

Four youth were selected to participate in these interviews. They represented two separate school districts. Two of the respondents were male whom the researcher has named Bill and Lee for purposes of privacy. Two of the respondents were female whom she has also given pseudonyms. The young women will be called Meg and Lynn. Among these youth two sophomores are represented as are one junior and one senior.

Sexual intercourse and oral sex

One of the important terms that the researcher had asked youth to define was sexual intercourse. However, when the responses to this question came back, many youth had defined sexual intercourse by calling it sex without further description. The researcher used the individual interviews with the youth as an opportunity to probe further on this response and find out what “sex” really means to youth. This further led to discussions on oral sex and virginity also.

Bill shared with the researcher that when youth responded to the abstinence question by stating it was not having sex that what sex really means is just plain, vaginal intercourse. Oral sex would not count within the definition of sex. Meg confirmed this response. She shared that “...I think a lot of people consider sex as vaginal sex, not oral sex.” Oral sex is not seen as a big deal among peers and happens frequently. In fact, most often Meg hears of oral sex occurring at parties when youth are drunk.

The researcher probed Meg further as to why oral sex is not considered sex. She shared that really there is a double standard when it comes to oral sex. Peers that are in relationships do not consider oral sex as having sex. However, if someone were to cheat in the relationship and have oral sex with someone else, that would be considered sexual cheating. Further, she feels that many people are pressured into having oral sex. She

perceives that her peers are easily swayed by the crowd and do not have a strong sense of who they are. Thus, this leads to their belief in another double standard that says oral sex could technically be considered sex but you can still do it and be considered a virgin.

One interesting point that Meg addressed when discussing oral sex is where it falls in the relationship. Meg feels that whether or not oral sex occurs before vaginal intercourse is based on how secure the individuals are in the relationship. Those who are insecure may have vaginal intercourse first as a means to keep the relationship.

Lynn offered further insight into the whole issue of what is sex. According to her sex strictly deals with the penis having contact with the vagina. Her peers would say that unless the penis has penetrated the vagina sex has not occurred. Oral sex is a common behavior at her high school and is often hallway conversation after the weekend. However, it is not deemed as sexual intercourse. Lynn believes that her peers think that because oral sex or other sexual activities are not labeled sex they are not associated with sex. This is where the use of slang comes into play. Because youth call oral sex getting a blow job or getting eaten and not oral sex, it is not considered a sexual behavior and therefore in their minds is not having sex.

Lee agreed with the other three youth that the penis penetrating the vagina defines sex. Teen responses to the researcher's questions that just said, having sex were actually an indication of vaginal intercourse. Lee also feels that oral sex is a common behavior among his peer group. He shares that youth participate in oral sex partially out of fear of contracting AIDS or STDS from vaginal intercourse but also as a substitute to vaginal intercourse. According to Lee, youth participate in oral sex so that they can "Just say that you did not, haven't had sex yet." In other words, oral sex is a way to be sexual while still preserving

what the researcher would call technical virginity. Both Bill and Lynn agree. According to Bill, a virgin is someone who has not had vaginal intercourse. He believes most of his peers would say you're still a virgin if you have oral sex. Lynn shared that people provide a broad definition of virginity or perhaps a very narrow one of vaginal intercourse just to maintain the label of virgin. This is especially important to girls and is probably more so than with guys.

Abstinence

One of the terms that came out of the data was that youth provided many different definitions of abstinence. The researcher asked the teens being interviewed why they thought youth provided such different definitions and how teens decide what a particular term such as abstinence will mean for them? Bill shared that he doesn't believe students really understand the whole concept of abstinence. He shared that abstinence also has to do with alcohol and drugs. This response indicates to the researcher that this youth looks at the big picture when considering abstinence and focuses more on the definition of the word abstinence instead of on abstinence in the context of sexual behavior. The researcher believes that this is the approach that this school uses when defining this term for its middle school youth because they encourage the youth to abstain from all risky behaviors.

This young man also added that in the context of sex he believes his peers would say abstinence means not having sex, meaning vaginal intercourse but one could participate in other sexual activity and still be considered abstinent. Bill shared with me that he realizes there are two very different points of view among his peers when it comes to abstinence. There are teens that are "dead against having sex until a certain age" and others who have sex

a lot. The latter would tell you “it’s almost impossible to maintain abstinence.” However, the former offer proof that it’s not impossible because they are doing it.

Meg shared that she believes that students are not provided with a clear definition of what it really means to be abstinent. When teens decide what abstinence means to them and how much sexual behavior one can participate in and still be considered abstinent, it’s because of religious beliefs or personal desire that a line is drawn at a certain sexual behavior. Friends and parents may also play a role in defining this term for youth.

When it comes to defining abstinence this young woman believes that her peers have a very broad definition. She shared that her peers would tell me that abstinence is “Saving sex for marriage that’s about it. You can do everything else besides that but saving sex for marriage.” Further probing this youth determined that what teens consider as sex is vaginal intercourse. However, behavior like oral sex would be acceptable and would fit into the definition of abstinence. It is important to note this belief does not belong to this teen. She holds a much stricter view but thinks the example she provided above is a common view among her peers.

This student offered further insight on how her peers view abstinence. According to Meg, teens don’t choose to participate in abstinence because it’s not a fun thing to do. This term is often presented to youth in the context of birth control options. She does not believe youth consider abstinence in this context though. When they think of birth control they think of going on the pill or using a condom. She also believes youth do not consider abstinence because they see other youth participating in sexual activity without any consequences. The belief as Meg stated is, “Everybody else does it. Why can’t I?” Students also consider

abstinence an outdated concept but the real reason students have sex is the thrill of getting caught by their parents.

The last two students provided similar responses as the first two. Lynn shared that she believes that her peers have a general idea of what abstinence is but they do not receive much sex education to elaborate upon this point. Further, although she believes some of her peers may not have a clear understanding of this term, she views herself differently. Her family has raised her to understand this term.

Lee shared that the reason youth have so many different definitions for abstinence is due to age and sexual experience of teens. As youth get older they have more contact with the opposite sex and start to experiment with different types of relationships. This may lead to more sexual experimentation and thus the definition of abstinence broadens so that youth can still fit within this term.

Consequences

One particularly interesting theme that came out of the students' interviews involved youths' perceptions of the consequences of sexual behavior. This discussion arose after the researcher had shared with the youth a pattern from the survey data indicating some activities such as oral sex were considered by youth to be defined as sexual intercourse. Then the same youth who had defined oral sex as sex turned around and said one could participate in oral sex and still be considered a virgin. For some youth this discussion evolved when the researcher probed further on why vaginal intercourse was considered sex when it comes to defining abstinence.

Bill shared that vaginal intercourse is considered to have more consequences than oral sex. These consequences are pregnancy and STDs. He stated:

You're not really thinking about that when you're having oral sex and stuff like that. But start having vaginal sex it's like; it's a lot bigger idea and a lot bigger thing. A lot more bad things can happen than with the others I'd say.

When the researcher probed Bill as to what the bad things are he shared that when youth are sexually involved the main concern is with avoiding a pregnancy. However, pregnancy does not really hit home until it happens to someone you know.

When the conversation turned to where oral sex falls in the scheme of things, this student stated that many youth participate in oral sex before vaginal intercourse because it's seen as less risky or having fewer consequences. Oral sex is a way to be intimate without being too serious whereas Bill stated that "most people think of vaginal sex as a big step in the relationship." Part of this is based on consequences, but the other part is based on emotion. Oral sex is less based on relationships and emotions than vaginal sex. Bill shared that:

...most people if they're going to have vaginal sex with someone they think that they really like the person. So they're going to go ahead and do it because they think that's the person they should do it with. But oral sex, some people just do it to get it you know. So I think there's more emotion tied into the ones that have been having vaginal sex, that relationship.

Meg backed Bill up by sharing that oral sex is not considered sex. There seems to be fewer consequences with oral sex because you don't have to be emotionally attached to have oral sex with someone. Therefore, you don't have to feel bad if the relationship doesn't last. According to Meg, a young male will think, "I don't have to feel bad; she just gave me oral sex."

Since consequences appeared to be a theme among these youth the researcher asked Lynn and Lee if youth think about STDs when having oral sex and if they wear a condom or some other form of protection such as a mouth damn to protect themselves during this event. Both Lynn and Lee shared that they knew of no students that protected themselves during oral sex nor do students think of diseases. According to Lee, oral sex appears less risky than vaginal intercourse and therefore they don't think of diseases. When probed whether teens were aware that oral sex can spread diseases Lee responded that he felt teens were aware but don't really think a STD will happen to them.

Lynn stated that people do not use a condom during oral sex because it's not actually an activity by which you can get pregnant. Her response was:

I think the whole idea with the condom is just so some people probably think if you use a condom you're not going to get pregnant and that's it. So that's all they need to use it for.

From this statement the researcher gets the impression that the condom is viewed by youth to be a birth control option and not necessarily to protect one from anything else. This youth indicated that although she feels that her peers use this as a birth control option, that it is not always used. She told me there are between five and nine pregnant girls in the school. This she attributes not necessarily to failure to use a condom but also to failure by the school to properly educate students on the details of sexual relationships. Because youth are lacking in this area, communication often breaks down in teen couples and no birth control or protection is used.

Sexual partner

Another theme that seemed to be arising out of the survey data was how our sexual partners are defined. Several of the youth who responded to this question on the survey stated in order for someone to be referred to as a sexual partner sexual intercourse must occur with that individual more than one time. According to Bill when students responded to the question they were responding to the word “partner” as two youth involved in a relationship. Therefore, someone is considered a sexual “partner” if sexual activity occurs in the context of a relationship. Meg backed him up by stating that a partner is seen as someone you have sex with more than one time in the context of a relationship. However, this relationship does not necessarily have to be a dating relationship such as a boyfriend/girlfriend but could just be the person you go to for sex. According to Meg, some teens choose to have a friend as a sexual partner. In fact, some teens lose their virginity to these friends because as Meg states, “...if they’re a true friend they’re not like oh, she was terrible.” This was a new response to me so I probed deeper as to how engaging in this type of behavior affects the friendship. Meg shared that she does not feel getting involved with a friend will damage the relationship as long as the relationship is well established. If the relationship is a well-established friendship then no further attachment will develop once the friends become sexually active. Lee and Lynn agreed that a person is defined as one’s sexual partner if sex is occurring in the context of a relationship. Lynn noted that for someone to be considered a sexual partner one needs to care about that person and to have been in a steady relationship for awhile. While all the students seemed to agree that sex must occur in the context of a relationship for someone to be considered a sexual partner, there was a slight disagreement over how oral sex fits into this picture. Three youth addressed this issue with two, one male and one female,

agreeing that someone one has only had oral sex with would not be considered a sexual partner. The other male felt though that because participation in oral sex indicated involvement in a sexual relationship then the person one did that with would be considered one's sexual partner.

Youth slang

As the researcher was analyzing the various youth responses to the open-ended questions, quite a few slang terms were used that she was not familiar with. Several of these included making out, touching and foreplay. Each youth interviewed was asked about the various terms to see not only what the term might mean to today's teens but also if this definition was consistent among the schools.

Bill shared that making out is limited to kissing. Touching may be involved in some cases but for the most part kissing is as far as making out goes. Meg differed a bit from Bill in how she defined making out. One thing to consider is that Meg is several years older than Bill and this could play a factor in how terms are defined. Meg would consider making out as everything besides vaginal intercourse. She would include both kissing and fondling as activities that occur when one is making out. Fondling would be equal to touching in the private areas. Lynn would agree with Bill when defining making out and say that it is limited to kissing. Lee also agrees with Lynn and Bill that making out is limited to kissing and possibly touching.

When asked to define foreplay Bill struggled a bit. When he came up with a definition he shared that how foreplay is used is dependent upon the type of relationship one is in. If someone is not really in a relationship then foreplay could be equated with flirting. However, if in a relationship, foreplay could be an indication that a partner is ready to be

more sexually active. Meg provided a more specific definition of foreplay than Bill. She shared that foreplay would include oral sex. It could be considered a similar term to making out. Meg would view both making out and foreplay as participation in everything but vaginal intercourse. Meg discussed foreplay also in terms of youth using toys. When probed further on students' access to such materials she noted that students might not have toys but that they think up items that would work. This response raises a red flag and may be an issue that needs to be addressed. What types of items are youth experimenting with or placing in various locations of the body when they are sexually involved? Are these items safe? Lee would agree with Meg that foreplay is an expression of oral sex. Lynn holds the same definition.

Touching was also a word Bill was familiar with. He shared that touching can be equated with groping which is most likely feeling the private areas and breasts. When Meg was asked about touching she shared that she views touching in two different ways, that of friendly touching and that of sexual touching. Friendly touching would include hugging and kissing on the cheek whereas sexual touching would occur in your private areas. When asked what she thought her peers meant when they wrote touching as an activity that occurs in a teenage relationship she believes the most common connotation was that of sexual touching. According to Lynn when her peers state touching as a behavior in teen relationships they are referring to touching in the private areas so she is in agreement with both Bill and Meg. Another term that would mean the same is feeling. Lee holds a similar belief as the rest that touching and feeling refer to contact made with the private areas.

Other terms the researcher asked some of the youth to define were as follows:

Flirting: According to Lee this is just simply showing an interest in someone through talking

and body language; Playing: Lynn would consider playing as equal to messing around which is a slang term for oral sex; Wrestling: Lynn would say this term refers to youth taking off their clothes and actually wrestling around but not having intercourse; Cuddling: Lynn shared this is simply holding each other like arms around each other at a movie theater; Going out: Lynn feels her peers consider this term to mean a more serious relationship or in terms of going steady. It is more serious than dating. The researcher also asked Lynn why some youth had differentiated French kissing and kissing on their surveys. While she did not offer an explanation of why this was done she did share that French kissing occurs in private areas while kissing is something most likely done in public such as a peck on the lips or cheek.

Dating

One idea the researcher wanted to explore further with this group of young people was the concept of dating. Two of the schools surveyed have the junior high aged youth located with the high school youth or rather the schools combine the 7-12th graders. Thus, one of the questions the researcher wanted to address with these youth was what is the range of who dates whom in the schools.

Bill shared that dating in his school usually occurs among youth one grade older than you or you date one grade younger than you. The farthest spread between youth would be a freshman dating a junior and not many people in the high school date junior-high aged youth. Lynn's view was a bit different than Bill's. She feels that for the most part the junior high students are separated from the high school youth but has seen some 8th and 9th grade girls going out with older guys. Dating across the grades does occur and you may see a senior going out with a 9th grader or a sophomore. However, this is more common for guys to date

girls significantly younger than them. Girls will go out with a guy one year younger than them but that's about it. Lee shared that the norm is that dating goes no higher or lower than one grade. However, he realizes that more boys date younger girls and has heard of a junior dating an 8th grader.

Bill and Lee also talked a bit more about dating relationships in general. Bill feels that age plays a significant role in the type of dating relationship. When youth are too young to drive they just hang out with groups of friends. However, as youth get older they begin looking for one significant other and hang out with this individual more than their friends. Further, gender plays a role in that girls tend to seek out more serious relationships than the guys do. An interesting and very true point that Bill mentioned is that people date others based on a sexual attraction. He shared that:

You're not going to start a relationship with someone if you're not attracted to them a little bit sexually. You've got to assume going in that there's going to be some kind of sexual thing going on.

This is an interesting point since physical attraction is usually what drives us to seek out a relationship with others. The researcher asked Lee a bit more about this in terms of the sexual activity that occurs in relationships. He shared that steady relationships among youth tend to be sexual but also people who are not serious sometimes participate in intercourse or other sexual behavior. He also added that several students change their dating partner frequently. While they may not necessarily be having vaginal intercourse with their partners, they are having oral sex. Thus, it appears Bill is correct in assuming that something sexual is likely to occur in teen relationships and you just know that going in.

Alcohol/drug use

One area that the researcher wanted to explore further with youth was how the role of alcohol and drug use impacts sexual activity. While the researcher may not have really gotten into this issue as deeply as she had hoped, it appears that for these youth alcohol and drug use are definitely viewed as a problem among their peer groups.

Bill shared that he considers alcohol and drug use an issue at his school. In fact, he would even consider the drug problem as out of control. While the school tries to assist students in staying away from this risky behavior through having discussions on drug use, it is truly the teens' decision if they want to try drugs or not so these activities are not necessarily realistic. The drug of choice among his peers is marijuana.

Bill further believes that alcohol is an issue with the majority of the student body participating in alcohol use. Those who drink every night are those not involved in extracurricular activities. Athletes do not usually drink during their season but they will during the off season. Although Bill does not generally feel athletes drink he did mention he sees a change in attitude among the seniors and they are more likely to spend more time drinking. He shared that this comes from the idea that they're almost out of school so it does not matter. Among the younger youth that do not necessarily have access to parties yet, chewing and smoking cigarettes are common.

Lynn shared that alcohol and drug use are problems at her school also. Alcohol use is the main problem and is frequently used at parties and while sitting in parking lots around town. According to Lynn, parents sometimes provide supervision to youth during these parties so they are knowing participants in the use of kids using alcohol. Lynn's belief is that

sexual activity is common at alcohol related parties and youth actually call rooms for the night. She shares:

Everyone kind of goes, they'll call rooms. Even when you get there they'll call rooms and every once in awhile they'll come out and get more beer and go back in there. Sometimes you won't see couples the whole night.

Lynn shared that even athletes participate in alcohol use. In fact, they are more likely to smoke cigarettes and use alcohol than do drugs. Those youth who participate in drug use tend to be the lower social group who make an obvious fact of their drug use and act like they don't care. This response by Lynn is based on a question the researcher asked. The researcher had shared that one thing she notices in schools is a hierarchy on how teens categorize each other. The researcher asked if Lynn thought there were any differences across groups of teens that fit within this hierarchy. She shared there are some of her peers though that will experiment with drugs just because their friends are.

Lee also views alcohol use as a common event among his peers. Most parties contain alcohol with parents oftentimes not only letting youth use their homes but at times also supplying the alcohol. This concerned the researcher and she probed about the responsibility these parents take for the youth. Lee shared that sometimes kids are allowed to stay the night after these parties.

Lee is an athlete so we discussed the role of alcohol for athletes. He has a firm belief that a lot of his fellow athletes use alcohol but just don't get caught using it. He also shared that he is aware that some athletes are using drugs but not frequently enough to tell. On the school social scale youth in the lower to middle social class appear to be the ones using drugs

the most with their drug of choice being marijuana. Once more this response is based on a the leading question the researcher asked about school hierarchies.

Friends

The role of friends was a theme that emerged from the interview data with the youth sharing they turn to friends as a source of support and that friends also play a role in peer pressure to be sexually active.

According to Bill teens share with their friends some of the details of what sexual behaviors are going on in the relationship. This is done out of respect for the friendship and to know that friends are not alone in sexual experimentation. Friends also share stories about sexual activities as a source of support or just to be part of the conversation. The detail of the story depends on the relationship one has with their partner and how serious the relationship is. A more serious relationship means less of these stories are shared. An interesting point about friendship that Bill shared with the researcher was that older friends not only provide information about sex but also are also willing to share where to purchase condoms for protection and would be willing to purchase them for a friend. Lynn believes that a lot of teens rely on their peers as to whether they should become sexually active or not. When teens see one of their peers become sexually active and experience no negative consequences, they feel that it is safe for them to practice the same behavior because they too will be safe.

Peer pressure is significant among teens and can be seen not just as pressure from other teens to have sex but as a means of keeping a significant other. Bill argues that abstinence is seen as unrealistic by teens because they feel the need to have sex in order to keep their significant other. In addition, there is the belief that once you've had sex there is

no turning back. So among teens there is no chance at obtaining second virginity. If teens are not participating in vaginal intercourse then they are participating in oral sex as a way to keep a boyfriend or girlfriend happy. Meg agrees with this point. She shared that girls in particular feel pressured to give guys sex to get them to like them. Females in general view participating in sexual intercourse differently than males. They are more reluctant but do so in order to keep their boyfriend. Meg believes there are guys in her school that would break up with the girls if they did not participate in some kind of sexual activity. So, girls give guys oral sex to keep them happy not necessarily because they want to. She shares, "I think that a lot of people do that to keep their boyfriend and girlfriend, not necessarily because they want to. They're afraid of losing them." However, at the same time Meg realizes all guys are not expecting sex and feels that they get a reputation without deserving one. When a girl offers oral sex or sex it's a pleasant but unexpected surprise to some of the young men.

The researcher probed Meg further on what youth do when they feel the pressure that everyone in their school expects some type of sex. Meg told me that the advantage of a small school is that others know everyone's reputation. Girls avoid guys who expect sex or tell them what behaviors they're willing to participate in when they first start going out. In addition, teens look to youth at other schools to date as a way to avoid the pressure of becoming sexually involved.

Lynn also shared that peer pressure is a common issue among teens. Public displays of affection are common in her high school hallway. She feels a lot of her peers are pressured into doing things they really don't want to do because they've found someone that likes them that only has sex on his/her mind. In addition when teens get caught up in the heat of the moment they get pressured into having sex without protection because they don't think

about using a condom. Lynn feels there is a lot more pressure to participate in vaginal intercourse than oral sex because it's as far as you can go with someone.

Parents

The impact of parents on teens also came out in the data from the youth interviews. Bill feels that parents need further education when it comes to teen sexual activity. In his point of view parents should wake up and help protect their youth from the dangers and risks of sexual activity since they already know that their kids are having sex. He shares:

I think parents, like girls on birth control, if they know that their daughter is sexually active they might as well go ahead and get them birth control. Once they're started you can't really, you can get mad at them but it's not going to do any good. If you want to do all you can to help prevent it then you're gonna.

Bill thinks that kids are going to become sexually active whether parents want them to or not so they should help prevent bad things that are consequences of sexual behavior. Bill believes parents know that youth are sexually active but want to believe that their child is not. Thus they turn their heads and look the other way. Further it is difficult for youth and parents to talk, especially young men and their fathers. He thinks it is somewhat easier among young women and their mothers. Bill further indicated that the reason he thinks parents look the other way when it comes to teen sexual activity is that their concern is elsewhere. The drug issue outweighs the sex issue in this community. Because there is a fear of youth participating in marijuana, parents are focusing more time on addressing the risks of drug use and less time worrying about teens having sex.

Meg also believes that parents are aware of teen sexual activity but her point of view is that parents are supportive of the issue. She believes a lot of parents just accept that teens

will have sex and therefore they should teach the kids to be safe. By discouraging the teens from having sex parents believe youth will rebel and do it anyway. Meg shared stories of parental support in obtaining birth control for her peers. In addition she believes parents encourage the young men to purchase condoms. Both parents have a good relationship with their daughters and are willing to help them obtain the proper information and supplies to protect themselves.

Lynn views parental involvement not as accepting of teen sexual activity and providing birth control but as providing guidance. When youth indicated until marriage when defining abstinence or virginity Lynn feels this came from parental guidance and religious values of the family. Youth without such strong parental involvement do not learn the consequences of sexual activity ahead of time. These youth turn to friends as a source of information that oftentimes is not correct. Without the correct information and understanding the results of an action the students do not think of consequences when participating in sexual activity that may lead to teen pregnancy or STDs.

Sex education

For those youth without strong parental guidance in their lives, the role of sex education from the school becomes more important. The researcher probed the youth on the types of information they need to be obtaining to protect themselves and understand the whole issue of teen sexual activity.

Lynn's biggest concern is the limited options for youth in obtaining birth control. She shared that girls want access to birth control but don't know where to go without their family finding out. Oftentimes youth do not use birth control because they do not know where to go. While they can purchase condoms at local stores it is often embarrassing to do

so in such a small community. Lynn believes the school should provide youth with a place they can go or just the name of a location of where youth can obtain birth control without having to let their parents know.

Lynn also shared that her first impression of sex and how it was defined came from television. On television sex is portrayed as vaginal intercourse. Thus, she did not acquire the big picture of what sex was. Youth also are not given the big picture when it comes to birth control options. Condoms were the first and only birth control method Lynn learned about from her family. She feels parents are scared to make other methods known for fear that youth will be sexually active more often. The school needs to educate youth on these and it needs to occur in a timely fashion. Lynn's peers do not receive sex education until they are seniors. She feels this is too late to learn about birth control. In-depth sex education needs to be received by no later than the freshman year. Meg further believes in the importance of in-depth education. In particular she would like to learn why guys in her school expect sex and what else teens can do to keep themselves safe.

Bill also shares the belief that in-depth sex education must occur by the junior high age. His perception is that junior high youth are participating in making out and touching. While Bill does not believe this age group is participating in oral sex yet Lee says it's common at his school for junior high youth to do this sexual activity. Bill believes these youth have thought about oral sex and that means it's time to educate them properly on sexual behaviors. He feels teens really start becoming sexually active when they start high school because they see this as a sign that it's time to grow up. Thus, education on sex needs to be completed by this time.

Size of community

One last theme that emerged from the individual interviews was that of how the size of the communities in which these youth live and attend school affects their behaviors. Although this is not the focus of my research, it is important to note how lack of organized or supervised youth activity in small communities impacts youth's decisions regarding alcohol and drug use and teen sexual activity.

Meg believes that living in a small community with little for youth to do on the weekends encourages more pairing off of individuals instead of doing things in groups. This pairing off then leads to encouraging teens to begin experimenting with sexual activity. Meg shares that

...they're bored. Like I think that when you pair off then hey now what do we do next? When you're with a group you're just having so much fun and you can't really do it when you're with a group. But when you're by yourselves you can. If you get bored there's nobody else to say hey let's go do this, let's go do this. The next thing is just pretty much sex. What else do we want to do?

The other three youth agree with Meg. When teens have nothing to do they pair off and participate in risky sexual behavior. Because they have paired off they look for somewhere to be alone and this is when sexual activity occurs. If teens do not turn directly to sex they oftentimes turn to parties where alcohol is involved and this too then leads to sexual activity. Bill notes the advantage of living in a small rural area is that parents are home to raise their kids and teach them values while they are young because it's hard to change their values once they get in high school. Yet, even with a strong value system teens turn to alcohol and sexual activity because of limited access to other healthy teen activities. Bill shared it is

especially common during the summer months for teens to turn to alcoholic parties because there are few extracurricular activities for youth to attend such as sporting events.

DISCUSSION

Introduction

The purpose of this study was to assess what sexual behaviors adolescents consider to fall within the range of abstinence, sexual intercourse, and virginity. Themes that emerged from the data included patterns of defining sexual terminology, the role of self-esteem, how the use of alcohol, tobacco, and drugs influences sexual activity, and perceived consequences of specific sexual behaviors.

Defining Sexual Terminology

Before evaluation of how youth define sexual terminology, it was important to have a technical definition for comparison. For this study the definitions used for sexual terminology came from the Centers for Disease Control (1994) and the Descriptive Dictionary and Atlas of Sexology (1991). Therefore, according to the CDC (1994), for HIV prevention and public health services, abstinence is defined as “refraining from practicing sexual activities that involve vaginal, anal, or oral intercourse” (p 7). This is an explicit definition providing specific examples of what behaviors would be considered too sexual to fit within the term abstinence. Because this definition is based on HIV prevention it is also restrictive because it notes the importance of oral and anal sex in the spread of HIV and thus attempts to curtail HIV spread by noting that oral sex and anal sex are not abstinent activities. The Descriptive Dictionary and Atlas of Sexology shares a similar definition of abstinence. Although it is not as explicit as that of the CDC it implies that oral/anal sex are not practicing abstinence because they fall within sexual/genital relations. The definition of abstinence

from this sources is “the voluntary decision not to engage in sexual/genital relations of any kind” (The Descriptive Dictionary and Atlas of Sexology, 1991, p. 5).

To truly get a feel for how adolescents define sexual terminology, it is important to determine not only how one sexual term is defined but to repeatedly ask them to define terms with similar or opposite meaning. This adds to the validity and aids in establishing patterns of contradictions that may exist in how adolescents perceive sexual activity. In addition, while some youth may know and understand all terms, other youth may not. Therefore asking the same question multiple times with different terminology aids in clarifying what sexual terms youth hold double standards for or are unsure of how to define. To assist in establishing a pattern among youth when defining sexual terminology, the survey included questions asking youth to define sexual intercourse and what behaviors fit within the definition of sexual intercourse. Further, youth were asked to define what it means to be a virgin and what sexual behaviors would be acceptable for an individual to participate in and still be considered a virgin. The Descriptive Dictionary and Atlas of Sexology (1994) was used as a base to measure youth responses against. According to this source, sexual intercourse and virginity are defined as follows

Sexual intercourse-a technical synonym for coitus or copulation; the act of inserting the erect penis in the vagina or anus. The term is also used in conjunction with qualifying or descriptive adjectives (e.g., anal, interfemerol, or oral intercourse). More broadly placing the emphasis on sexual communications and interactions, sexual intercourse includes the entire preceptive and acceptive interaction from love play through intromission, orgasm, and afterplay (The Descriptive Dictionary and Atlas of Sexology, 1994, p. 314).

Virgin-a man or a woman who has never had sexual intercourse (The Descriptive Dictionary and Atlas of Sexology, 1994, p. 701).

When the definitions provided by the CDC and the Descriptive Dictionary and Atlas of Sexology were used as a basis for evaluating the responses provided by the adolescents, significant discrepancies were found. Across all three schools youth had difficulty defining the term abstinence. The most common pattern was for younger adolescents, grades seventh through ninth, to struggle more with defining this term than the older adolescents. Youth in the tenth through twelfth grades for the most part could define abstinence as not having sexual intercourse. When defining abstinence several youth across all grade levels and all schools identified that abstinence was a behavior practiced until marriage and further some also included restraining from use of alcohol and drugs as part of the definition of this term. Few youth defined this term any further than to withhold from having sex. However, there were two youth in particular that pointed out that oral sex was not an activity practiced when abstinent. That leaves many other youth that did not address this at all. Another pattern found across the schools and grade levels was for youth to indicate that what is considered an abstinent sexual behavior is based on one's comfort zone. This response appears to indicate that youth may be providing a broad definition for this term as a means to fit within the label but may not be practicing truly abstinent behaviors.

When asked to define sexual intercourse itself the most common response across all schools and all grades was to define it simply as having sex. However, a predominant pattern was that as youth increased in age they tended to be more specific in the definition of sexual intercourse by stating it was when the penis penetrated the vagina. There was conflict among the youth as to whether or not oral sex and anal sex should be considered sexual intercourse.

Another idea that emerged was the effect of an orgasm on whether the behavior is defined as sex. Several youth indicated orgasm as part of the definition and a determinant of sexual intercourse.

Youth further discussed sexual intercourse by defining what sexual behaviors would be considered as intercourse. Across all grades and schools a common response was to leave the question at sex. However, several additional sexual behaviors were described throughout the youths' answers. Many youth considered touching to be sexual intercourse. In addition oral sex and anal sex were also included in several responses. As the youth got older two patterns seemed to emerge. Older adolescents were more likely to include oral sex and anal sex as possible behaviors to be counted as sexual intercourse and those who did not agree with this were more likely to define sexual intercourse very narrowly. Those who provided a narrow definition confined sexual intercourse to the penetration of the vagina by the penis. Orgasm was also a requirement identified throughout the responses by the youth as a determinant in considering how to define sexual intercourse.

Almost all youth in each grade at each school could properly define the term virgin. In fact this appeared to be the one term adolescents could clearly define and had an understanding of. Several youth were specific in their responses as to what exceptions to this definition might be. This also seemed to increase in age with the older youth providing a broader definition of virginity. For example, the older youth tended to indicate that a virgin is someone that has never had the penis penetrate the vagina.

Further questioning of the youth on what behaviors one can participate in and still be considered a virgin indicated that for many youth there is a broad definition on the sexual repertoire available to a virgin. While many of the seventh and eighth grade youth limited

physical contact to kissing, hugging, and holding hands, the older youth expanded sexual activity to include oral sex and sexual touching. In fact, many of the youth in grades ninth through twelfth provided a detailed list of the many behaviors they would consider as practicing virginity. Further, several in the older age group indicated that anything except sexual intercourse was acceptable for a virgin.

While each of these questions has indicated youth may not be able to correctly define any given sexual term such as a virgin, the real area of concern arises when considering the series of open-ended survey questions together. Looking at the questions asking youth to define abstinence, sexual intercourse, virginity, sexual partners, and how STDs are transmitted has led to the conclusion that youth have contradictory patterns when defining sexual activity. While one behavior may be identified as sexual intercourse, the same is identified as acceptable for a virgin to participate in and also defined as a mode of STD transmission. For example, a ninth grade student at school A provided the following response.

If someone asked what abstinence means what would you say?

That it is the choice to not have sex until you are married.

What does sexual intercourse mean?

Well having sex obviously. I am not sure if I would consider giving a guy oral sex as sexual intercourse or not. I am pretty sure that I consider it that though.

What physical activities might be considered as having sexual intercourse?

Oral sex, (blow job, head, hummer), just plain having sex.

If someone asked what it means to be a virgin, what would you say?

I would say it means that you've not yet had sex, simple as that.

What physical activities could someone participate in and still be considered a virgin?

See, this is where I might sound contradictory. You could give someone a blow job and still be considered a virgin. To me the only thing that would take away my virginity is having sex. Everything else is permitted.

What physical activities take place before someone is classified as a sexual partner?
I'd say you'd have to do everything including having sex before that's what they are.

I'd even venture to say you'd have to have sex more than once and there would need to be a commitment of some sort.

Sexually transmitted diseases (STDs) can be passed from one person to another person by:

Having sex, that's it, I think.

This series of contradictions is common across all schools that participated in the survey and across all age levels surveyed. Further, the frequency of contradictions appears to have increased as youth progressed in age meaning older youth provide more contradicting responses.

One possible way to look at why youth may be providing contradictory responses when defining sexual activity is to consider Piaget's Cognitive Development Theory. The function of accommodation can be used to explain why adolescents expand the definition of what constitutes abstinent or virgin behavior. According to Piaget, accommodation is "the process of altering existing schemes to permit the assimilation of events that otherwise would be incomprehensible" (Thomas, 1996). This means that accommodation is a means to revise or add to existing schemes to adjust for factors in the environment that cannot be ignored. As this relates to teen sexual activity, adolescents may be educated that the definition of abstinence is not to have sex and that a virgin is someone who has not had sex. However,

when factors of the environment such as peer pressure to become sexually active emerge adolescents alter their schemes to identify which sexual behaviors one might participate in and still be considered abstinent or a virgin. Adolescents narrow the concept of sexual intercourse to penile penetration of the vagina and so they have successfully revised the scheme of what behaviors are acceptable for someone that is labeled a virgin.

Self-esteem

One aspect that may play a role in how adolescents define sexual terminology is the concept of self-esteem. While self-esteem did not play a significant role as to when students believed sexual health education should begin, it did play a role in other aspects of the students' lives. One of these aspects was the role of religion. Students with higher self-esteem viewed religion as a more important element in their life. Further students with higher self-esteem also participated in religious activities more frequently.

One of the real impacts of self-esteem can also be seen when looking at the correlations run between self-esteem and tobacco, alcohol, and drug use. A 1998 study by McWhirter et al. found that children that have experienced little success might turn to participation in behaviors such as tobacco, alcohol, and drug use as a mode to increase their self-esteem. Their definition of self-concept is redefined to include these behaviors as a means to gain self-esteem from successful participation in some type of activity. The activities of tobacco, alcohol, and drug use may be seen as social behaviors to these teens. According to the results of the present study, when students who had never used tobacco were compared to those who had used this product at least one time a negative significant correlation existed. This indicates that higher self-esteem is somewhat associated with tobacco use. The correlation between alcohol use and total self-esteem was also negatively

significant. Therefore, higher self-esteem is somewhat associated with beer or wine use also. Further, when self-esteem and hard liquor were correlated a marginal significant effect was present indicating that youth with higher self-esteem were somewhat less likely to use hard liquor. Finally, a negative but significant correlation also existed between drug use and total self-esteem once more indicating youth with higher self-esteem are less likely to use drugs. Thus, self-esteem plays a role in student participation in tobacco, alcohol and drug use. Students with higher self-esteem tend to be less likely to participate in these risky behaviors. It is important to understand this relationship as alcohol/drug use often play a significant role in youth participation in sexual activity also.

Tobacco, Alcohol, and Drug Use

Tobacco, alcohol, and drug use were commonly cited among the youth interview participants as behaviors their peers participate in. The youth discussed the frequency with which teens attend parties and that alcohol plays a large part in those parties. In addition, one student discussed how sex also becomes commonplace at these parties with many students calling rooms during parties in order to reserve a place for sexual activity to occur.

Alcohol and drug use plays a significant role in youth participation in sexual activity. Alcohol impairs judgment and frees inhibitions thus affecting the use of contraceptives and opening the door to additional risky sexual behaviors such as oral and anal intercourse. McWhirter et al. (1998) notes that trends in alcohol and tobacco use indicated that students are participating in these activities at younger ages. Thus, early participation in these substances leads to earlier participation in adolescent sexual activity (Dorius, Heaton, & Steffen, 1993). A study by Kandel and Davies (1996) found that 84 percent of high school

seniors had used alcohol and about 52 percent of seniors had used tobacco. Students use these drugs as gateway drugs to additional substances such as illegal drugs.

Further, participation in illicit drugs can lead to impaired judgment and increased participation in risky sexual behavior. A 1993 study by Dorius et al. found that youth that participate in tobacco or marijuana at early ages are more likely to have sexual intercourse. For example, youth that participated in marijuana use at ages 12-14 years are more likely to have sex than youth who used marijuana at older teen ages. Further, females are more likely than males to have sex if they have used marijuana (Dorius et al., 1993).

Consequences of Sexual Activity

The data indicate that adolescents have very broad definitions of what sexual behaviors one can participate in and still be considered a virgin. In addition, the adolescents in this study shared that tobacco, alcohol, and drugs are commonly used among their peers. According to the youth in this study these substances particularly influence sexual behavior when youth participate in such social events as parties. As the researcher examined these issues of sexual activity further, a series of contradictions seemed to appear surrounding such behavior.

Part of the emphasis in conducting the follow up youth interviews was to determine why patterns of contradiction exist among adolescents when defining sexual behaviors. One of the main themes that emerged was that of the perception of youth as to the consequences of sexual behavior. Youth perceive that certain sexual behaviors have less physical and emotional consequences than others do.

The interview participants identified the main physical concern of teens is to avoid getting someone pregnant or getting pregnant themselves. Adolescents are aware of STDs

but do not perceive them to be as great of a threat as a pregnancy. Therefore, youth do not take precautions to protect themselves when having oral sex. Young women do not use mouth dams and the young men do not wear condoms during this act. One youth stated she feels young people do not wear condoms during oral sex because it's not actually an activity by which you can get pregnant. The perception of the researcher is that the condom is viewed by youth merely as a birth control method and not necessarily to protect one from anything else.

The youth participants also shared that oral sex holds less emotional consequences than vaginal intercourse. It is a way to be intimate without being too seriously involved with someone and less emotional attachment exists between people who only share oral sex. Adolescents do not have to feel bad if the relationship fails. One of the male respondents summed this concept up when he shared:

...most people if they're going to have vaginal sex with someone they think that they really like the person. So they're going to go ahead and do it because they think that's the person they should do it with. But oral sex, some people just do it to get it you know. So I think there's more emotion tied into the ones that have been having vaginal sex, that relationship.

Piaget's Cognitive Development Theory may be useful in examining the concept of consequences also. Gordon (1990) identified four elements of formal operational thinking. These include envisioning alternatives, evaluating alternatives, perspective taking, and chance and probability. The adolescents in this study appear to have envisioned alternatives somewhat by identifying that the behavior to avoid is vaginal intercourse but an alternative to vaginal intercourse is something like oral sex or anal sex. This behavior will not make an

adolescent pregnant so therefore it is viewed as an acceptable alternative to having sex but still allows for intimate behavior. The second element of formal operational thinking though is evaluating alternatives. This includes the ability to reason about hypotheses based on “if-then.” Evaluating alternatives further leads to increased planning by the adolescent and careful assessment of consequent of behaviors. Difficulty in evaluating the consequences of actions like oral sex though may be what drives adolescents to forgo the use of condoms or mouth dams when participating in oral sex. Thus STDs may be the unintended consequence of sexual activity among teens.

The concept of chance and probability may also related to how adolescents perceive the consequences of sexual activity. According to Gordon (1990), “Piaget suggested that formal operators when given appropriate information can better estimate the odds of an event occurring. They can thus more effectively distinguish between chance events and those under direct control” (p. 349). However, adolescents may have difficulty distinguishing between chance and probability. Further, they may consider the chance of obtaining a STD to be based on cumulative acts of oral sex rather than each episode. However, since all the adolescents interviewed identified the commonality of oral sex this is troublesome, especially since no emotional attachment is needed to participate in oral sex and thus changing of partners for this activity may be more frequent than vaginal intercourse.

Another theory that might help explain the idea that there are fewer consequences of oral sexual activity than vaginal intercourse is the Health Belief Model (Rosenstock, Strecher, & Becker, 1988). According to this model, behavior change is dependent upon perceived susceptibility, perceived severity, perceived benefits, and perceived barriers. Perceived susceptibility is based on the perception of an individual that he/she is at risk of

contracting a condition. Perceived severity refers to the perception of the seriousness of contracting an illness and possible social consequences. Perceived benefits refer to the belief of the effectiveness of changing behavior and the feasibility of doing so. Lastly, perceived barriers are the negative aspects of an action such as the cost, side effects, etc. (Janz & Becker, 1984). Rosenstock further shared that susceptibility and severity provide the force to act and a path of action was determined by the weighing of benefits minus barriers (Rosenstock, 1974).

For the adolescents in this study, there does not appear to be a perception of susceptibility when considering oral sex. This behavior cannot get an adolescent pregnant; therefore there are no or fewer consequences. A condom or mouth dam is not needed because a condom is considered a birth control option, not necessarily just a means of protecting oneself. Perhaps the barriers to obtaining this method of STD and birth control also play a role in youth's perceptions. The youth in all three schools do not have access to confidential counseling on obtaining condoms. For the youth that decide to use condoms they must obtain them from a local gas station or convenience store. This itself is often embarrassing due to the small size of the communities in which these youth live and the potential for an adult that knows their parents to report them.

According to Janz and Becker (1984), when preventive health behavior has been studied, susceptibility, benefits, and barriers are commonly associated with health behavior outcomes. A barrier for these youth that is simply implied through their responses may be the idea that oral sex is a socially approved alternative to vaginal intercourse and is expected among peers. Several of the youth interview respondents indicated that teens are often pressured into performing oral sex as a means to keeping a boyfriend or girlfriend and that

when youth are not sexually active in some way then relationships fail. Thus non-participation in sexual activity is perceived as a barrier to participating in the common teen activity of dating. Azjen and Fishbein (1980) refer to the importance of considering a person's beliefs as to the social approval of a group as to whether or not an individual should participate in a behavior.

Conclusions

The dominant theme in this study was the perception of students that terms such as abstinence and virginity have broad definitions. These definitions include sexual behaviors such as oral sex as acceptable to maintain the labels of abstinent and virgin. The expansion of these definitions to a broader sexual repertoire is important to youth because maintaining the status of being a virgin appears to be important.

While there are several theories that could be used to describe the phenomena of this study, the Health Belief Model and Piaget's Theory of Cognitive Development were those selected by the researcher. The Health Belief Model fits well with the findings of this study because it ties directly into the theme of consequences of sexual activity. One of the important concepts of this model is that there must be a perceived susceptibility that a behavior is compromising to one's health. This includes realization that the behavior is risky not creating awareness of that behavior. The youth in this study seem to lack that perception of susceptibility. Further, the role of barriers in this model is present in the data. Barriers refer to the potential negative aspects of a particular action (Janz & Becker, 1984). These negative aspects may serve to hinder youth from undertaking recommended behavior changes. Youth often are pressured into participating in activities such as oral sex as a means

to keep the significant other. Failure to participate in sexual activities leads to the barrier of participating in the important teen activity of dating.

Piaget's Theory of Cognitive Development has been used in this study to examine how teens develop their concepts of health. The concept of accommodation fits well with the data because youth appear to be narrowing the concept of sexual intercourse to penile penetration of the vagina so they can maintain the label of virgin. The concept that sex is limited to vaginal intercourse is a concern because the youth in this study have taken that one step further to infer there are no real consequences of participating in additional sexual behavior. While it is important not to belittle the issue of teen pregnancy, it is important to further examine the issue of STD prevention. Sex education needs to be more explicit so that youth can better understand what each specific sexual behavior entails. Further, the focus of sex education needs to be on assisting youth in looking at the big picture when exploring alternatives to vaginal intercourse. Youth need to be informed of the lifelong consequences of STDs. AIDS does kill but the other STDs have damaging effects also. Herpes are cold sores one has to deal with for the rest of their life. Other STDs can cause significant damage to the reproductive system that lead to infertility thus never having the ability to produce child.

Given that the risk of unprotected sexual activity is not only teen pregnancy but also transmission of life-altering STDs, both educators and policy makers need to step forward and fight for the rights of adolescents to better sexual health education. This education needs to be explicit so that youth understand the consequences of each and every sexual behavior and how to protect themselves should they choose to participate in any one of these sexual activities. Education needs to begin with younger adolescents and continue yearly

throughout the high school career. Parents and other community organizations need to realize the importance of talking with their youth about teen sexual activity, of providing confidential access to modes of protection against pregnancy and STDs, and to support the schools in providing explicit education for the benefit of protecting their children.

Limitations and Future Research

One of the limitations of this study is the fact that the study is not generalizable to other populations. The study was conducted with a specific rural population and did not account for youth in more urban or metropolitan areas. Further, the majority of the respondents were white adolescents from two-parent households. While the researcher specifically developed questions that did not differentiate between youth with either a homosexual or heterosexual orientation this may be an area that needs to be studied, particularly in rural communities. Thus, future research should focus on obtaining a more diverse sample.

While the researcher chose three rural communities as the sites for the study, the rural issue was not addressed in depth. A 1993 study by Brewster, Billy, and Grady notes three traits of communities that affect young women's choices about sexual behavior. These include the individual knowledge of the reproductive process, her perceptions about her access to contraceptives, and her expectations about the likely course of her adult life including education attainment, occupational aspirations, and desired family roles. The characteristics of the community determine the behavioral alternatives available to adolescents. From the youth interviews in the current study, the theme emerged that the small sizes of the communities each youth lived in meant a lack of activities for teens to

participate in. Thus, teens turned to risky behaviors such as alcohol and drug use and adolescent sexual activity as a means of something to do.

Characteristics of the community further promote acceptable or desirable behaviors for young people. These acceptable behaviors may be further defined by the socioeconomic status of the community. Two of the three communities in which this study took place could be classified as low-income areas due to the rural economy and agriculture as the dominant occupation. Yet, socioeconomic status was not studied in depth by the researcher. Future research on adolescent sexual activity with youth in rural areas needs to continue in order to provide effective sexual health education programs for this population. However, this researcher recommends future research include an ethnographic study in order to truly understand the context in which youth are making sexual decisions. How does the rural lifestyle of these youth impact frequency of sexual activity or beliefs about sexual activity? Further research should also focus on what occurs in the context of formal sex education in the classroom. What information are youth being provided and in what teaching style? Lastly, a comparison between what information youth are provided in the classroom as it compares to youth's current beliefs about sexual activity would be a useful addition to the research on teen sexual activity.

PERSONAL REFLECTIONS ON THE RESEARCH PROCESS

Introduction

The purpose of this personal reflection is to share the struggles and triumphs of the research process in which I was an active participant. This summary will provide insight on how I developed my research question, how the study came to be defined, how I was able to put the breadth of the study into perspective, and issues surrounding writing the survey and collecting the data. Further, the context of the sex education currently in place at schools A, B, and C will be described. Lastly, I will conclude with some of my personal thoughts on why I did this research project and the effect that it has had on me.

Developing the Research Question

This study has taken many twists and turns along the path to becoming the study it is today. When I first started my research I was doing an independent study with one of my thesis committee members. With this professor I was researching the teen pregnancy issue. I reviewed literature on the antecedents of teen pregnancy and the impact of welfare on whether or not teens decided to get pregnant. Upon reviewing many documents I decided that my main interest really lies in the prevention of these pregnancies.

With this in mind my research focus changed to evaluating specific teen pregnancy prevention programs that are administered in the state of Iowa. Since I was working for a state agency at this time I sent an email out to each of my colleagues asking them to identify individuals in their communities that administered sexual health education programs. The response to my email was overwhelming. I was given telephone numbers and addresses for various individuals throughout the entire state. Some of these individuals were Extension

professionals, others were teachers in schools, and still others were involved in community agencies such as maternal and child health clinics and teen centers.

I had to begin gathering data somewhere, yet I knew I would never be able to contact each of the individuals I was provided information on. I started by looking at agencies that provide teen pregnancy prevention programming. One of the first of those was a community-based agency in a Southern Iowa town. I met with the program coordinator of this program one wintry afternoon at her office. She shared that the message this program supports is that of abstinence until marriage. The program is funded by a grant administered through the Department of Public Health. The coordinator explained to me that abstinence is the only thing that can be talked about and that contraception is not talked about at all.

The coordinator at this site was kind enough to let me review the curriculum manual they were using to promote abstinence. Out of curiosity and because of the abstinence-only policy of this program, I asked one of the coordinator's helpers what abstinence means for this program. I was particularly interested in finding out if all forms of sexual activity would be included. While this individual shared that she herself viewed abstinence from all sexual behavior as being truly abstinent, the curriculum did not go into detail in describing this term to adolescents. We had a long discussion as to whether or not when adolescents are not given specific details on what this term means if they include a broad range of behaviors as acceptable for this term.

After my visit to this agency my research goal once more changed as I began to think more and more about how vague the term abstinence really is. While the first agency started me on my path, my visit with a private curriculum developer is what truly set me on the path of examining how teens define sexual terminology. I had originally gone to this source to

see their curriculum materials and interview the program coordinator about his curricula. However, I left this site with my research question. The program coordinator at this site really encouraged me to look at some of the raging issues of teen pregnancy prevention. We sat down and brainstormed together what the burning questions are that need answered in order for teen pregnancy prevention to be a success. As we visited he shared with me a recent article published in the Journal of the American Medical Association stating a large number of college students do not consider oral sex or anal sex to be considered as sex. This finding really floored me. I remember thinking, how can they not think these behaviors are sex?

Defining the Study

After visiting with the private curriculum developer I had finally decided what my topic was going to be. I wanted to study how young adolescents define sexual terminology. I kept thinking if college students do not define oral sex and anal sex as sex, what does this mean for younger adolescents? How do high school kids define sex? Really, it made sense. It was wonderful to survey college students and see what their opinions are. However, since sex education is first conducted in the junior high and high schools is it not important to see what these youth have to say?

I set out with this grand scheme that I was going to interview young adolescents in grades seventh through twelfth. I had it all planned out, and then my major professor asked the imminent question, do I really think parents will give me permission to directly talk with teens about this issue?

During this time I was doing another independent study, though this time with a qualitative researcher. I visited with this individual about my research plan. Though her

personal reaction to my study was that it was a good research idea the concept of interviewing teens was not received as positively. She suggested I conduct a survey with the youth and follow up with focus groups or interviews to probe deeper into emergent themes. She then sent me to someone who has more expertise in sexual research.

I was sent to visit with the professor who teaches the human sexuality course on campus. This professor informed me that each fall she does a survey with the students enrolled in her class. She shared that survey with me and gave me permission to develop my questions based on the ones she was using. This professor really helped me to look at the big picture of this study. We talked about terminology and asked questions such as if sexual educators use the terminology, what is the perception youth get from the use of that terminology? Do kids know what abstinence means? What do youth think having sex means? What does being a virgin mean to youth? We also discussed getting parents involved in the study. I was going to do the survey with youth and their parents then compare the message youth receive at home to the actual definitions of sexual terminology they hold.

After meeting with this professor on campus I also met with the state coordinator for Abstinence Only Education at the Department of Public Health. She gave me some really important insight into the abstinence only education provision and was kind enough to share a list of her grantees with me. By this point in time I had narrowed down my study to a youth survey that would conclude with individual interviews. These interviews would be used to clarify any themes that might emerge from the survey data. I also hoped to interview both parents and educators. From these interviews I hoped to gain information on the type of sex education youth receive to compare with the survey data. Advice received from the

professor of human sexuality lead me to decide not only to focus on defining abstinence but also to see how youth defined sexual intercourse and virginity. By asking youth to define all three of these behaviors I would be able to gain some validity because two of the terms, abstinence and virginity, should have similar definitions and the third, sexual intercourse, should be the opposite in meaning. I wanted to be specific in my research so I took a chance and not only asked youth how they define such terms but then also asked what specific sexual behaviors one could participate in and still be considered a virgin or what sexual behaviors would be considered sexual intercourse.

Putting it All in Perspective

I had this grand plan to involve parents, youth, and educators in my study. Yet, every time I went to actually begin my research I just felt overwhelmed. I could not get motivated to do anything because there was just too much to do. My major professor was the first one to mention that maybe I did not want to include the parents in the study. Data from such a project could really serve as an entirely different research project.

During this time I also changed my third committee person. I had a quantitative researcher but was adding what I perceived were qualitative steps to my research process. I was including open-ended survey questions and planned on doing interviews. I needed a qualitative researcher on my committee. I was referred to a qualitative researcher in the College of Education.

The qualitative researcher agreed to join my committee. One of the first things she helped me with was to decide what research was feasible given the time frames I was working with to graduate. I felt I had been floundering out in the ocean of research articles on sex education. This individual helped me define my study by putting the size of the study

into perspective. She thought the idea with interviewing educators would be a good hands-on experience in qualitative research. However, she shared that the quantity of information gained from such interviews can be overwhelming also. Therefore, she recommended I limit my adult interviews to four and that I limit my youth follow up interviews to four.

Writing the Survey

After what seemed like endless hours of researching sex education and additional literature on teen sexual activity I finally set down to write the survey. I poured over my notes from the countless interviews that I had done previously with the various sex education program administrators. However, when I got done with the product, I was not sure I really liked it. I felt like I might not really be asking the right questions or that they were too wordy for young people. I called a favor on a friend of mine who was able to put together a group of five young people in grades nine through twelve to review my survey.

In a very informal focus group I visited with these youth for 1-½ hours. This was probably one of the most critical times in the entire research project. These youth were more than willing to help me out and gave me insight that was priceless to the study. The youth were particularly concerned with my research questions that talked about dating. They wanted to know what I meant from the term dating. When probed for their definitions several mentioned going out with their boyfriend or girlfriend on an unchaperoned outing such as to dinner and a movie. They also felt that the definition would vary significantly between high school and junior high aged youth. One of the dating questions also concerned how often they went on dates. They youth felt this was a good questions, but to really understand how much unchaperoned time they were spending with their boyfriend, I need to ask just that. One girl mentioned her boyfriend takes her on a date once a week, but she goes

to his house every day after school and they are unchaperoned during this time. Since a big concern of pregnancy prevention is what happens between the time kids get out of school and parents get home from work, a question of this nature would be a beneficial addition.

The youth were very supportive of the open-ended questions in the survey and even offered insight as to how they would answer particular questions. One girl mentioned that she and her boyfriend participated in oral sex but that she did not consider him a sexual partner. They discussed the questions that asked about listing physical behaviors or activities that occur in a teenage relationship when dating or going steady. They thought I would get a very detailed and maybe graphic list from several of the students. They also believed that I would receive really off-the-wall answers when students did not know the answer to a question and that would be predominant among the junior high youth.

Collecting the Data

With the recommended changes from the youth focus group participants I revised my survey and began to meet with my thesis committee to gain approval for the study. Upon review of my proposal the research project was approved. I was ready to set out right away and survey those kids. Unfortunately though, the Human Subjects Committee was not quite ready for me to research. They were very particular with all correspondence I would send to the schools and the parents of youth who would be participating in the survey. I went through several rounds of revisions with this office and made a promise that I would submit all additional correspondence prior to distribution so that it could be approved. The chair of this committee, shared that the university has to be extra cautious when students choose a subject of this magnitude to research for fear of being involved in a lawsuit.

Finally, all the paperwork was cleared with the Human Subjects Committee. I then began to madly call schools to solicit their participation in my survey. Out of the first two schools I contacted one said yes and the other no. The first school was more than willing to participate and even invited me to the school for an afternoon to visit with the guidance counselor, health teacher, and superintendent so that all the key players could be informed of the study. This school became school A in the research study. I was so excited to survey this school and hoped it might be the only school I had to administer the survey to. My committee had told me I needed to survey 200 students. The administrators informed me that there were 274 students enrolled in the school. I figured I could get these youth, no problem.

Unfortunately, this did not have to be the only school I surveyed. I only received 99 permission slips and thus surveyed only 99 students in this district. Part of the reason I had a smaller group in the middle school may have to do with the fact that the survey was originally scheduled for eighth period on Monday and Tuesday on a given school week. However, the school had accidentally scheduled me over practice for the spring program. Thus, they moved me to Monday morning with all the seventh and eighth graders. This gave the kids one less day to return their consent forms and put a weekend in between the time they were given permission slips to have their parents sign and when they were asked to be returned. The kindergarten through eighth grade guidance counselor told me that many kids just forgot to bring back their consent forms after the weekend. Unfortunately, no consent form, no survey.

The high school group at school A was also significantly smaller than expected. The health teacher shared that since this was near the end of the school year, today had been designated as an “unofficial skip day.” Thus, several students that would have taken the

survey were gone. Though I was disappointed I was very grateful to the school for allowing me to survey the kids at all.

When I contacted a second school I was even further disappointed by their refusal to participate in my survey. The teacher I had been in contact with shared that the school is located in a very rural and very conservative community. She feared the students might provide inappropriate answers. Further, she truly feared that the survey might cause enough of a stir in the community that the result would be loss of support for the sex education curriculum currently in place. The principal of this same school stated that the survey would be acceptable should I take out the open-ended questions. Though I tried to argue my point of the need for these types of questions so that sexual health educators can accurately determine what to teach, it was useless in the end. He would not budge and I would not take out the questions.

Several additional schools turned me down until by luck of the draw I got two to finally say yes. Among those who said no the deciding factor was the fear of controversy surrounding my open-ended questions. One principal was new to the district and did not want to rock the boat. I cannot say that I blame him. It is much easier to tell one graduate student no than to tackle an angry mob of parents. I was just so frustrated because I felt that people were turning their blind eye to the issue. Didn't they care about their children? Didn't they realize that only when someone speaks up will our children start to receive proper sex education?

Finally, after much persistence I got two additional schools. School B was picked merely because it is located close to where I live and would easily accessible to administer the survey. School C was brought in by a favor. A person I worked with happened to serve

on the school board of this school and thought this study would be helpful for the district. Further, upon hearing the name of the superintendent I had an instant connection as he served as principal of my high school. Permission was granted to survey school B by the principal with the superintendent granting permission over the telephone. At school C I presented my survey plan to a room full of K-12th grade teachers during a faculty meeting. No one opposed my plan so the superintendent granted me permission to survey the students.

Context of Sex Education

Previously I have discussed the research process of this project. I developed a research question, defined the study, put the study into the proper perspective, and addressed issues of writing the survey and collecting the data. I also think it is important for those who have read this study to understand the context of the sexual health education the youth survey participants received in each of their school districts. This information was gathered through interviews with each of the individuals in each school district that were responsible for providing some form of sex education. While a comparison of the youth responses and the type of education they receive are beyond the scope of this study, I still feel it is important that the reader have this information so that she may begin to conceptualize this relationship for herself.

School A

The educators at school A were willing to share their curriculum guide with me to provide insight into the goals of the sex education curriculum in the school district. The most recent curriculum guide available was published in June 1992. However, it is important to note that during the current study the health educator for the district was revising the curriculum. She did not choose to share those revisions with me though.

The district's sexual health education curriculum is labeled as human growth and development. The mission statement of this curriculum is "to teach kids to take good care of themselves; to say yes to what is honest, healthy, legal, moral, and safe." According to the curriculum guide the purpose of teaching human growth and development is to encourage youth to understand behaviors that will affect their lives positively. While the school realizes the subject components of this topic cannot be isolated; they can be categorized into the units of life skills/life span development, human sexuality, and prevention/intervention. Each of these topics has been addressed in the curriculum as to what is developmentally appropriate for clusters of youth in grades K-3, 4-6, 7-8, and 9-12.

Human growth and development is considered a series of interrelated topics that may be incorporated into a variety of subject areas when appropriate. One particularly interesting item in the curriculum guide is the following statement: "It is important to realize that objectives from this guide are formally taught in some classes and may be addressed at teachable moments in others." A teachable moment is also defined as a "discussion and/or sharing of information in response to student questions, current events, and issues." This statements appears to be a blanket statement that somewhat protects the school from following the curriculum exactly. It appears to allow for flexibility based on student generated discussion.

Lastly, I want to mention that parents are given the option to restrict their child from participating in sexual health education discussions. There is one page in the curriculum in which parents can list the topics that they do not want their students to be involved in discussing. Further, two sections of health class have been made available to the students. One class period includes the sex education component and the other does not.

One of the individuals interviewed at school A was the kindergarten through eighth grade guidance counselor. This individual appears to be very proud of the work that she does and feels that she has a very good and trusting relationship with the students and parents in her school district. She actually begins working with youth during kindergarten through third grade on health issues to teach them how to make good choices regarding health and taking good care of themselves. Starting in the fourth grade students begin to learn about the transmission of AIDS. The concepts taught at this time are that AIDS is a disease spread through blood and other body fluids. Students learn the difference between a virus and bacteria and why viruses are dangerous to the body in addition to learning how the body combats a virus. By the time students have reached the fifth and sixth grades discussion turns to talking about the young people's bodies and puberty. The seventh and eighth graders no longer receive instruction from the guidance counselor but from the health teacher.

The guidance counselor pointed out that the main focus of the above programming is to emphasize making healthy choices and taking good care of oneself. One of the means to reinforce this message has been through active recruitment of parents to be involved in their children's lives. The guidance counselor has tried very hard to include parents in their children's education. The main goals for parental involvement are for parents and kids to do something together and to provide the opportunity for parents to meet each other. According to the counselor, parental involvement is solicited as a means "to get parents to talk to kids and keep those lines of communication open, to work with them on just being aware and understanding their kids' physiology and things they can do as parents.

Beyond offering opportunities for parents and youth to interact, parents of the sixth graders are invited to an evening class to hear the terminology and explanations their children

will receive when the topic of risky behavior is addressed. This invitation for parental involvement provides a forum in which parents and educators can meet to address how to deal with risky teen behavior. Further, the guidance counselor encourages youth to talk to their parents about sexuality. Parents are informed when the school will be covering the unit on puberty and are encouraged to discuss this topic with their children. They are asked to go beyond basic biology and to share personal beliefs and values with their children regarding sexual health issues.

The second individual involved in teaching the sex education curriculum for school A's district is the health education teacher. This individual also is proud of the teaching she does and has a real sense of close, personal relationships with her students. Several youth have reported to her that they are more comfortable talking to her than their parents. This may be due in part to the less formal relationship she has with the students as a physical education teacher and coach. One of the factors guiding this woman in her mission to teach sexual health is the fact that no one else seems to want to teach this topic. She feels that kids need this vital information from someone so she steps up to the plate to take on this issue.

The health educator first begins providing formal sex education to youth in the seventh and eighth grades. With these young adolescents the focus is on being able to say no to different situations, STD information, values, and drug use. For the topic of values the youth are just asked to list family values for the class rather than engaging in a lengthy discussion of what values should be. Drug use is addressed in the context of decision-making. This is taught in terms of how decisions can be influenced when any type of substance is used. An example would be the decision to drink and drive.

The high school youth at school A are provided a broader range of topics in the health classes when it is time to discuss sexuality. The average grade when this education is provided is in tenth grade. Health class is required for sophomores. Occasionally, a junior or a senior may be enrolled in the class if a scheduling conflict prevented him or her from taking the class as a sophomore. A sexuality education book produced by Glencoe in addition to current health magazine guides the curriculum for this class.

Topics discussed in the sophomore health class include male-female anatomy, reproduction, defining sexuality, contraception, STDs, and AIDS. Abstinence is addressed as a birth control method and is given emphasis as the most effective means to prevent a pregnancy and STDS. Classroom instruction is adjusted to the perceived needs of the students on this sensitive subject by spending more class time lecturing or providing small group activities rather than large group discussions. If a youth asks a question that this instructor feels is not appropriate to address with the entire class this young person will be told they are welcome to stay after class if they want to discuss this with the educator further.

Unlike the guidance counselor's work with young middle school aged adolescents, for youth in the ninth through twelfth grades parental involvement has not been as actively sought. However, even when parents have had the opportunity to participate in discussing the curriculum no one attends the meetings. The health teacher has provided one means of getting parents involved in their children's sex education though. Youth are given a questionnaire assessing beliefs about sexuality. They are then instructed to do one part of the survey themselves and then survey their parents and discuss what beliefs the parents might have regarding this topic.

School B

The individual interviewed at school B is a family and consumer sciences teacher. She taught a ninth grade level sex education and health class up until this year. This educator is very self-assured in the methods she used to teach sex education and was enthusiastic about sharing school B's curriculum with me.

Some of the general health goals for this district include explaining to youth how responsible decision-making can affect their lifestyle and to maintain personal health care habits that promotes wellness. Another goal is to manage stress effectively. Youth are required to receive a passing grade in a freshman or sophomore health class and also to receive a passing grade in a senior level family health class in order to meet the district's graduation requirements. Up until recently there has been a gap in the fact that no sex education was being offered to junior high aged youth. At the suggestion of the family and consumer sciences teacher a health teacher has been hired for the junior high aged youth. This individual will provide nine weeks of health education to these young people.

When this educator provided instruction her curriculum remained flexible dependent upon the time available to cover each topic. Further, student generated discussions often lead the course of the curriculum. For example, when students provided teachable moments such as passing around a condom during class time that had come out of someone's pocket, this educator leapt at the opportunity to discuss why condoms should be handled with care and not carried in one's pocket or wallet. Mostly though, the school's official health curriculum guides the course. Glencoe's sexuality books have also been used as students' main sources of information in guiding them in what to study for a test. Further, the educator used videos, worksheets, and small group activities to supplement the text.

For the ninth grade one semester of health is required. Objectives that relate to sexual health are as follows. Students are informed on how to develop coping/success skills to help deal with stressors in life. This includes addressing self-esteem, setting goals, problem solving, and being an effective communicator. Objectives for these adolescents also include discussion on the effect of substance abuse including tobacco, alcohol, and drugs. Relationship issues are also part of the curriculum. This objective addresses defining sexuality and sharing with youth how daily choices affect one's sexual health. Responsible decision-making and development of a positive self-concept are also taught. Further, these youth are instructed on reproduction, contraception, and the effects of a teen pregnancy on their lives in addition to discussing values.

Instruction on STDs and HIV/AIDS transmission is also provided. Particularly interesting to me are the plans to share with youth information on homosexuality, rape, and incest in addition to defining high-risk behavior. It has been my experience that these risqué topics often meet much controversy. The educator shared that oral sex has been openly discussed in the classroom and that she has actually shared information on dental dams with her students. Lastly, the ninth graders receive the overall message that the only 100 percent effective method to prevent pregnancy and HIV/AIDS is abstinence.

The competencies for the senior level family health class are very similar to those for the ninth graders. The overriding goal for the curriculum is to promote students' health with a special emphasis on sexual health. Decision-making skills, goal setting, and effective communication are taught as a means to aid students in dealing with life's stressors that stand in the way of well being.

School C

Two individuals that have been involved with sexual health education were interviewed at school C. The first individual interviewed was the principal. Previously he was the health teacher and provided instruction to seventh and eighth graders on sexuality. The main goal of this educator was to provide education to students because he believes kids should at least have the opportunity to be informed. A textbook was the main guide in teaching this component of health. Unfortunately, this individual could not recall the name of the text. One major component of this unit was to have a speaker from the Department of Public Health visit the class to talk to the students about STDs. Students turned in questions to the teacher ahead of time to protect privacy. As part of the discussion on transmission of STDs, oral sex was a topic covered. Other classroom activities included videos.

The second individual that provides instruction in sex education for school C is the family and consumer sciences teacher. Sex education is taught in the context of family planning and youth in their senior year of high school are those who receive this instruction. This individual shared a list of competencies she must cover for the course. These include explaining the skills necessary to maintain physical and mental health such as coping techniques for stress. Substance use and alcohol use is also covered. Another competency is to describe methods for preventing STDS. Self-concept, communication skills, goal setting, and decision-making skills are taught and applied to issues of peer pressure and identifying the risk of sexual activity.

Students are actively involved in classroom instruction discussing various contraceptive methods. Using a kit from a family planning agency students are actually given the opportunity to view contraceptives up close and out of their packaging. When

discussing contraception students are taught about effective/ineffective methods, that abstinence is the only method guaranteed to prevent STDs and pregnancy, and also the difference between prescribed contraceptives and those that can be purchased without a prescription. STDs are briefly covered through a video and sharing information on specific rates of transmission. There is no textbook for this unit. Videotapes, current research articles, and the contraceptive kit are the guides for classroom instruction.

Personal Thoughts

The purpose of this personal reflection was to share the struggles and triumphs of the research process in which I was an active participant. This summary provided insight on how I developed my research question, how the study came to be defined, how I was able to put the breadth of the study into perspective, and issues surrounding writing the survey and collecting the data. Further, the context of the sex education currently in place at schools A, B, and C was described. Lastly, I will conclude with some of my personal thoughts on why I did this research project and the effect that it has had on me.

As previously mentioned this study has changed dramatically since its earliest conception. Initially this was going to be a study evaluating antecedents of teen pregnancy. Then it changed to a study evaluating teen pregnancy prevention programs. Finally, the study emerged into an evaluation of how teens define sexual terminology. This has been a most rewarding research question to study.

When individual's ask me what my thesis research is on I share that I am assessing adolescents definitions of sexual activity and which sexual behaviors are acceptable for one to participate in and still be labeled a virgin or abstinent. I often get a strange reaction from

many people with a bit of embarrassment in their eyes and mannerisms. They ask me why I would want to study such a thing? Why is it important?

Why is this important? It is important to understand how teenagers conceptualize sex so that sex education can be effective. It is important so that we meet the needs of these kids. I chose to research a very personal and often controversial topic not to draw attention to myself, but because I care about what is happening in the lives of youth. You know what? They care about what is happening to them too. I have so much respect for all the youth that participated in this research project. Whether it was in the very early focus group assessing my survey instrument, participating in the survey, or agreeing to participate in a follow up interview, these kids made a statement. That statement was that they want to be heard. I believe that they want adults to understand that sexual activity is a part of their lives and they want to be informed consumers. There were a lot of the youth in the survey that were very confused when it came to defining terms such as abstinence. There were a lot of young people that indicated that being labeled a virgin is important but that their concepts of what sexual behaviors one can participate in and still be considered a virgin are very broad.

Why is this study important? This study is important because it impacted me and it can impact you the reader also. This study scared me because it made me think about my past as a teenager and my own feelings of invincibility at the time. This study scared me because I worry about these kids' emotions when behaviors such as oral sex have no meaning other than just casual sex. This study scared me because our communities are not meeting the needs of our kids and our kids are turning to alcoholic parties and teen sexual activity because there is nothing else to do on a Friday night.

This study tells me that it is time community leaders, educators, parents, and teens come together and sit at the table. It is time for teens to be given the opportunity to become active participants in their education. It is time to treat these youth as partners when adults are making decisions about their lives.

APPENDIX A**SCHOOL RECRUITMENT COVER LETTER**

August 31, 1999

To: Principal
From: Heidi Bell
Graduate Student, Iowa State University

RE: (Name) Community School participation in “abstinence” research

The research I am conducting is to evaluate adolescents’ perceptions of the term “abstinence”. The research project will attempt to gain a deeper insight into what physical behaviors adolescents consider fall within the range of abstinence. I would like to do this by administering a survey to students in the 7-12th grades at (Name) Community School. In addition, after the survey is analyzed, I would like to do follow up interviews with two students. This would solely be based upon their willingness to participate and on teacher recommendations. The follow-up interviews would be used to gain a deeper insight into some of the survey responses.

I am enclosing a copy of the survey I would like to distribute to 7-12th grade students in the (Name) School district. In addition, I am enclosing a letter that would be sent to the parents prior to the survey being administered and a letter the students would sign prior to receiving the survey. Both ensure the confidentiality of the student and indicate that participation is voluntary. To further ensure student confidentiality, students will be given a manila envelope to seal their survey in upon completion. It will be picked up by myself immediately and will be stored in a locked file cabinet.

I would also like to set up an interview time with the person(s) who coordinate the sexual health education classes in the (Name) School district. This interview would be used to gain insight of the program they teach, their perceptions of what behaviors the students are participating in, and additional questions related to this issue.

Students will receive refreshments for participating in the surveys in addition to a small gift certificate to a local fast food restaurant or convenience store. In addition, for those who participate in the interviews, they will receive a gift of \$10.

I can be contacted at work (###) ###-####, at home (###) ###-#### or at (email address) to answer any questions and to set up a time to meet. I would like to conduct the survey within the next couple of weeks. I am somewhat flexible and could be available to administer the survey during lunch or after school if you do not want to conduct the survey during class time.

APPENDIX B

SURVEY

1. Age_____ 2. Grade in school_____
3. Gender: (1)_____ Male (2)_____ Female
4. What is your racial/ethnic background? (Check one or more.)
- (1)_____ American Indian
 (2)_____ White
 (3)_____ Black
 (4)_____ Asian
 (5)_____ Hispanic
 (6)_____ Other _____
5. My mother is
- (1)_____ Married to my father
 (2)_____ Living with father but not married to my father
 (3)_____ Widowed
 (4)_____ Remarried
 (5)_____ Divorced
 (6)_____ Living with partner other than my father but not married to partner
 (7)_____ Deceased
- My father is
- (1)_____ Married to my mother
 (2)_____ Living with mother but not married to my mother
 (3)_____ Widowed
 (4)_____ Remarried
 (5)_____ Divorced
 (6)_____ Living with partner other than my mother but not married to partner
 (7)_____ Deceased
6. My mother has
- (1)_____ Less than a high school education
 (2)_____ A high school diploma or G.E.D.
 (3)_____ 1-3 years college or training beyond high school.
 (4)_____ 4 years of college education.
 (5)_____ 5 or more years of college education.

My father has

- (1)_____ Less than a high school education
 (2)_____ A high school diploma or G.E.D.
 (3)_____ 1-3 years college or training beyond high school.
 (4)_____ 4 years of college education.
 (5)_____ 5 or more years of college education.

7. How many brothers/step-brothers do you have? _____
How many brothers do you have that are older than you? _____
8. How many sisters/step-sisters do you have? _____
How many sisters do you have that are older than you? _____
9. Where do you live (name of town)?
10. What is your religion?
- | | |
|----------------------|--|
| (1)_____Catholic | (10)_____Muslim |
| (2)_____Jewish | (11)_____Buddhist |
| (3)_____Lutheran | (12)_____Hindi |
| (4)_____Presbyterian | (13)_____Church of the Latter Day Saints |
| (5)_____Methodist | (14)_____Unitarian |
| (6)_____Baptist | (15)_____Fundamental Christian |
| (7)_____Quaker | (16)_____Eastern Orthodox |
| (8)_____Episcopalian | (17)_____Other _____ |
| (9)_____Islamic | (18)_____Not applicable |
11. How often do you attend religious activities sponsored by your religious organization?
- (1)_____Never
(2)_____A few times a year
(3)_____Once a month
(4)_____Once a week
12. How do you view the role of religion in your life?
- (1)_____Do not attend religious services and am not spiritual.
(2)_____Do not attend religious services or events but am spiritual.
(3)_____Occasionally attend religious services or events.
(4)_____Moderately religious, I attend religious services or events regularly.
(5)_____Deeply religious, my values and beliefs are based upon my religion.
13. Describe what "dating" means.
14. Describe a typical date.
15. How old were you when you first began dating? (unchaperoned outing) _____
_____I have not yet begun to date.
16. What is your present dating status?
- (1)_____Not dating.
(2)_____Dating more than one person.
(3)_____Steady relationship with one person.

17. How often do you go on dates? (unchaperoned outing)
- (1)_____ Do not date.
 - (2)_____ Once a month or less.
 - (3)_____ 2 or 3 times a month.
 - (4)_____ Once or twice a week.
 - (5)_____ 3 or 4 times a week or more.
18. How much time beyond dating do you spend with your girlfriend/boyfriend? (unchaperoned).
- (1)_____ Do not spend any time beyond dating with my girlfriend/boyfriend.
 - (2)_____ Once a month or less.
 - (3)_____ 2 or 3 times a month.
 - (4)_____ Once or twice a week.
 - (5)_____ 3 or 4 times a week or more.

Please take your time in completing these questions. Be sure to write down all your ideas. There are no wrong answers or right answers. I just want to know what you think. No one except me will see your responses to these questions and there is no way to tell who you are from your answers.

19. If someone asked what “abstinence” means, what would you say?
20. Please list all physical behaviors that might occur in a teenage relationship when dating or going steady.
21. What does “sexual intercourse” mean?
22. What physical activities might be considered as having “sexual intercourse”?

23. If someone asked what it means to be a virgin, what would you say?
24. What physical activities could someone participate in and still be considered a virgin?
25. What physical activities take place before someone is classified as a sexual partner?
26. Sexually transmitted diseases (STD's) can be passed from one person to another by:
27. In my sexual health education program, we learned about
- (1) I did not participate in a sex education program.
 - (2) Abstinence only
 - (3) Abstinence and contraception.
 - (4) Abstinence, Sexually Transmitted Diseases and Contraception.
 - (5) Other.
28. What grade were you in when you had your last sexual education program? _____
29. Who do you talk to to get answers to your questions about sexuality issues?
Please check the top three you get your answers from.
- (1) Parent(s) or Guardian
 - (2) Friends
 - (3) Religious leader
 - (4) Brothers or sisters
 - (5) Family members other than parents or brothers and sisters.
 - (6) Guidance counselor
 - (7) School teacher.
 - (8) Doctor, nurse or family planning clinic.
 - (9) Other: Please specify _____.

30. When you need to share your personal feelings whom do you confide in most?

(Please select the top three groups of people you share your feelings with.)

- (1) _____ Mother/guardian
- (2) _____ Father/guardian
- (3) _____ Brother
- (4) _____ Sister
- (5) _____ Family members other than parents or brothers or sisters.
- (6) _____ Boyfriend
- (7) _____ Girlfriend
- (8) _____ Female friend
- (9) _____ Male friend
- (10) _____ Religious leader.
- (11) _____ Other: Please specify _____
- (12) _____ I do not share my feelings with anyone.

31. Who or what has been your main source of sex information?

(Please select your top three sources of sex information.)

- (1) _____ Parent(s) or Guardian
- (2) _____ School
- (3) _____ Friends
- (4) _____ Siblings
- (5) _____ Books/Magazines
- (6) _____ Television/Movies/Videos
- (7) _____ Religious organization
- (8) _____ Personal experience
- (9) _____ Internet
- (10) _____ Other: Please specify _____.

32. When do you think sexuality education should begin?

- (1) _____ Never.
- (2) _____ Young Adulthood (ages 19-24).
- (2) _____ During high school (ages 15-19).
- (3) _____ During middle school or junior high (ages 12-14).
- (4) _____ During late elementary school (ages 8-11).
- (5) _____ During early elementary school (ages 5-8).

Please indicate how often you have participated in alcohol/drug use by choosing one of the answers

listed below:

- A. Never
- B. Tried once or twice
- C. 1-3 times per month
- D. 1-2 times per week
- E. 3 or more times per week

33. Tobacco

A B C D E

- | | | | | | |
|--|---|---|---|---|---|
| 34. Beer | A | B | C | D | E |
| 35. Wine (not at church) | A | B | C | D | E |
| 36. Hard liquor (vodka, gin, scotch, etc.) | A | B | C | D | E |
| 37. Gasoline, glue, or other inhalants | A | B | C | D | E |
| 38. Other illegal drugs of any kind
What were they? _____ | A | B | C | D | E |

Please indicate the degree to which you agree or disagree with each of the following statements by choosing one of the answers listed below:

A. Strongly disagree B. Disagree C. Agree D. Strongly Agree

- | | | | | |
|---|---|---|---|---|
| 39. On the whole, I am satisfied with myself | A | B | C | D |
| 40. At times I think I am no good at all | A | B | C | D |
| 41. I feel that I have a number of good qualities | A | B | C | D |
| 42. I am able to do things as well as most other people | A | B | C | D |
| 43. I feel I do not have much to be proud of | A | B | C | D |
| 44. I certainly feel useless at times | A | B | C | D |
| 45. I feel that I am a person of worth, at least on
an equal plane with others | A | B | C | D |
| 46. I wish I could have more respect for myself | A | B | C | D |
| 47. All in all, I am inclined to feel that I am a failure | A | B | C | D |
| 48. I take a positive attitude toward myself | A | B | C | D |

APPENDIX C

LETTER TO PARENTS

(Date)

Dear Parent,

My name is Heidi Bell. I am working on my Masters of Science degree from Iowa State University. As part of my studies I am doing a research project to examine how adolescents define the term “abstinence” and what physical behaviors adolescents perceive as fitting within the definition of abstinence.

As part of my project, I am surveying junior high and high school students. It would be helpful to me if your student agreed to take this survey. The survey will be available at the (Name) Community Junior/Senior High School (Dates). Your student will be able to take the survey during study hall. The survey will take approximately fifteen minutes for your student to complete. Each youth who completes the survey will receive a gift certificate to either Hardee’s or McDonalds.

To insure confidentiality, no names will be placed on the survey. Participation in this project is voluntary. There will be no negative consequences to you or your student if they do not participate. If you have any questions about the survey or would like to view the survey, please contact me at home at ###-###-#### or e-mail me at (Email address)

Enclosed with this letter is a consent form. Please read the consent form and decide whether or not you permit your student to participate in the survey. Please sign the consent form and have your student return the form to the Junior High or Senior High Office by (Date) or have him/her bring the form to me the day of the survey.

Thank you.

Sincerely,

Heidi Bell
Graduate Student
Iowa State University.

Parental Consent Form

The purpose of this study is to examine how adolescents define the term “abstinence” and what physical behaviors adolescents perceive as fitting within the definition of abstinence.

There will be no negative consequences to you or your student if you choose not to permit them to complete this survey. There are no right or wrong answers to any of these questions. I only want to learn your student’s opinions about this topic.

The survey will be conducted at the (Name) Community Junior/Senior High School on (Date) during (Class period). All your student’s answers will be kept confidential. After your student has completed the survey, he/she will seal it in an envelope and I will collect them immediately. No one will be allowed to see your student’s answers.

I have read the cover letter and the above statements about this survey. I understand that all of my student’s answers will be kept confidential. I also understand that my student’s participation is voluntary and there are no negative consequences for not participating.

_____ Yes, I give permission for my student to participate in the survey.

_____ No, I do not grant permission for my student to participate in the survey.

Name of student _____

Signed by parent _____

Date _____

APPENDIX D
YOUTH SURVEY PERMISSION FORM

The purpose of this study is to examine how adolescents define the term “abstinence”. Your honest answers are very important to me. Your participation in this survey is voluntary. There will be no negative consequences to you if you choose not to complete this survey.

There are no right or wrong answers to any of these questions. I only want to learn your opinions about this topic.

Your answers will be kept confidential. After you have completed the survey, seal it in the envelope and turn it into me immediately. No one will be allowed to see your answers. I will keep your survey in a locked file cabinet for your protection.

Thank you for completing this survey.

I have read the above statements about this survey. I understand that all of my answers on the survey will be kept confidential. I also understand that my participation is voluntary and I can turn in the survey at any time without fully completing it.

Name _____

Date _____

APPENDIX E

INTERVIEW PARENT CONSENT

Date

Dear Parent,

Hi. My name is Heidi Bell. Your student recently participated in a survey I conducted among junior high and high school youth examining how adolescents define the term “abstinence” and what physical behaviors adolescents perceive as fitting within the definition of abstinence. Thank you for agreeing to let your student participate in this study.

Upon review of the surveys, I have developed a short list of questions that need clarification. These questions address why a student thinks certain trends may be emerging from the data or asks for a clarification of various student responses. These questions are not based on any one student’s survey, but rather on a summary of the survey data.

I am asking for your help. (Teacher’s name) has identified your student as someone who would be able to respond to my questions in a mature manner and offer greater insight into what his/her peers think about this issue. I am asking for you to allow our son/daughter to participate in a brief interview (approximately 45 minutes) with me to clarify these questions. The interview would be held at the school in a room selected by the teacher or student. Your student would not be asked to share personal information about his/her own behavior but rather what he/she thinks represents teenage relationships in general or those of his/her peers. Your student’s response would be audiotaped. The audiotape will then be stored in a locked file cabinet. No one besides me will be able to review your student’s tape. As a benefit for participating in the interview, your student would receive a gift of \$10 cash and refreshments during the interview.

Participation in this project is voluntary. There will be no negative consequences to you or your student if he/she does not participate. If you have any questions about the interview please contact me at home at ###-###-#### or e-mail me at (Email address).

Enclosed with this letter is a consent form. Please read the consent form and decide whether or not you permit your student to participate in the survey. Please sign the consent form and have your student return the form the (Teacher’s Name) by (Date).

Thank you.

Sincerely,

Heidi Bell
Graduate Student
Iowa State University

Parental Consent Form Interview

The purpose of this study is to examine how adolescents define the term “abstinence” and what physical behaviors adolescents perceive as fitting within the definition of abstinence.

There will be no negative consequences to you or your student if you choose not to permit him/her to participate in this interview. There are no right or wrong answers to any of these questions. I only want to learn your student’s opinions about this topic.

The interview will be conducted at (place) on (date) during (time). It will last approximately 45 minutes. All your student’s answers will be kept confidential. Your student’s responses will be audiotaped. After your student has completed the interview, I will place the audiotape in a locked file cabinet. No one will be allowed to hear your student’s audiotape.

I have read the cover letter and the above statements about this interview. I understand that all of my student’s answers will be kept confidential. I also understand that my student’s participation is voluntary and there are no negative consequences for not participating.

_____ Yes, I give permission for my student to participate in the interview.

_____ No, I do not grant permission for my student to participate in the interview.

Name of student _____

Signed by parent _____

Date _____

APPENDIX F

GUIDING QUESTIONS

STUDENT INTERVIEWS

1. One of the themes identified from the survey data collected is that for someone to be referred to as a sexual partner, sexual intercourse must occur with that person more than one time. Can you tell me a little bit about this idea?
2. Students who took the survey identified certain behaviors as fitting within the definition of sexual intercourse and also identified those same behaviors as those a teen could participate in and still be considered a virgin. Why do you think the teens that took the survey thought this?
3. There were many different definitions provided for terms such as abstinence. Why do you think there were so many different definitions? How do teens decide what a particular term such as abstinence will mean for them?

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