

Sex Education and LGBTQ Students: A Research Proposal

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Introduction

Statement of the Problem. High schoolers all over the United States find themselves at some point sitting in a classroom of peers, staring at human anatomy and resisting the urge to giggle at references to certain words deemed “inappropriate” in everyday language. Not every school has sex education, and out of those that do many programs lack a comprehensive overview of sexual health and relationships regarding all students. While some programs focus on abstinence, and other on safe sex practices, almost 95% of health classes leave out or highlight only the risks of LGBTQ-related topics (Guttmacher, 2017). As youth becomes more exposed to sexuality and relationships at younger ages due to advertising and social media, it should be important for their education to keep up and include what they are seeing. More frequently, individuals are beginning to identify as being part of the LGBTQ community, either in identity or sexual orientation, but the health education they receive is not keeping up. Individuals enter young adulthood with no idea of safe-sex practices, healthy relationships, or partner violence, and they suffer as a result. An increasing number of LGBTQ+ individuals find themselves at-risk in non-heteronormative relationships as a direct result of exclusion in health education.

Epidemiology. There are over 1.3 million high school students that openly identify as being LGBTQ (Guttmacher, 2017). In the United States, it is reported that around 80% of high schools offer health class that includes some level of sex education. However, only about 6% of LGTQ youth report that their class included positive representation of LGBTQ topics related to health. There are only four states in the country that require their health education to include issues surrounding the LGBTQ community, and California took the first initiative in making sure their education was positive and comprehensive (Lindell, 2011). The issue here is that so little of the youth are presented with helpful information regarding their identity or orientation. Having only

6% report about positive education means that 94% of openly LGBTQ are not receiving information about safe sex or healthy relationships. When these individuals reach adulthood, this means there is a significant increase in the risks of them being in unhealthy relationships or being at-risk for sexually transmitted diseases. Over 43% of lesbian women, 60% of bisexual women, 26% of gay men, and 37% of bisexual men have experienced some sort of dating abuse or violence in their life (Guttmacher, 2017). There is also acknowledgement that the LGBTQ community may be at greater risk for STDs and other health issues when safe-sex practices are not taken.

Etiology. The lack of health education stems from several causes. The major cause of the LGBTQ community being left out is due to a lack of knowledge on educator's behalves. There are some schools who refuse to touch the subject simply because they are not sure what to do with information and how to approach the topics without causing issues (NYCLU, 2017). Issues with funding and the resources allocated to health education may also play a role for schools as they navigate the practices they can respectfully and appropriately demonstrate or teach about. Inner city schools and rural schools that cannot afford the tools or staff to teach health education may find it easier to just gloss over the basics and create a fast, general plan for education. However, there also comes an issue with parents and religious beliefs becoming involved. Some schools prefer to steer away from hot topics as there are parents who do not want their children learning about the LGBTQ community and prefer abstinence education over sex education. The causes of the community being left out range depending on political and cultural climates.

Sequelae. The effects a lack of education has on LGBTQ individuals is numerous. Many would say that the youth could take learning about sex education into their own hands, but that would not prevent the potential damage already done. The LGBTQ students face rejection from their

basic education when they are excluded from course information. Further, there is an ostracization that can happen as a result of feeling left out or unimportant. The students may begin to feel neglected, or like something is wrong with them if they are repeatedly excluded. Additionally, there is great risk that comes with being unaware of health education. The individuals are placed at higher risk for sexually transmitted diseases, as well as sexual assault, if they do not learn about the prevention and differences between heterosexual and homosexual practices (Linville, 2011). Not only this, but many individuals face partner violence and abuse because they do not learn what a healthy relationship looks like. Without representation of non-heterosexual relationships, the students miss out on what their future relationships should look like. When it comes to the community level, uneducated students become health risks to other individuals if they are not using safe-sex practices. There are also societal stigmas and exclusion that begins to happen as individuals struggle to identify with the people around them and feel left out due to an ignorance about their own sexuality or identity (Gowen, et. al. 2014).

Significance of the Study. The implications of the study can be applied to all levels. If increasing the health education for LGBTQ students can reduce domestic violence and STD rates in adulthood, then it would affect several institutions. Every day there are healthcare professionals and social workers that see clients with issues revolving around one of these problems. Social workers and healthcare professionals could come together to provide community education opportunities that would foster positive sex education and learning for both students and families, to help create a safe and inclusive environment for the students. Creating these spaces and providing the education could ultimately lead to reduced numbers of LGBTQ adults in risky situations later down the line.

Literature Review. There are many journals that have sought to study sex education in schools and the impacts that it has on LGBTQ+ individuals. For this review, there are three core studies that will be summarized and examined.

The first article is “LGBTQ-inclusive curricula: why supportive curricula matter” by Shannon D. Snapp, Jenifer K. McGuire, Katarin O. Sinclair, Karlee Gabrion, and Stephen T. Russell. This study was published by Routledge and was published in 2015. The article begins with background about the topic and relation between LGBTQ young people and sex education in schools. The study conducted used middle and high-school students between the ages of 12 and 18 in California. The participants were students who had previously answered a 2008 survey about harassment in schools. The point of the survey was to identify the school climate for students that are part of the LGBTQ community. Students were asked to fill out the survey online, and questions were randomized to ensure appropriate amounts of data were collected for each set of questions even if the surveys were not fully completed. It was a study that was representative of the state in terms of racial diversity, but noted that 71.5% of the participants identified as heterosexual and cis-gendered.

The second article is “Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning Youth’s Perspectives of Inclusive School-Based Sexuality Education” by L. Kris Gowen and Nichole Wings-Yanez. It was published by the Journal of Sex Research in 2014. This article’s main function is to provide information about the access to resources and educational materials that students have in schools, with special attention regarding the lack of materials for LGBTQ+ students. The study was based in Oregon and used 30 LGBTQ youth ranging from ages 16 to 20 in a voluntary group-based participation that provided compensation. The groups were randomized and facilitated by experts, and included several notices of confidentiality and audio

recording processes. The study focused on asking what materials and information, if any, was made available to the students and followed with questions of what was needed and how to better improve sex education for their community and needs specifically. The participant group reflected the population of Oregon in terms of race and represented gay, transgender, lesbian, and questioning groups.

The third article is “LGTBQ literature in middle school classrooms: possibilities for challenging heteronormative environments” by Elizabeth G. Dinkins and Patrick Englert. The article was published by Sex Education journal in 2015. The study focused on middle school students and how heteronormative culture shifts when students are exposed to a novel with a gay main character. The authors acted as participants in field observations and refrained from having direct contact or interview with students. Instead, they introduced the literature in classrooms and then observed directly and had audio recordings of the class time that involved the new readings. The findings came from a school located in central Kentucky, and the class reflected low-income students evenly split between genders and had a bit of diversity in race with the exception of having no students that identified as Asian or Islander.

Research Problem. While these articles cover a significant stretch of diversity in participants, including different races and age groups, there is no direct study of how the curriculum in schools impacts the young adult lives of the individuals. There is a limitation on the data that only extends to once the participants reached twenty years old in one study, and the others were until eighteen. I believe that there is significance in the ages between eighteen and thirty that would help identify what needs to be implemented in sex education and how it would influence the students on a long-term scale of life skills and relational impacts. LGBTQ+ students who are

continually left out of sex and health education in school will go into young adulthood lacking the critical knowledge of protection and safety that are crucial to navigating relationships.

Research Question. LGBTQ+ young adults that receive comprehensive sex education in secondary schooling will have a lower risk of STDs and domestic violence. The independent variable in this study would be the comprehensive sex education. For secondary school students, inclusive sex education would be teaching methods and materials that promote prevention of STDs rather than pregnancy. Further, the education would provide information about domestic violence and the misconceptions about sex and relationships in the LGBTQ+ community. The dependent variable would be the rate of risk that the individuals face. It would be measured by observing the rate at which LGBTQ+ members experience either a STD or domestic violence situation if they had never had sex education in high school versus the rates of those who had comprehensive sex education.

Method. This study is one that would be difficult to do with a pretest. The dependent variable, the rate of risk that individuals face, would be one that is not available to test before intervention. There could be data collection, but no pretest. Therefore, the research method for this would be a one-group posttest-only. The comparison group for this would be the data already available about the rates of STDs and domestic violence in young adults. The one-group would be high school students that receive the intervention of comprehensive sex education. The posttest would be a survey conducted in one year after high school graduation, three years after, and a final survey five years after graduation that assesses how often the individual experienced either STDs or domestic violence situations.

Threats. Threats to validity are present in every research design. For this research specifically, the threats to validity would be maturation and differential selection. The maturation would

present a threat because the subjects would be growing older and having life experiences. These things could make it difficult to decide whether the risk of STDs and domestic violence comes from the sex education, life choices, or outside information that the individual sought. The differential selection presents a threat in that it would be difficult to randomly assign students as the groups were likely pre-determined by going into the school setting and including the sex education into classes already made up. There would also be the risk of participants withholding truth from the surveys, as STDs and domestic violence are often sensitive subjects that are stigmatized by society, so the participants may not want to disclose their experiences.

Ethics. The rates of STDs and domestic violence are generally traumatic or negative occurrences in an individual's life. Putting together research that aims to prevent this is not an ethical issue, but the fact that these things have to occur to measure rates of success may be. While it may be inevitable that some level of participants have to go through either the STD or dating abuse, it seems that there may be an issue in ethics that underlies. There is only one-group for this reason. Using a comparison group that is data that has been previously collected avoids the risk of an ethical dilemma in assuming that sex education will lower the risk, but keeping it from a group of participants in order to see what happens. Not providing the intervention that could prevent both STDs and/or domestic violence would be an ethical issue because it would put the participants at risk of suffering later.

Sampling. The sampling method for this design is based off the population. In this research study, the population is high school students that identify as part of the LGBTQ community. Because this population has many individuals that fit different descriptions or have different definitions of LGBTQ, and because it would be impossible to include every high school student across the country, convenience sampling would be the best option. Using convenience

sampling, I would choose the three largest high schools from New York and California. Using data from both coasts would be helpful in representation as both kinds of culture would be included. The convenience sampling would also come in with having the students volunteer to be part of the study, to avoid the risk of “outing” students who do not identify as LGBTQ openly and to avoid incorrectly labeling students. Convenience sampling is also best to ensure accessibility to the students and that they will continue to participate when it comes time to take part in the later surveys. The biggest ethical issue in this would be ensuring the participants have permission to take part in the survey since they will likely be minors. However, this proposes the issue of students who identify as LGBTQ but have not told their parents. This method will protect them in the way that those who have not “come out” to their peers will be able to avoid participation if they choose. The advantages to this are the accessibility to students because they are in the high school setting. The disadvantage to this contrarily is that students are not guaranteed to be at school on the day of sampling. The other disadvantage is also, as mentioned, that there may be students who are not “out” and therefore not included. The final advantage however will be sampling from different areas provides a fuller idea of inclusion because there will be representation from different coastal cultures.

Instrumentation/Measurement. Working with this population could be difficult in the sense of having to be extremely careful with confidentiality and information. This study would require extreme sensitivity due to the nature of the subject and protecting the participants. For these reasons, the best instrument of measurement for the data would be a questionnaire. This instrument is straight forward. The participants would be given questionnaires at different points, one before sex education class and then at increments after high school graduation. The questionnaire before and immediately following the class would have the exact same questions

to find the success of the class and the knowledge of the students prior to and after the class. The other questionnaires would have questions pertaining to the frequency the individual experienced or witnessed sexual or domestic abuse or STDs. Although the validity and reliability of questionnaires can be considered iffy, there are steps to be taken that can ensure stronger chances of both. For the validity, the questionnaires would be put together to ensure that the questions remained clear and easy to follow. The participants would be answering on a scale that allows them to best reflect their knowledge and experiences. There were validity concerns addressed previously about the population and study overall. However, the validity concerns pertaining to the questionnaire would be relatively small and easily corrected before administering the questionnaire to students. Reliability of the questionnaire could present a problem. Making sure that each participant turned in a questionnaire that belonged to them and was honestly answered would be hard to enforce. However, there could be guaranteed reliability in the collection of data from gathering the answers of each questionnaire. Keeping the questionnaire in good reliability would mean that the results became somewhat conclusive or could explain a reason for a total difference in answers between participants. The hypothesis and hope of the study would be that the questionnaires would provide a link between students who received sex education being subjected to a lesser frequency of STDs and domestic violence.

Data collection. The details of data collection explain what will happen, when it will happen, and how it will happen. As discussed in previous pages, this study would take place in six high schools total. Three would be in New York, one in the city, one in the suburbs, and one in the rural areas. Three of the schools would be in California, in the major cities of San Diego, San Francisco, and Los Angeles. Once the schools were identified, the process of sampling would begin. As stated, convenience sampling would be the easiest and safest way to obtain the sample.

The school would administer a baseline questionnaire that students would choose to participate in that would identify willing participants that belong to the LGBTQ+ community. Having the questionnaire given to all classes and all students would give the participants the option to say no to participation, or to identify as a participant without announcing themselves as part of the community. The questionnaire would be given the first week of school, the sample would be selected before the winter break, and then the sex education class would be taught in the final half of the year. The second questionnaire would follow at the conclusion of the course. With this questionnaire, the participants would opt-in to be contacted in following years for the final set of questionnaires for research. The research design would be implemented by using the first questionnaire to identify participants and create the sample. Once the sample was chosen, the curriculum would be identified, and the health teachers would be trained to ensure comprehension. Students would then be required to take the sex education course the following year, and classes would be mixed between those in the sample and those not in the sample. This would ensure confidentiality and data from non-LGBTQ individuals for comparison. At the conclusion of the course, all students would take another questionnaire and those willing would consent to future contact for the research purposes. When the students finish their questionnaire, they would be given an envelope to place it in and would seal it themselves to ensure the confidentiality and that the teacher does not interfere with potential answers. The measurement instrument used would be the questionnaire, that would have questions that participants answered based on their frequency or extent of knowledge. For example, a question would ask the participant to rate their knowledge of sexually transmitted diseases on a scale from 1-10, with one being no knowledge and ten being expert knowledge. The first questionnaire would be administered in all the classrooms during the same time period. The students would be informed

that there was a questionnaire they had to fill out, and it would be given as though it were an exam, but they would be informed that it was optional and that it was not being graded. The teachers would then be the administrators but would go through a training session to ensure confidentiality and accuracy. An ethical issue that may arise would be the integrity of the classroom teachers that are obtaining the data. There would be training to try and avoid any issues with confidentiality or mistreatment of information, but ultimately it would be impossible to watch over every teacher and ensure nothing happens. A disadvantage to this method would also be that participants may answer the questionnaires but not leave future contact information. Another could be that the contact information would go out of date. However, an advantage to this would be that the students sealing their own envelopes could encourage more honesty. Further, mixing the sample and other students would help protect the identity and integrity of the participants.

Informed Consent

Project Title: The Impacts of Sex Education

You are asked to participate in a research study designed to further our understanding of Sex Education on future incidents of domestic violence and STDs. This study is conducted under the supervision of the classroom teacher and guidance counselor and will take approximately 15 minutes of your time for each questionnaire.

Your participation in this research study involves completing five questionnaires pertaining to sex education, domestic violence, and sexual health. Your participation involves the researcher reviewing your questionnaires and gathering the data you provide. All data provided by you during this study will be confidential and not include your name, but rather a participant ID number.

Your participation in this research study is completely voluntary and you may withdraw from the study at any time without penalty. Your responses are completely confidential and you do not have to answer any questions that you do not want to.

For your participation in this study you will receive the sex education course that will take the place of health or gym credits in your school.

Risks

You may feel somewhat embarrassed or anxious about answering questions pertaining to sexual or relational health.

Your participation may put you at risk for being “outed” as a member of the LGBTQ community, if you are.

Benefits

You receive credits towards graduation, and this sex education class may take the place of a physical education course.

The expected benefit of this study is that your risk of being in an abusive domestic relationship or contracting STDs will be significantly lowered after receiving comprehensive sex education.

Confidentiality

We will obtain your participant ID number and ask for a way to contact you in the future, but we will not ask for your full name or information you do not wish to disclose. All data collected during this study will be treated confidentially; only the researchers (students involved in the study) and study supervisors will have access to the information. Participants will be given a sealed envelope to put their questionnaire in with their corresponding ID, and then teachers will put the envelopes in a locked filing cabinet in the Administration office. Data will also be stored on a computer which will be password-protected. Only the researchers conducting the study will have access to the filing cabinet and password-protected computer information.

Contacts

If you have any questions concerning your rights as a research participant that have not been answered by the investigator, or if you wish to report any concerns about the study, you may contact the research office at 888-888-8888 or research358@gmail.com.

If you have any questions about this study, you may contact the principle investigator Jim Doe at 999-999-9999 or jimdoe@hotmail.com

Data Analysis. With this qualitative data, the measures of central tendency would be used to estimate the outcomes of sexual education. The estimations of the measures would be used to draw a conclusion about whether the sex education courses were effective immediately after, a year after, and three and five years after the students completed the course. Effectiveness would be determined by the frequencies of individuals experiencing either STDs/STIs or domestic violence. Using categories of experiences, the data would be analyzed in terms of mean, median, and mode. The mean would reveal the average number of times an individual experienced an STD or domestic violence. This would be analyzed and applied to examine the difference between the groups of individuals who did not receive inclusive and comprehensive sex education, and then the differences in data after receiving the education at each of the intervals. Using mean would have the average of the data for comparison. The median would show where the middle ground of frequency was at for each of the groups. Using the mode would be show the most common frequency for the categories but may not be the most accurate portrayal of what happened for the community, rather it would be specific to the study. because of this, the mean would be the data that was relied on mostly to reflect the experiences of the individuals in the study. It would also be important to include the information like standard deviation and range, to show the outliers. This would be important data to include because it would reveal the possibility of the tendencies being skewed, and the standard deviation would be important to include so it could reveal the average differences and where other possible data lies in individuals' experiences. All of these would be important inclusion in data analysis to properly estimate the differences and effectiveness of the intervention.

Limitations. There are limitations to every research study. In this particular study, there would be limitations regarding population and regarding how the information would be able to be

generalized across a population. A major limitation to this study would be the involvement of minors. Because minors require consent, it would limit the availability of participants due to not being able to obtain parental consent or due to lack of access. The population would also be limited by determining participants based off of self-reporting, which could have internal threats of validity based off the participants' willingness to out themselves or answer honestly. Another internal validity limitation would be doing it in a school setting, because the participants would have access to each other outside of the research purposes which could influence answers without researchers' knowledge. However, even with these limitations, the data would be significant in that the success of the hypothesis could be further researched in older and younger participants to help reduce the risk of STDs and violence through inclusive sex education.

Significance. The implications of this study could potentially impact generations of people. By implementing one inclusive and comprehensive sexual health education class, thousands of individuals could be impacted. Those individuals who walk away with inclusive and positive information about the LGBTQ+ community will know how to protect not only themselves but also future partners, and can create a healthier lifestyle for themselves through simply knowing how to practice safe sex and healthy relationships. Introducing the topics of the LGBTQ+ community in health class would also help to destigmatize the community and teach tolerance, as all students would be educated and exposed to what talking about the issues of the community in a safe, learning conducive environment looks like. If the data revealed that this one course helped individuals have lowered risks of STDs and domestic violence in the future, it would be an easy thing to implement in schools nationwide and could help the LGBTQ+ community learn, be accepted, and protect themselves in intimate relationships. Social workers can take away from the data that it is applicable outside of the classroom as well. Knowing that the education makes

a difference could allow social workers to set up workshops and education seminars to teach those already out of highschool. Further social work research may also reveal that having individuals learn with their significant others or family could help them to experience more acceptance and better overall health. There are several ways to expand upon this basis.

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Appendix A

Nyack LGBTQ Youth Ally Services (NLYAS)

Inclusive Sex Education Research in High Schools and Future Outcomes

Dear Funding Partner,

I am pleased to present you with this information and proposed study as a response to your request for proposals.

I am a student at Nyack College that is looking to pursue a career in social work. In this pursuit, I hope to empower people and participate in research designed to better the lives of all. Part of this includes research on factors that influence daily life, such as access to inclusive and comprehensive sex education.

I believe that you will find in this proposal a research design that is both relevant and practical. The design is set up to be implemented easily and to have feasible, realistic, and applicable data results that include further plans for action according to the data found. I believe that the results will be a helpful tool in all fields as we strive to find new ways to prevent illnesses and domestic violence.

Thank you for your time, and please reach out with any questions you may have.

Avery Geistdorfer, BSW student

Appendix O**A. Personal**

- a. Teachers to act as proctors for surveys**
 - i. One class**
 - ii. One semester long**
 - iii. Students receive credit for taking course instead of a PE or additional health class**
 - iv. Teachers already employed by school – free**
- b. Trainer for course**
 - i. One six hour training session for 4 teachers**
 - 1. Total \$800**

B. Equipment

- a. Course materials, \$20 a book for 100 students**
 - i. \$2,000 a course**
- b. Paper and envelopes for consent forms and surveys for 100 students**
 - i. Total of \$50**

C. Grand total: Multiply cost by 2 (two high schools included in the study)

- a. \$2,850 x 2**
 - i. \$5,700**