PATTON, BETH J., Ph.D., December 2004   TEACHING, LEADERSHIP, AND
                                           CURRICULUM STUDIES

AN ANALYSIS OF THE RELATIONSHIP BETWEEN INCREASED
INSTRUCTIONAL EXPOSURE AND STUDENT HEALTH KNOWLEDGE,
HEALTH ATTITUDE, AND SELF-REPORTED HEALTH BEHAVIORS AMONG
HIGH SCHOOL STUDENTS (290 pp.)

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The purpose of this study was to analyze the relationship between increased
instructional exposure and student health knowledge, health attitude, and self-reported
health behaviors among high school students. Previous studies by Connell et al. (1985)
and Louis Harris and Associates (1988) confirmed that the amount of instructional time
and consecutive years of student participation in health education were related to
increased health knowledge, positive changes in attitude, and healthier lifestyle practices.
In this study, a suburban public board of education approved an additional health
education class (Health II) as part of graduation requirements.

Subjects within the experimental group were students enrolled in the Health II
class. Subjects within the control group were enrolled in junior level English classes, but
were not enrolled in Health II. Prior to participation in this study, both groups had
successfully completed Health I in either the 9th or 10th grade. The study instrument was a
modified version of the National Adolescent Student Health Survey. A series of 3-way
repeated measures of analyses of variance was performed to answer the research
questions pertaining to health knowledge, attitudes, and self-reported behaviors.

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In terms of instructional exposure, one more semester may not have been enough to influence desired improvements within and across all three domains of learning. This is especially true with regard to influencing self-reported health behaviors. In this study, some gains in health knowledge were made among subjects within the experimental group. Unfortunately, increases in certain self-reported health risk behaviors among the subjects within the experimental group were also reported. This study took place in a naturalistic school setting as opposed to a controlled laboratory environment (i.e., predeveloped curriculum and teacher preparation). The Health II class and curriculum was developed by local community stakeholders with little to no input from students.