

AN ABSTRACT OF THE THESIS OF

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The major purpose of this study was to determine the current status of family life/sex education programs in the public high schools of Oregon. A mail questionnaire was submitted to all health teachers in all the high schools in Oregon. The questionnaire was mailed twice to 447 health teachers in Oregon. The sample involved 192 high schools and 139 school districts. The mailing procedure included a stamped self-addressed return envelope. The cover letter which accompanied the questionnaire explained the purpose of the study and assured anonymity to the respondents.

The questionnaire replies concerning the family life/sex education programs in the Oregon High Schools were analyzed according to questionnaire items such as the: age of teacher, size of participating school, and geographic areas where the program was found, etc. The total questionnaire responses by item, rankings and percentage comparisons were made and these were presented in tabular form. Collective responses were analyzed and correlated whenever significant to yield illuminating facts, figures, and relationships. Lastly, the findings are discussed

in reference to expert opinion, prevailing practice, and accepted standards.

Three hundred thirty five or 74.9 percent of the potential respondents returned the completed questionnaires. The overall results were excellent, since this was a voluntary survey conducted during great controversy about family life/sex education programs.

Some of the findings of this study are summarized in the following paragraphs. The most popular grade for teaching family life/sex education was the tenth grade. A majority of the correlated family life/sex education courses were short and fragmentary in content. Likewise, a majority of 76.3 percent of the study participants indicated that family life/sex education was included in one or more curriculum areas, but not as a separate course.

Health education was ranked number one by study participants as the most frequent discipline which included the subject family life/sex education in the State of Oregon. The five most frequently taught topics in rank order were: 1) reproduction (female's role); 2) dating; 3) reproduction (male's role); 4) infection; and 5) interpersonal relationships.

Twenty-six percent of the respondents disclosed that all their students were required to take their family life/sex education. There were no community objections to the nonrequired courses. The most popular pattern for attendance for the nonrequired programs was as an elective subject.

Family life/sex education teachers most frequently characterized their programs as "mostly development of attitudes." Also, the most

frequently checked course, by respondents was those 3-4 weeks in length. Less than a majority or 39.1 percent, of the respondents indicated they offered a family life/sex education program, which was co-educational.

The majority of respondents had used resource personnel in their programs. The top three ranked individuals by frequency of use as resource personnel were: 1) doctors, 2) nurses, and 3) ministers.

The three most interested individuals responsible for initiating a family life/sex education program at the high school level in rank order by frequency were: 1) teacher, 2) administrator and 3) student.

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THE STATUS OF FAMILY LIFE/SEX EDUCATION
IN THE PUBLIC HIGH SCHOOLS OF OREGON

by

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THE STATUS OF FAMILY LIFE/SEX EDUCATION IN THE PUBLIC HIGH SCHOOLS OF OREGON

CHAPTER I

INTRODUCTION

Sex education, as defined today, "has included all educational measures which in any way may have helped young people prepare to meet the problems of life that have had their source in the sex drive and inevitably entered in some form into the experience of every normal human being" (27, p. 8). These problems have extended over a vast range of life's experiences, from single little matters of personal sex health to the exceedingly complicated physical, social, psychic, and moral problems that have concerned successful marriage and family relationships.

Sex education has been the study of the biological and culturally learned sexual needs of men and women, and how these can find fulfillment in ways that are consistent with stable family life. Knowledge of physiology has served as the basis for a view of individual sexuality as a part of total personality, with sexual behavior as the result of self-understanding, value priorities, and changing community norms. Furthermore, sex education has stood for the protection, preservation, extension, improvement, and development of the monogamic family, based on accepted ethical ideals (65, p. 1-5).

That the term sex education is not a new one is indicated by the fact that the International Congress on Hygiene in 1912 adopted this term as the heading of the special report which recommended a broader

outlook on this educational field. It replaced the term sex hygiene which had been used in a more restricted sense. Other terms that have been used over the years and sometimes continue to be used as synonyms for sex education are family life education, social hygiene education, sex-character education, social-sex education, education about human sexuality, health and human relations, personal and family life, and family living (44, p. 3).

Need and Importance of the Study

There has been a dramatic surge of interest in sex education in recent years, in consequence of which there has been an increased demand for sex education. Churches, youth work agencies, and especially the schools, find themselves pressured into developing new programs and curricula. Numerous articles and books have appeared on the subject, as well as curriculum guides, small and large conferences, and establishment of the (SIECUS) National Sex Information and Education Council of the United States. This growing interest in sex education was reflected by, and in turn spurred by, a policy statement of general support issued by the United States Commissioner of Education on August 30, 1966 (73, p. 29).

While increasing interest and attention dedicated to sex education has raised many issues and questions relative to this subject, it has been noted that there is a scarcity of research in the area and a consequent lack of data which might provide more insight into the problems. The demand for sex education has emphasized problems such as the grade level to begin instruction, precise content, role of the parent vis-a-vis the institution and community acceptance.

It is generally conceded that the attitudes of educators are essential determinants of what sex education is, or will be like, and whether or not it exists at all. For example, research has pointed up the need for family living and sex education programs in the school but it is the business of teachers, administrators and other educators to see that these programs are actualized.

Eggert in his research discovered that "the school administrator" was the key person on whom proper functioning of a sex education program depended (18, p. 20-23). Isadore Rubin has confirmed the importance of attitudes of educators toward the determination of sex education programs. He stated, "It is clear that the basic attitude of the sex educator is of crucial importance; this will determine the purpose, content and method of his guidance" (68, p. 18). Masley and Davis found in their study that the teachers in the secondary schools were the first to recognize the need for sex education and had a major share in the planning of the problem (58).

Official agencies have placed the burden on definition and development of individual programs on practicing educators since they have the responsibility of implementation at the local level.

A major report from the May 15, 1970 Oregon State Board of Education meeting stated "sex education should be controlled and directed at the local level, with the widest possible community involvement" (61, p. 1).

The consequence of this "local-determination" policy has been to place the educators' and administrators opinions and attitudes in the position of being the basic resources for resolution of sex education issues. As has been noted by observers of this condition, the

resolution of these issues, or the lack of it, and the pertinent attitudes of the educators involved may be a key to the problem of sex education implementation.

The need for and importance of the study can further be inferred from citation of the recognized importance of sex education, the current lack of implementation of sex education programs, and the importance of educators' attitudes as a factor in implementation of such programs.

Purpose of the Study

The purposes of this study are:

1. To determine the current status of family life/sex education programs in Oregon high schools.
2. To compare the results of this study with the recommendations found in the literature. This should reveal what is lacking in family life/sex education programs in Oregon.
3. To discover whether the reasons given for the lack of implementation of family life/sex education programs in Oregon are similar to the reasons given for the lack of implementation in other states or whether the reasons are different and peculiar to Oregon.
4. To determine in which subject areas family life/sex education teaching-learning experiences are taking place.

5. To determine if there are "separate programs" of family life/sex education, exclusive of integration into other programs.
6. To determine the number of schools in which there are no family life/sex education programs in operation, and how many of these are considering initiating a program.
7. To determine the length of time family life/sex education programs have been in operation.
8. To determine, to the degree possible, the comprehensiveness of family life/sex education programs.
9. To survey the extent of teacher preparation, to teach family life/sex education.
10. To determine the degree of acceptance of the family life/sex education program by students, teachers, and the community.
11. To determine the persons or groups responsible for initiating interest in the family life/sex education programs.
12. To compare the family life/sex education programs between large and small high schools.
13. To compare the family life/sex education programs between high schools found in various geographic areas.
14. To convey findings and recommendations of this study to participants and interested parties.

The Scope and Significance of This Study

Scope of the Study

This study will involve preparing and administering by mail a questionnaire to health teachers of all high schools in Oregon.

Significance of the Study

The advent of a sudden, organized, nation-wide opposition to sex education provided further stimulus for undertaking a study in Oregon.

This study may be significant in the following areas:

1. The data from this study provides some insight into the community support and concern about the family life/sex education area.
2. The data from this study fills the need for a base-line measurement of current interest and activity in the area of family life/sex education.
3. The findings of this study is significant for parents or other community groups who are interested in promoting family life/sex education programs in schools in Oregon.
4. There is significant information for educators who wish to plan or inaugurate family life/sex education courses in Oregon schools.
5. The findings serve as a basis for more realistic appraisal of family life/sex education in the public school.

6. The questionnaire stimulates the thinking of administrators and teachers about their policies in this controversial area.
7. The results of this study serve as a source of information on the cause of resistance to family life/sex education programs in Oregon.
8. The results of this study provide recommendations on how to deal with resistance to family life/sex education programs in Oregon.
9. The results of this study can be used to appraise family life/sex education programs in the public schools.
10. The findings from this study have significance when initiating, changing, or improving a family life/sex education program.

Limitations of This Study

1. This study was limited to the population of teachers in Oregon.
2. This study was limited to all health education teachers in Oregon high schools.
3. This study represents the impression of each teacher responding about his school program.
4. This study did not measure the quantity or quality of material taught.

5. This study was limited to a current status report about the involvement of high schools and community in family life/sex education programs in the State of Oregon.

Definitions of Terms

For the purpose of clarity and consistency, the following definitions apply whenever the terms appear:

1. Administrators - Refers to the high school principals of the selected schools.
2. AAA High School - These are schools with enrollment of 600 students or above.
3. AA High School - These are schools with 201-600 students enrolled.
4. A High School - These are schools with enrollment of 200 students or less.
5. Family Life and Sex Education - Includes all the educational measures designed to help young people meet the problems of life which have their origin in the sexual needs and the personal/social/family relationships of boys and girls, men and women (29, p. 10).
6. High Schools - Accredited public schools in the State of Oregon with grades 10, 11, and 12.

Methodology

The method of investigation chosen for this study is the survey method. The large number of schools involved and the large geographic area covered by the study required the use of the survey method.

A sex education questionnaire which had been used previously by the Kansas State Department of Health was revised for use in this study (42, p. 1-7). It was expanded, criticized by experts, given a trial administration, and with final revisions was made ready for submission to the intended group of respondents. The questionnaire was administered by mail, and follow-up letters, plus questionnaires were sent out for the purpose of increasing returns. The returns were recorded and the tabulation of responses was accomplished when it appeared that no more returns were forthcoming.

Construction of the Instrument

The questionnaire form, which the Kansas State Department of Health had used to elicit factual information on the current status of education about human growth and development in Kansas, was used as a basis for the development of an instrument for this study (42, p. 1-7). The questionnaire items contained in the Kansas Study all seemed essential and were used with some revisions. Review of the literature on family life/sex education, however, revealed additional ideas and issues which seemed of enough importance and interest to include. An attempt was made to finalize a comprehensive questionnaire, which would not be unduly long, yet satisfy the suggestions of my advisors. The objective was also to make the instrument easy to answer, to allow for all possible

responses and yet be easily tabulated. The final survey tool was one of the check list type consisting of thirty items.

Personal data

The respondents were asked to indicate the name of their school, their school district, the enrollment in their school, their age, their teaching assignment, their major teaching area, the geographic location of their school, and their level of course preparation for the family life/sex education programs. These factors were later used in analyzing the responses. To have included more personal factors might have led some respondents to fear possible identification. Respondents were not asked to sign their replies or identify themselves in any way. It was hoped that this would increase the validity and reliability of the responses.

Questionnaire arrangement

The questionnaire was divided into three parts. Part I asked for personal data about the respondent and his role in his school. Part II elicited information about family life/sex education programs in the respondent's high school. In part III, the respondent was called on to evaluate the school and community relationships generated by the family life/sex education programs in his local high school.

Construction of questionnaire items

An attempt was made to achieve validity in the responses to this study through a survey of the whole State of Oregon, anonymous responses, and the employment of certain criteria in developing the questionnaire. The items were worded to give personal reference to each respondent as Elliot

suggests (19). In order to avoid acquiescence as much as possible, some negative statements, unacceptable items, and probabilistic statements were employed heeding the observations of Clayton and Jackson (9).

Each section in the questionnaire offered an "other" category of response so that respondents were not forced to make a categorical "for" or "against" type of response -- which both Chamberlin (8) and Ruckmick (67) warn against.

The questionnaire sections were similar in form and response requests so that easier checking of responses could be performed by the health teacher or respondent. This similarity of the sections of the questionnaire would tend to reduce the likelihood of systematic errors according to Rummel (71, p. 87-90).

Development of the instrument

A "Pilot Study" of the instrument was conducted at four high schools in various geographic areas in Oregon. The pilot schools were:

1. Corvallis High School
2. Eagle Point High School
3. Lebanon High School
4. Tillamook High School

The pilot form of the questionnaire was submitted to eleven health teachers in the high schools cited above for their responses, reactions, and critical suggestions. The pilot form of the questionnaire and the summary of results, plus the verbatim summary of critical suggestions are located in the appendix.

Administration of the questionnaire

By means of a mail questionnaire submitted to all health teachers in all the high schools in Oregon, this study sought to determine the current status of family life/sex education courses in the State of Oregon. The list of names and addresses of the high school health teachers was obtained from the Oregon State Board of Education on May 1, 1970.

The questionnaire was mailed twice to 447 health teachers in Oregon. This sample involved 192 high schools and 139 school districts. The mailing procedure included a stamped, self-addressed return envelope. The cover letter which accompanied the questionnaire explained the purpose of the study and assured anonymity to the respondents.

The first mailing was done during the early part of Christmas vacation in 1970 in the hope that the teachers' extra leisure at this time would encourage respondents to answer the questionnaire. Returns were plotted as received. Twenty per cent of the 477 questionnaires were returned in the first week after Christmas vacation, when the questionnaires were mailed.

The returns gradually tapered off. Therefore, on Tuesday of the eighth week following the initial mailing, the first follow-up attempt, in the form of a duplicate second questionnaire and a double post card was conducted. The follow-up instrument also contained a cover letter which explained the purpose of the study and informed respondents to the first questionnaire to ignore the duplicate survey tool. The mailing was done on Tuesday in the hope that the letters, post cards, and

questionnaires received before the weekend at a time when respondents seem more apt to answer such mail according to Research Staff of the School of Education at Oregon State University.

A double post card was, also, used in the first follow-up and was mailed to all respondents except the few who had already voluntarily identified themselves in their returns. The portion of the post card to be returned was self-addressed and was clearly identified with the respondents' code number. A check list was provided for the health teacher to indicate on the post card whether he had already returned his questionnaire or intended to, or, if not, the reason why. This increased the number of returns so that by the end of another two weeks after the follow-up mailing 74.9 per cent of the questionnaires had been returned. Since this was an ample sample and time was at a premium no further follow-up attempts were made.

Tabulation of replies and treatment of the data

All questionnaire responses, which could be coded conveniently, were transferred in a code form to Fortran Coding Forms. This information from the Fortran Coding Forms was punched on to IBM punch cards and the data analyzed by computer.

The replies concerning the family life/sex education programs in the Oregon High Schools were analyzed according to the questionnaire items such as the: grade level where the programs were taught, enrollment of responding schools, and geographic areas where the program occurred, etc. No attempt was made to compute statistical differences with the data. Only direct relationships between obviously connected factors such as community support and success of the family life/sex

education program were reported. However, all questionnaire items in Part I - Personal Data were "cross tabulated" with all items in Part II - Programs. Also all items in Part II were "cross tabulated" with all items in Part III - School and Community Relationships in order to gain as many valuable relationships as possible from the treatment of the data.

Furthermore, total questionnaire responses by item, rankings, and percentage comparisons were made and these were presented in chart form. The replies for each section of the questionnaire will be discussed separately. Collective responses were analyzed and correlated whenever significant to yield illuminating facts, figures, and relationships. Lastly, the findings were discussed in reference to expert opinion, prevailing practice, and accepted standards, as Greenberg suggested (26, p. 111-178).

CHAPTER II

REVIEW OF LITERATURE

The review of literature included an attempt to locate similar studies to use as sources in the development of a questionnaire. Two research instruments were located, one which had been used in a study at the University of Connecticut (26) and another research tool used in Kansas (42).

Literature on the construction and use of a questionnaire was consulted in order to expand and modify these two forms in the development of the present research tool. Studies and articles on the topic of sex education were examined for the purpose of compiling the survey instrument, as well as evaluating replies to the questionnaire.

Studies on the Status of Sex Education in High Schools

Several nation-wide studies have been made on the status of sex education in high schools. One of the first of these studies was reported by Newell W. Edson, assistant director of educational work in the United States Public Health Service. In 1920, the United States Bureau of Education and the United States Public Health Service sent a questionnaire to 12,025 accredited and partially accredited high schools. Replies were received from 6,488 (53.8 per cent) schools. This study found that most of the reasons for the lack of success of sex education programs are the same as for the lack of success in other teaching areas, and can be eliminated by proper administration and further experience on the part of teachers (24).

In 1927, a similar study was made by Lidia J. Usilton, assistant statistician in the United States Public Health Service, and Newel W. Edson of the American Social Hygiene Association. This study was a follow-up study to the one made in 1920 by Edson. A definite need for sex education was indicated by the principals of 67 per cent of the schools reporting, some of which stated that sex education was meeting with satisfactory results and that expressions of appreciation of the work in many instances were being given by the students, the school board, the parents, or the general public (24).

In 1938, Benjamin C. Greenberg wrote a letter to school superintendents throughout the country which asked for (1) suggestions on the revision of the United States Public Health Service teachers' manual published in 1922; and (2) indications of the obstacles to sex education in high schools. The most frequently cited obstacle to the introduction of sex education in the high school was parent objections. Another obstacle to sex education programs cited by Greenberg was the lack of training of teachers, where teachers were generally unprepared to teach sex education (25).

In 1947, Jacob A. Goldberg, as secretary to the School Hygiene Committee in the New York Tuberculosis and Health Association, surveyed the sex education programs in the schools of some of the larger communities in the United States. He sent a letter of inquiry to 185 school superintendents and received replies from 84. He wrote:

Comparison of the preceding reports with those of previous years indicates a growing interest and involvement. Needs still to be met include effective teacher training, development of educationally sound programs of teaching, parent education to parallel education of children, and a wider appreciation by the public as a whole of the need for the type of education and guidance generally known as 'sex education' (24).

So far, only status studies on the national level have been mentioned, however, several state-wide studies have been made. Perhaps the best known research was reported by William Griffiths in Minnesota. This study was conducted during the 1939-40 school year. In order to study the extent and nature of social hygiene education in the Minnesota public schools, questionnaires were sent out to 500 school superintendents. The investigation was based on 370 questionnaires returned. Of the 33 social hygiene topics listed in the questionnaire, only a few were covered adequately. Most of them were covered either not at all or were only briefly mentioned in the school curriculum (27).

A more recent state-wide study of the status of sex education in Pennsylvania was reported by Masley and Davis (53). A questionnaire was sent to all of the 1,099 public high schools listed in the Official Pennsylvania High School Directory. A total of 777 principals (75.4 per cent of the 1,099) responded with information from their respective schools.

As a result of their study, Masley and Davis developed some illuminating generalizations. For example, it appeared that the teachers in the secondary schools were the first to recognize the need for sex education and to have a major share in the planning of the program. An overwhelming majority of the schools (81.2 percent) indicated that the teachers were among the first in the community to recognize the need and to take positive action in the development of the sex education program. A similar situation was noted in the planning of the program. The teachers and school administrators were indicated as those who were most helpful in this phase (53).

Hoyman reported in 1953 that sex education was an integral part of the official health curriculum for grades 7 - 12 in the Oregon Schools. There were no separate or special courses or units in sex education at that time. For example, in the junior high school grades (7 - 9) both boys and girls received instruction on an elementary level as follows: Unit I, Structure and Function of the Human Body included a Study of:

- (1) The endocrine system;
- (2) Puberty and development of secondary sexual characteristics;
- (3) The male and female reproductive systems;
- (4) Menstruation and ovulation;
- (5) Sperm development; and,
- (6) Embryology.

Unit II, Personal Hygiene, as reported by Hoyman, included some sex education as well as Unit VIII, Communicable and Non-Communicable Diseases, which included sex education in the form of venereal disease study (34). In the senior high school grades, Hoyman indicated that the above topics were studied again on a more advanced level suitable to the needs and maturity level of the boys and girls. As a part of the advanced health units for grades 10 - 12 the students had taken the unit, Mental Health and Family Life Education; which, prior to graduation, provides more specific preparation for marriage, parenthood and family life (34).

Literature on Questionnaire Procedures

The questionnaire has received considerable criticism as a method of research. It is considered unscientific by some. Ruckmick wrote that ". . . the maturity of a science can be measured inversely by the number of questionnaires which it sponsors" (71, p. 41). However, he and others conceded that when the questionnaire was justified, carefully constructed, properly administered, and soundly analyzed and reported, it could serve a very useful purpose.

Chamberlin also stated that there was agreement that the questionnaire was justified when there was need for the information to be obtained and there was no other method of obtaining it. For example, the only way to find out a person's "opinion" was to ask him what it was (8).

Clayton found that wording of items influenced responses. Absolutely worded statements and positive complete statements were more apt to be agreed with than probabilistically worded or negative complete statements (9). Unacceptable items elicited more valid responses than items stating acceptable ideas. There seemed to be more acquiescence to items which contained a personal reference than to sweeping generalizations. Elliott explained this by saying, "It is probable that when a respondent did not have a personal 'stake' in the item, he was more apt to agree with it" (19, p. 406).

Rummel has maintained,

Facts may be elicited . . . by the proper construction and use of the questionnaire method. The primary uses of this method are in making status studies of current practices and in making opinion polls or attitude studies (71, p. 87).

Oppenheim (60, p. 40-43) has stated that there are basically two categories of question type, i.e., "open" or "closed". It was decided that a modified "closed" form of questionnaire would be used for this study following Oppenheim's assertion that closed questions are "easier and quicker to answer; they require no writing, and quantification is straightforward".

Literature on the Educator's Viewpoint Toward Sex Education

Several topics relative to the educators' viewpoint toward sex education were consistently expressed in the literature. The first topic concerned fears and inhibitions about sex which resulted from cultural repression and distortion of the subject. A number of writers have directly or indirectly pointed to fears and insecurity in the area of sex as being major representatives of sex education progress. Ann McCreary Juhasz, Esther D. Schultz and Deryck Calderwood, Robert and Francis Harper, B. Y. Glassberg, and Arthur Jersild, among others, have cited this problem (41, 73, 31, 23, 36; p. 100-106).

Esther D. Schultz (73) and others have reported that teacher "inhibitions, attitudes or misconceptions . . . might block honest and open communication with their students." Lester Kirkendall (50) in a SIECUS study guide, has stated that personal insecurities inhibit most teachers from being able to openly discuss sex with students. Along with this, Kirkendall reported, "The excessive fear of administrators and teachers of arousing criticism if they do attempt sex education is another deterrent" (50, p. 6, 9).

A second topic which recurred in the literature was related to the inability and unwillingness of educators to participate in true dialogue with students on matters of sex. Esther Schultz and Sally Williams, Gertrude Couch, John Wilson, and Isadore Rubin have all reported direct experiences with youth and adults which indicated that adult hypocrisy and inhibition were major barriers to progress in communication about sex (74, 13, 90, p. 104-5; 69, p. 18). This concern was also voiced by William Denham (15), who noted that elimination of old hypocrisies was essential to true dialogue between teacher and student. Ruth Frary (22, p. 14) summarized the importance of the problem by saying "What the teacher is, how he feels about his pupils, how he proceeds and how he views the facts he is teaching are more important than course content."

A related problem found in the literature was the importance of the attitude of the sex educator to the adequacy of the sex education program. Isadore Rubin reflected on this problem:

It is clear that the basic attitude of the sex educator is of crucial importance; this will determine the purpose, content and method of his guidance. If he holds an essentially negative attitude toward sex, his major efforts will be directed toward limiting and cutting down on every form of sex expression as a rich and positive aspect of life. (68, p. 18).

The Committee on Health Guidance in Sex Education of the American School Health Association supported the citation above by Rubin with this quotation:

Many facts may be quickly forgotten, but the emotional responses and attitudes which accompany their learning tend to remain. It is hoped that these wholesome attitudes will have a favorable influence on and will result in desirable practices. Therefore, the way in which something is taught is even more important than what is taught (4, p. 1).

Articles on the Need for Sex Education

The need for sex education was cited in many periodical articles. However, some writers have taken the need for sex education for granted as they went on to discuss other aspects of the subject. Levine indicated that:

There is general agreement today that a great need exists for the sex education of children. In this, most educators, psychologists, churches, and parent groups concur. And this need is far greater at the present time than ever before (52, p. 30).

Furthermore, Oberteuffer said simply that:

What any new crop of young one needs to understand is that much of what they do . . . have always been with us. So has need -- for counsel and information (58, p. 54).

Juhasz indicated that more than half the students in her study thought that information had not been acquired at the best time.

In many instances, this had given rise to feelings of fear and anxiety. For only one-tenth of the students did parents provide information at the best time. Also, whatever the background factors of the students tested they 'did not have adequate knowledge of the physiology of sex' (41, p. 39).

Robert and Francis Harper (31, p. 243-46) pointed out that with the current emphasis on sex in our society, sex education becomes a necessity. Young people need all the knowledge, maturity and self-understanding they can get in order to cope with our society. They added that 'American education professes to believe that the full truth makes us better in every other area of life'--'so, they asked, why not in the sexual area?'

The Executive Director of SIECUS, Mary S. Calderone, stated a need for sex education because "Adults are not advising the young people and indeed are responsible for much youthful confusion". She also noted that "Adults have left adolescents defenseless to cope with a society saturated with girlie magazines, pop music erotica, pornography, and near-pornography in ads, movies, books, TV -- all pushing a larger-than-life image of sex".

Dr. Calderone further called for "factual knowledge and orientation to strengthen and guide the young person in his defenselessness about sex" (29, p. 2-3). Dr. Calderone's comments were echoed by other writers. For example, Schoel (72, p. 130) wrote "Research has pointed up the need for family living and sex education programs in the school . . . "

The recent resolution by the Representative Assembly of the American Association for Health, Physical Education, and Recreation indicated a need for sex education. The resolutions cited were:

Whereas, problems related to family life, sex education, and related interpersonal relationships are of concern to children and youth and have a bearing on their present and future welfare, and whereas, children and youth need reliable information and interpretation from competent adults on issues bearing on their emotional and social well being, and . . . be it resolved that schools develop sequential K-12 health education programs which encompass family life and sex education (80, p. 22).

Literature Concerned with Responsibility for Sex Education

The general consensus in the literature concerning sex education is that parents had the primary responsibility for sex education. Attitudes related to sex and sexuality are formed from birth -- influenced greatly by the home and parents. But for some parents, dispensing even the most basic reproductive information becomes difficult, because language is a barrier (14).

Also in a resolution passed by the Board of Directors in March, 1966, the American Association for Health, Physical Education, and Recreation (AAHPER) stated:

Sex education is a necessary part of each child's education and frequently needs additional emphasis beyond that in the home, church, and community. Although the home is recognized as the preferred place for instruction, schools should be particularly well qualified to reinforce and promote a wholesome study of sex education in a complete health program (12, p. 14).

A recent publication of the NEA cited that:

All of the evidence shows that more children are not receiving adequate sex education at home, in church or elsewhere. They get bits and pieces of information on reproduction here and there, but little that could truly be termed sex education. Furthermore, there is a tendency for parents to be a bit embarrassed or ill at ease when discussing sex with their own children, and often the children feel the same way in asking questions of their parents about things which concern or disturb them (12, p. 1-2).

When parents are unable or unwilling to provide their children with adequate sex education, the student's needs might be met best by the school. For example, a recent editorial in the Journal of the American Medical Association (JAMA) endorsed sex education in the schools. The JAMA editorial noted:

Sex education has for many years been an integral part of the curriculum in elementary and secondary schools. Most responsible educators now agree that the schools must accept appropriate responsibility to reinforce the efforts of parents to transmit knowledge about the values inherent in our family system and about the social, moral, and physical consequences of sexual behavior (16, p. 1016).

A large number of responsible national organizations have approved sex education in the school. SIECUS reported the following organizations which approved of sex education in the schools (79, p. 1):

American Academy of Pediatrics

American Association for Health, Physical Education, and Recreation (AAHPER)

American College of Obstetricians and Gynecologists (Committee on Maternal Health)

American Medical Association (AMA)

American School Health Association

American Public Health Association (Governing Council)

National Congress of Parents and Teachers (PTA)

National Council of Churches

National Education Association (NEA) and (AMA) Joint Committee on Health Problems in Education

National School Boards Association and American Association of School Administrators (Joint Committee)

National Student Assembly, YMCA and YWCA

Sixth White House Conference on Children and Youth

Synagogue Council of America

United Nations Educational, Scientific and Cultural Organization (UNESCO)

United States Catholic Conference

United States Department of Health, Education and Welfare

United States Commissioner of Education

Also many health and educator groups have formed resolutions advocating sex education programs in schools for many years. The following resolutions were gathered by the SIECUS Educational Service (66, p. 2-3).

Resolutions

. . . urge schools to assume the responsibility of providing sound sex education including human reproduction as one part of a complete health education program . . . urge colleges and universities to include family living instruction including sex education in the general education of all students . . . encourage churches, civic organizations, and other community groups to strongly support programs of sex education.

American Association for Health, Education and Recreation (AAHPER),
Board of Directors, March, 1966.

. . . in combating promiscuity, illegitimacy, venereal disease, prenatal mortality, marital disharmony and divorce in sex education, including a thorough treatment of human biology, is to be started at the elementary school level and continuing through higher education. Committee on Maternal Health, American College of Obstetricians and Gynecologists, 1965.

. . . that the schools accept appropriate responsibility for reinforcing the efforts of parents to transmit knowledge about the values inherent in our family system, and about the psychic, moral, and physical consequences of sexual behavior, and be it further resolved that this be done by including in the general and health education curriculum the physiology and biology of human reproduction beginning at the elementary level and continuing throughout the school years at increasing levels of comprehension, and that the study of venereal disease continue to be a part of communicable disease education during early adolescence, and be it further resolved that the concept of the family

as a unit of society based on mature, responsible love to be a continuing and pervasive educational goal. Joint Committee on Health Problems in Education, NEA and AMA, March, 1964.

. . .The American Public Health Association encourages the development of programs that aim to help parents and community groups to promote healthy sex attitudes and to meet their respective responsibilities toward the problem more fully. Elementary and secondary schools should provide organized programs that give students opportunity for guided discussion appropriate to their stage of readiness and maturity so that better knowledge associated with parental counseling may help them develop a better ethical and moral foundation for healthy adult sexual adjustment. American Public Health Association (APHA) Governing Council, October, 1967).

. . . create a climate of acceptance for family life education in the schools. Encourage the inclusion of sex education for boys as well as girls in school programs in family life education. National Congress of Parents and Teachers, 1965.

. . . that the school curriculum include education for family life, including sex education . . .that family life courses, including preparation for marriage and parenthood, be instituted as an integral and major part of public education from elementary school through high school and that this formal education emphasize the primary importance of family life. Sixth White House Conference on Children and Youth, 1960.

. . . The initiative of the school in the strengthening of family education can be effective only if the school understands its own role

correctly . . . The starting point is the children, with their individual and pre-school histories, their family relationships and the conscious and unconscious attitudes of their parents. The school should be well informed about all this, for it then can cooperate with the parents in developing various methods to help the child attain balanced adjustment. UNESCO Report, June, 1960.

. . . To assist communities and educational institutions which wish to initiate or improve programs in this area (family life education and sex education), the United States Office of Education will support family life education and sex education as an integral part of the curriculum from pre-school to college and adult levels; it will support training for teachers and health and guidance personnel at all levels of instruction; it will aid programs designed to help parents carry out their roles in family life education and sex education; and it will support research and development in all aspects of family life education and sex education. United States Department of Health, Education and Welfare, Harold Howe, Commissioner of Education, August, 1966.

. . . We join with other national organizations, such as the National Congress of Parents and Teachers, the American Medical Association, the National Association, and support the inter-faith statement of the nation's major religions in officially supporting health education, including family life and sex education. We urge programs that will create a vigorous and healthy social climate in which family life can flourish and which foster mature sexual behavior in each individual. . . The schools must take the responsibility for the development of a

comprehensive curriculum in health education, including family life and sex education. This curriculum should include, at an appropriate age and maturity level, instruction in human biology and reproductive physiology to augment the efforts of parents and physicians . . .

American Academy of Pediatrics, September, 1968.

. . . The committee is unanimous in its firm belief that the only effective way in which the school can fulfill its responsibility for meeting the health needs of youth is through a comprehensive program of health education in grades kindergarten through 12. Such program establishes the organizational framework for meeting the health needs, interests, and problems of the school-age group as well as preparing them for their role as future parents and citizens.

. . . Including sex and family life education with the other categorical health topics in one school, interrelated, and sequential program not only saves time in an already-crowded curriculum, but assures that all topics will be part of a long-range program and will receive more complete and detailed consideration at the appropriate level of the student's development . . . Joint Committee of the National School Boards Association of School Administrators, January, 1968.

. . . In recent years, there has been a growing understanding and appreciation of the need for sound programs of sex education for our children and youth. This recognition of need has been accompanied by the realization that while parents have basic responsibility for sex education of their children, the church, the school, and certain other community agencies have supplementary roles. The American School Health

Association urges that to reinforce the efforts of the home and as an integral part of health instruction, the schools and other appropriate agencies develop suitable programs of sex education for all of our children and youth in all our American communities. American School Health Association, September, 1969.

Literature Dealing with Values in Sex Education

Isadore Rubin (70, p. 186-187) has summarized the existing approaches to sex and sex education in a widely cited article. In his continuum, he described six major value systems. The first was "repressive asceticism" which Rubin described as completely closed and negative regarding anything in the sexual realm. The second was "enlightened asceticism", described as David Mace's position of holding to traditional morality but being open to discussion of all points of view.

The third category was "humanistic liberalism", described as supportive of Lester Kirkendall's educational emphasis on the quality of human relationships rather than on the physical aspects of sex. Fourth was "humanistic radicalism", purported to go further than Kirkendall, by Walter Stokes, who actively called for greater sexual freedom and opportunities for sexual expression. Fifth was the position of Albert Ellis, denoted "fun morality", which was described to hold that sex is fun and the more sex, the better (70, p. 186-187).

Sixth, and last, was the level of "sexual anarchy" attributed to the French jurist, Rene Guyon. This position was described by Rubin as explicitly anti-chastity, anti-virginity, and anti-monogamy (44, p. 396-98).

Rubin's (68, p. 198) categorization served both to delineate the alternative ethics which exists and also to emphasize that it can no longer be pretended, in sex education or anywhere else, that there is only one morality. This recognition, notably of the emergence of an open pluralism of sex values, has also been cited by other authors as eminently important to the consideration of value approaches in sex education. Ira Reiss (65) and Isadore Rubin (68, p. 20-32), among others, have directly pointed out the significance of the "renaissance" in thinking that has recently taken sex out of the realm of a "closed area".

Open forum and self-determination of values

Rubin has inferred that the reality of pluralistic values inherent in society necessitates an open forum approach to the area of morality in sex education. He has on many occasions, spoken against indoctrination of any kind and for open conversation with all views on morality, culminating in self-determination of values based on knowledge and confrontation with the alternatives (70, 68, p. 19-30; 69).

Proponents of this view are many. A most prolific writer in the field of sex education has often indicated that indoctrination is pre-disposed to failure and must be changed to open exploration of ideas and attitudes, combined with knowledge, as basic for making self-determined intelligent decisions (47, 48, 49, 50).

William Simon and John H. Gagnon (83) of the Institute of Sex Research, Indiana University have echoed Kirkendall's statement. They said:

Information has to be presented in a situation where the recipient does not feel that it is being provided for a predetermined 'good' purpose, but rather, as an attempt to spell out the options that are available to him and the risks and joys that are likely consequences of his choice.

Although emphasis had varied, Esther Shultz, Michael Scriven, and Marjory Bracher (75, 76, 5) have all indicated commitment to this open approach to values in sex education.

Recommendation of traditional morality

A commonly held view is that schools should support adherence to the "traditional" values of chastity before marriage and of "proper" sexual behavior. This definitely religious orientation of some authors has created verbalized support for this position. For example, J. Joel Moss (57) and Greg Foster (21) have advocated that sex education be treated within this context of a traditional value orientation.

Reports on Subject Content

Survey and research findings

Davis and Masley (53), reporting on a survey of sex education in Pennsylvania schools, found that there was an emphasis on the physiological aspects of sex; and that only to a limited extent, if at all, did they touch on the psychological and social aspects. Southworth (85) reported that his study of sex education in Wisconsin approximated findings of the study in Pennsylvania by Davis and Masley.

Southworth (85) further reported that no Wisconsin school covered all the topics surveyed in the study, and most avoided all the controversial topics. For example, only 17 per cent of the schools included

"seminal emissions as a sex education topic". Likewise, McIntire's (55) Connecticut study, also related to present status of content, found that schools gave limited or no consideration to family life and sex education topics, although cleanliness and other "traditional" subjects were heavily treated.

On attitudes, Johnson and Schutt (38) discovered administrators to be amenable to almost all topics in sex education. Only one topic, frigidity and impotency, received support from less than half (45 per cent) of the respondents. Also abortion, homosexuality, fertility and sterility were less acceptable topics than others, although they still received support from 60 to 70 per cent of the respondents.

In another study Grade Teacher researchers presented their sample with a list of content areas including masturbation, homosexuality, and venereal disease. A majority of teachers responding felt that all the subjects presented should be included in sex education before the end of high school (81).

Recommended content in sex education

Many references have recommended general content areas for inclusion in sex education programs. Philip Condit (11) has suggested a comprehensive tripartite program of biological, psychological, and social aspects which would cover all content areas. Lester Kirkendall (50) has recommended seven general topic areas: biological, preparation for marriage and child care; sociological including social implications for sex; health; personal attitudes; interpersonal relations; and establishment of values.

Most of the literature has described existing programs as having limited content offerings and has advocated wide inclusion of subjects previously considered "taboo". Those writers who have specifically advocated this wide inclusion of topics approach included: Lowell Jones, William Brickman, William Simon and John H. Gagnon among others (40, 6, 83).

Literature Involved With Contraception Education

Survey and research findings

In a study of college freshman girls, Shirley Angrist (2) determined that the girls studied were not informed in the area of birth control, that it was not one of their central concerns, but that they perceived the need for more knowledge in this area. Hershel Thornburg (87) in his study of college women found data that reflected information from previous studies. For example, only fifty per cent of the sample received information on contraception. Furthermore, Thornberg (87) found that contraception information was gained during early adolescence mostly from a girls' companion (34 per cent) and literature (16 per cent). He concluded that youth undoubtedly could benefit from reliable and systematic presentation of sex education.

Johnson's (38) survey found fifty per cent of secondary school principals favoring contraceptive education, though they were more favorable toward a number of other subjects. Also the Grade Teacher (81) survey of elementary school teachers found that a majority were in favor of including the area of contraception in school sex education, but wanted it taught by a specialist.

issues relative to contraception education

Hoyman made the following observation:

The complex issue . . . birth control education has been debated from coast to coast in the United States - often with more heat than light. To visualize the school's role: We all need to be informed about the major policies now being debated and advocated and the pro and con arguments being advanced by partisans(35).

The traditional policy followed in family life and sex education in junior and senior high schools in the United States was to exclude birth control education (35). Whereas McIntire in his study on "Parental Attitudes Toward Family Life Education", has noted that parents showed the most concern about the area of contraception education (56, p. 666-668).

In a similar manner, Isadore Rubin (68, p. 85) specified that the general controversy over contraception education stemmed from fear that permissiveness would result from knowledge of the subject. However, he cited that "many studies" gave evidence that sex behavior was neither affected by contraception knowledge nor by fear of pregnancy.

According to Hoyman (35), there is an emerging, but not yet widely accepted, new policy which has placed emphasis on teaching about population and birth control. A leading advocate of this position, Alan Guttmacher of Planned Parenthood, expressed why he supported full contraception education in the following way:

Since sex is one of the mainsprings of human activity it has relevance to the content of virtually all disciplines in human learning. Such a judgment interprets sex in a broad context, not only to include physical and emotional interaction between two individuals, but to include also by-products of such interaction, for example, population dynamics and the chemistry of compounds which inhibit ovulation (30, p. 540).

The perception of the significance of contraception knowledge has drawn others to strongly support Guttmacher's position of advocating education in this topic. Marjory Bracher (5) and Henry R. Weinstock (89) are representative of the different levels of support for contraception education which was evident in the literature.

The official health guide prepared for Oregon teachers and administrators contains specific recommendations regarding (1) sex education topics to be included and (2) how the topics are to be taught. But equally important, it also contained specific recommendations which officially advised school administrators and teachers to omit certain sex education topics from school curricula. School staff, for example, had been advised that (1) birth control methods (2) VD prophylaxis (3) sexual techniques and (4) sexual perversion should not be included as topics in the health units for either the junior or senior high school grades (34).

Publications Dealing With Co-Educational Classes

Mixed opinions have been expressed supporting co-educational classes for family life/sex education classes. For example, a recent publication by the National School Public Relations Association reported:

Family life and sex education may be taught either in mixed classes of boys and girls, supplemented by individual counseling on personal questions and problems, or in separate classes for boys and girls, depending upon the school and grade level and upon local school-community conditions (29, p. 10).

However, it may be desirable to teach family life and sex education in mixed classes in senior high school, grades 10 to 12, so that both the masculine and feminine points of view may be taken into account when basic problems and issues are discussed. Mixed classes are one step toward the aim of sex education: to help boys and girls and men and women understand, appreciate, and get along better with each other to the end of promoting happy, healthy home and family life (29, p. 11).

Hoyman (34) cited that in Oregon both boys and girls in some schools have received sex education co-educationally at both the elementary and secondary level. More recently, McIntire (54) concluded from his study of the attitudes of Connecticut principals that "Fifty per cent of administrators supported the idea of co-educational classes for sex education. Twenty-six per cent disagree with this and twenty-four per cent are neutral". Also, a popular article noted Helen Southard's support for mixed classes based on a desire to avoid student suspicion and class artificiality (28). A number of compromise opinions have favored co-educational classes for some aspects of sex education and separate classes for others. This view has been expressed by Kirkendall and Calderwood (45) among others.

Lastly, the Committee on Health Guidance in Sex Education of the American School Health Association has taken a strong stand favoring co-educational classes for most subject matter in sex education. The Committee reported:

Most authorities agree that there are definite advantages to teaching most aspects of sex education in co-educational classes, if the community attitude is amenable. There are also a few specific aspects that are beneficially taught separately (4, p. 3).

However, the Committee cited above strongly recommended, that before

co-educational classes are attempted, consideration should be given to the: emotional intensity of the subject matter, age group, adjust-ability of the students to each other, students' socio-economic back-ground, level of their sophistication, community attitudes, and the ability of the teacher involved.

Studies Concerned With Integration of Sex Education in the Curricula

Southworth (85) reported that three approaches to sex education were noted by his Wisconsin sample. One was that of a special sex education course, another was the approach of integrating sex education into other subjects, and third was a guidance approach. An NEA Poll of Teachers found wide differences in attitude toward curriculum integration of sex education. Thirteen per cent of the sample favored making it a separate subject, forty per cent favored setting aside a specific unit of work in one or more subject areas, and forty-two per cent favored full integration of sex education with existing subject matter (86).

McIntire (54, p. 14) asked Connecticut principals to respond to the rather leading statement, "Family Life and Sex Education should be integrated throughout the length and breadth of a student's education rather than offered as a one-shot course somewhere near the end". Seventy-five per cent of the elementary principals and seventy per cent of the secondary principals agreed with the statement above.

In a more recent Opinion Poll (59, p. 47) conducted by the editorial staff of Nation's Schools, administrators were asked to answer the following question. How can sex education best be integrated into the school curriculum? Five per cent of the sample favored making it a

separate course, thirty-five per cent wanted it integrated with family life courses. Thirty per cent desired sex education as a part of health or physical education. Twenty-three per cent favored it as part of a biology course. Lastly, seven per cent wanted it integrated in other ways.

Literature Relative to Who Should Teach

Johnson and Schutt (38) found that fifty per cent of their Maryland sample felt regular classroom teachers should teach sex education subjects. Thirty-three per cent favored "experts" for the job. McIntire (55) found split agreement and disagreement with the idea that sex education should be handled only by teachers with marriages of some duration.

A nation-wide survey of elementary school teachers (81) found that forty per cent wanted a trained specialist to handle sex education, thirty-three per cent felt they could do it themselves, twenty-five per cent favored the school nurse, and ten per cent wanted the physical education teacher for the job. Fifty per cent of the elementary teachers felt they were qualified to teach sex education and eighty per cent said they would feel "comfortable" with the assignment. On the issue of whether the home or the school should teach sex education, a Louisiana study by Harter and Parrish (33) found that mothers favored shared responsibility in this area.

Summary of Literature

1. There has not been a status study of family life/sex education conducted in Oregon high schools since 1943.
2. Researchers conceded that when the questionnaire was carefully constructed, properly administered, and soundly analyzed and reported, it was a useful research tool.
3. Educators generally agreed that teachers' fears and insecurities in the family life/sex education area were major repressents of family life/sec education progress.
4. The need for sex education has been supported by many professional organizations and cited in many periodicals.
5. The general concensus was that parents have the primary responsibility for sex education.
6. The literature revealed six existing value systems which represented approaches to family life/sex education. These value systems showed that family life/sex education was not a "closed area".
7. Most researchers found that there was an emphasis on the physiological aspects of sex, and that only to a limited extent, if at all, did they touch on the psychological and social aspects.
8. The majority of references have recommended comprehensive content for family life/sex education courses.
9. The traditional policy followed in family life/sex education in junior and senior high schools in the United States was to exclude birth control education.

10. Most of the authorities agreed that there were definite advantages to teaching the various aspects of family life/sex education in co-educational classes.
11. Recent studies have indicated that family life/sex education units were most frequently integrated into other courses and not offered as a separate course.
12. The majority of recent nation wide surveys concerning "who should teach" family life/sex education courses revealed the need for a trained specialist to handle family life/sex education.

CHAPTER III

PRESENTATION AND INTERPRETATION OF RESULTS

Introduction

In this chapter the results of the study are reported and discussed. Tabulation of responses is given in a series of tables and many of the free responses are also reported. Interpretation of the results is based principally on information from the single item tabulation and cross-tabulation of questionnaire responses. Other interpretations of the study findings are based on comparison with other studies, current practices, viewpoints of family life/sex education teachers, and free responses by respondents to questionnaire items.

Results of the SurveyOverall response to mailing

All 447 health teachers in Oregon High Schools received the questionnaire. Three hundred thirty five or 74.9 per cent of the health teachers returned the completed questionnaires. This study involved 140 responding school districts and 195 responding high schools. The overall results were excellent, since this was a voluntary survey conducted during great controversy about family life/sex education programs.

Part I - Personal Data

Question A. 2. The response, shown in Table I, to the second item of the questionnaire indicated that the majority of respondents were employed in large or AAA high schools. The cross-tabulation of questionnaire variables illustrated the relationship between school size and

the existence of a family life/sex education program in the school.¹

In general, the larger schools offered more programs characterized as family life/sex education than the smaller schools. However, the information above did not disclose the quality nature of the programs.

The qualitative nature of these programs is discussed later in this paper.

TABLE 1. Responses to Questionnaire Item A. 2. "Classification of School in Which Employed."

SCHOOL SIZE	NUMBER OF RESPONDENTS	PER CENT
AAA	203	60.5
AA	69	20.6
A	63	18.8

Question A. 3. The responses to the third question, as seen in Table II, illustrated that a large percentage of respondents were in the three most youthful age groups. Over one-fourth of the respondents were found in the 26-30 age bracket. However, the cross-tabulation of age of instructor with other variables revealed many interesting relationships. For example, eighty-eight per cent of the respondents 41-45 years of age taught a program which could be characterized as family life/sex education.² Also, fifty-three per cent of the respondents 36-40 years of age did not currently have a family life/sex education program, but were considering a program.³

¹See Appendix F (1).

²See Appendix F (2).

³See Appendix F (3).

The information above testified that a greater percentage of the more mature teachers in the 41-45 year age bracket were called on by schools to teach the majority of family life/sex education programs, whereas over fifty per cent of the respondents 36-40 years of age did not currently have a family life/sex education program, but were considering a program. The implication here was that the schools recognized perhaps that the older, more experienced teacher can teach a controversial subject with less difficulty. The analysis of cross tabulation of questionnaire items disclosed that the greatest percentage of respondents without a family life/sex education program but planning one, were from the youngest age bracket for respondents (forty-two per cent) and the 36-40 year age bracket (fifty-three per cent).⁴ The previous statement indicates that both young and old respondents have a desire to consider and plan a new subject program for their schools.

TABLE II. Responses to Questionnaire Item A. 3. "Age of Instructor."

AGE	TOTAL	PER CENT
21-25	58	17.3
26-30	87	26.0
31-35	68	20.3
36-40	45	13.4
41-45	26	7.8
46-50	26	7.8
51-55	15	4.5
56-60	5	1.5
61-65	2	.6

⁴See Appendix F (3).

Question A. 4. The respondents were asked to indicate their present teaching assignment in item A. 4., of the questionnaire. The results are presented in Table III. Table III is arranged in rank order of the grade level which was most frequently checked by the respondents. The following table revealed that the most popular grade level for teaching family life/sex education was the tenth grade. The next most popular grade levels for teaching family life/sex education were the eleventh and twelfth grades respectively. The responses to question A. 4., as seen in Table III, were interesting in that the three most popular grades checked for teaching family life/sex education were the three higher grade levels. Free responses from the questionnaire and recommendations in the literature (4, 29, 34) both raised questions as to the educational soundness of offering family life/sex education almost exclusively to the tenth and ninth graders and ignoring the seventh and eighth graders.

TABLE III. Responses to Questionnaire Item A. 4. "Present Teaching Assignment."

GRADE	NUMBER	RANK
10th	278	1
11th	207	2
12th	186	3
9th	145	4
7th	43	5
8th	40	6

Question A. 5. Respondents involved in the family life/sex education programs surveyed were listed by major teaching area. The respondents were placed in rank order by frequency of teaching area taught. The rankings are illustrated in Table IV which shows that physical education and health education respectively were the most frequently checked major teaching areas by family life/sex education teachers.

TABLE IV. Responses to Questionnaire A. 5. "What Is Your Major Teaching Area?"

SUBJECT	RESPONDENTS INVOLVED	RANK ORDER
Physical Education	246	1
Health	142	2
Science	19	3
Social Science	18	4
Home Economics	16	5
Others	13	6
Family Life/Sex Education	11	7
English/Literature	8	8
Psychology	5	9

Question A. 6. Responses to questionnaire item A. 6., "What is the geographic location of your school in Oregon?", are recorded in Table V. Sixty-four per cent of the respondents indicated that they taught in North Western Oregon. Slightly over 11 per cent of the respondents taught in South Western, North Eastern and South Western Oregon

while five per cent and three per cent of the respondents respectively taught in North Central and South Central Oregon.

TABLE V. Responses to Questionnaire Item A. 6. "What is the Geographic Location of Your School in Oregon?"

GEOGRAPHIC LOCATION	RESPONDENTS INVOLVED	RANK ORDER	PERCENTAGE
North Western	216	1	64.5
South Western	40	2	11.9
North Eastern	39	3	11.6
North Central	19	4	5.7
South Central	13	5	3.9
South Eastern	6	6	11.6

The cross-tabulation of questionnaire Item A. 6., "What is the geographic location of your school in Oregon?", with other variables, has disclosed many relevant relationships. Eighty-two per cent of the respondents surveyed in the North Western and South Western part of the state revealed they currently offered a program, which could be characterized as family life/sex education.⁵ Eighty-six per cent of the North Western and seventy-nine per cent of South Western Schools indicated their course was offered as part of another course.⁶

The cross-tabulations disclosed that the majority of family life/sex education programs were offered as part of another course.⁷ Also further analysis of the single column distribution of responses, cross-tabulation of responses, and free responses indicated that many of the

⁵ See Appendix F (4).

^{6&7} See Appendix F (5)

correlated courses in family life/sex education were short and fragmentary in content.⁸ For example, seventeen per cent of the programs surveyed were 1-2 weeks in length, while thirty-two per cent of the programs were 3-4 weeks in length. Only thirty-two per cent of the programs studied were comprehensive in topic content.⁹

Question A. 7. Table VI illustrates that a majority of the 335 respondents specified that they had special courses in preparation for the family life/sex education program offered in their schools.

TABLE VI. Responses to Questionnaire Item A. 7. "Have You Had Special Courses in Preparation for the Family Life/Sex Education Program?"

RESPONSES	RESPONDENTS INVOLVED	PERCENTAGES
YES	193	57.6
NO	142	42.4

Cross-tabulation of questionnaire Item A. 7., "Have you had any special courses in preparation for the family life/sex education program?", with other questionnaire items has revealed meaningful relationships. For instance, eighty-seven per cent of the respondents teaching a program which could be characterized as family life/sex education indicated they had experienced special courses in preparation for their program.¹⁰ Also of significance was the observation that more

⁸See Appendix E (6)

⁹See Appendix F (7)

¹⁰See Appendix F (9)

respondents that had experienced special preparation in family life/sex education were considering instituting a program, which was being planned as a separate course.¹¹

Furthermore, it was revealed that the respondents with special training for their family life/sex education programs offered a more comprehensive program, which provided up to two times as many topics as compared with programs offered by respondents without special training. For example, 123 trained respondents offered courtship as subject matter compared to 60 for the untrained respondents. Similarly 115 trained respondents offered non-marital sex relations as subject matter compared to 51 for the untrained respondents.¹²

Question A.8, (Part I - Personal Data). Table VII shows the response to question A.8. The most popular mode of receiving special preparation for the family life/sex education program was provided through graduate school (34 percent), followed by undergraduate work (31.3 percent). Furthermore, preparation for teaching family life/sex education was obtained in summer school for 14.9 percent of the respondents and in inservice training by 11.9 percent of the respondents. The low percentage of inservice training received by teachers, as compared to graduate work, supports the "free responses" in item A.30, which voiced the opinion that there was a shortage of local workshops and Division of Continuing Education courses in parts of Oregon.

¹¹See Appendix F (9).

¹²See Appendix F (10).

TABLE VII. Responses to Questionnaire Item A.8. (Part I - Personal Data) "If Your Response to Item A-7 is Yes, What Was Your Preparation?"

PREPARATION	NUMBERS	PERCENT
Undergraduate	105	31.3
Inservice	40	11.9
Summer Credit	50	14.9
Graduate	114	34.0
No Response	26	7.9

Part II - Program

Question A.8. The response, shown in Table VIII, to the eighth item (Part II) of the questionnaire indicated that the majority of respondents did currently have a program which could be characterized as family life/sex education. In illustration, two hundred fifty-five, or 76.3 percent, of the respondents indicated that family life/sex education is included in one or more curriculum areas, but not as a separate course.¹³

The percentage of affirmative responses was slightly less than in a recent status survey conducted in Kansas in which 77.6 percent of the respondents indicated that family life/sex education was included in some manner in their curriculum. The Kansas Study found, as in this writer's study, that the majority of family life/sex education is included in one or more curriculum areas, but not as a separate course (42, p. 3).

¹³See Table VIII and IX.

However, another study conducted in Pennsylvania found that 30.6 percent of the repondents provided for a separate, planned program of sex education. This study also discovered that in 49.9 percent of the schools this subject was covered incidentally to the regular program of instruction while 19.4 percent indicated no provision for sex education (53). In comparision, the Pennsylvania Study found 4.2 percent more sex education provided as a planned or incidental course than this writer's study.

TABLE VIII. Responses to Questionnaire Item A.8. (Part II Program)
"Do You Currently Have a Program Which Could Be
Characterized As Family Life/Sex Education?"

RESPONSE	NUMBER OF PROGRAMS	PERCENTAGE OF PROGRAMS
YES	255	76.3
NO	79	23.7

Question A.9. Table VIII shows the responses to question A.9. "If your response to item A.8. is No, is a program being considered." In discussion, Table VII revealed that seventy nine or 23.7 percent of the respondents marked that they had no program. Of this group, however, Table VIII disclosed that a program was being studied or considered in the near future by 8.4 percent of the respondents and that 14.9 percent of the respondents were opposed to consideration of a new family life/sex education program. The large percentage of respondents without programs who were opposed to consideration of a new family life/sex education program reflects objections by

parents, school board conservatism and religious objections.

TABLE IX. Responses to Questionnaire Item A.9. "If Your Response to Item A-8 is No, Is a Program Being Considered?"

RESPONSE	TOTAL RESPONSES	PERCENT
YES	28	8.4
NO	50	14.9

Question A.10. The responses, shown in Table IX, to the tenth item of the questionnaire indicated that the majority (seventy percent) of respondents offered family life/sex education as part of other courses and not as a separate course. Only eleven percent of the respondents recorded that they had offered their program as a separate course. Also, the results of the author's study were similar to a study conducted in Connecticut by McIntire. Seventy-seven percent of McIntire's sample of secondary school principals supported integration of family life/sex education as part of another course (54).

The results of this study compared to other studies found in the literature reveal similar findings. Both Masley and Davis (53), as well as Southworth, (85) found the majority of respondents offering family life/sex education as part of other courses and not as a separate course. High schools in Oregon have the same problem as the high schools in other states, that of overcoming community resistance to separate courses in family life/sex education.

TABLE X. Responses to Questionnaire Item A.10. "If Your Answer to Item A.8. is Yes, How is the Program Offered?"

Response	Number of Responses	Percent
As a separate course	38	11.3
Part of other courses	236	70.4
No responses	61	18.3

The cross tabulation of questionnaire item A.10. "If your answer to item A.8, is YES, how is the program offered?" with item A.23, "Can you comment on the attitudes of students toward the program?" illustrated one relevant association. The cross tabulation revealed that 47.5 percent of the respondents specified that students were enthusiastic about a separate course for family life/sex education, while only 24.1 percent of the respondents deemed students enthusiastic about a correlated family life/sex education course.¹⁴

Furthermore, the cross tabulation of questionnaire item A.10. "If your answer to item A.8, is YES, how is the program offered?" with a A.24, "Can you comment on the attitude of the staff (exclusive of your department) toward the program?" showed another significant relationship. The cross tabulation revealed that a majority of the respondents indicated that their respective school staff members were more enthusiastic about a separate course in family life/sex education than a correlated course. Twenty six percent of the respondents thought that the staff was enthusiastic about a separate course in family life/sex education, yet only

¹⁴

See Appendix F (11)

9.3 percent of the respondents deemed the staff as being enthusiastic about a family life/sex education as part of other courses.¹⁴

More detailed analysis of the cross tabulations disclosed one other meaningful connection between questionnaire items. For instance, 48.7 percent of the respondents designated that the community accepted without comment a family life/sex education course as part of another course, however, only 39.7 percent of the respondents indicated that the community accepted without comment a family life/sex education course provided as a separate course.¹⁵ These percentages illustrated the observation that the public seems wary of family life/sex education programs provided as a separate course.

Question A.11. Those teachers with a program of family life/sex education included in other courses were asked to indicate the subject areas involved. Table XI is arranged in rank order of those subject areas which were most frequently checked by respondents. Health education has an unusually high rank, since many health education subjects are taught as small "micro" or "mini" units during physical education classes.

The results of this study were similar to a recent study done in Kansas (43,P.4), where health education was also ranked number one by the majority of respondents. In this study home economics was ranked second in frequency for correlating family life/sex education, but the

¹⁴See Appendix F (12)

¹⁵See Appendix F (13)

Kansas study (43,P. 4) ranked home economics as the third most frequently checked area to include the family life/sex education program.

A Pennsylvania study also noted that the greatest incidence of instruction in both the planned (separate) and incidental (correlated) programs was in the area of health education (53). Therefore, the comparison of the writer's findings in Table XI with the Pennsylvania study has indicated that in both studies health education included family life/sex education more frequently than other subject areas.

TABLE XI. Rank Order. Responses to Questionnaire Item A.11. "If Your Response to Item A.10. is 2 (Part of Other Courses) Please Check One or More as Appropriate:"

Subject Areas Which Include Family Life And Sex Education	Frequency of Response	Rank Order By Frequency
Health Education	213	1
Home Economics	60	2
Biology	50	3
Social Studies	32	4
Family Life	25	5
Psychology	9	6
Mental Health	9	6
Others	7	7
English	2	8
Literature	1	9

Cross tabulation of questionnaire item A.11. "If your response to item A.10. is 2 (part of other courses) please check one or more as appropriate:" with item A.23. "Can you comment on the attitude of students toward the program?" has revealed two significant relationships between questionnaire items. Respondents specified that subjects which were less often correlated with family life/sex education were subjects such as psychology and mental health. Also, these subjects were deemed by respondents to be accepted with interest by a majority of students.¹⁶ Home economics and biology were ranked high in frequency as subject areas which include family life and sex education. Yet these subjects were judged by respondents as having fairly low enthusiastic responses from students.¹⁶

Question A.12. The respondents were asked to indicate "What topics are presented in your program?" in questionnaire item A.12. The results are illustrated in Table XII. Table XII is arranged in rank order of the family life/sex education topic most frequently checked by the respondents. Reproduction (female's role), dating, reproduction (male's role), infection and interpersonal relationships were the five most frequently marked topics presented in family life/sex education programs. Also, Table XII disclosed that abortion, non-marital sex relations, contraception and marriage adjustment were the least frequently taught topics in family life/sex education programs.

Free responses to questionnaire item A.12. were tabulated and ranked according to frequency of topics indicated by respondents. Free responses

¹⁶See Appendix F (14)

are answers to the open ended questionnaire items, such as "others (please specify) _____".

Child development was the most common topic to be taught by the respondents, which was not listed on the questionnaire. The next most frequently taught subjects were sexual deviations and maladjustments tied with legal aspects of marriage and divorce. Birth defects and heredity were ranked third in popularity as free responses.¹⁷

TABLE XII. Responses to Questionnaire Item A.12. "What Topics are Presented in Your Program?"

Topic	Frequency of Responses	Rank Order By Frequency
Reproduction (Female's role)	233	1
Dating	228	2
Reproduction (Male's role)	226	3
Infection	225	4
Interpersonal relationships	205	5
Sexuality	187	6
Courtship	183	7
Sexual morality	183	7
Abortion	167	8
Non-marital sex relations	166	9
Contraception	165	10
Marriage adjustment	146	11

¹⁷See Appendix F (15)

Cross tabulation of questionnaire item A.12. "What topics are presented in your program?", with item A.2. "Classification of school in which employed.", has disclosed an interesting situation. A greater percentage of large high schools (class AAA) offer a greater range of topics in their family life/sex education programs, as would be expected. However, a greater percentage of small high schools (class A) offer a greater percentage of topics than do the medium or (class AA) schools. The class A or small high schools, according to respondents, were better able to handle controversial subjects, such as contraception and abortion than the class AA schools.¹⁹

The results of this study have nearly paralleled the findings of another study done by Masley and Davis. They concluded that the students in the larger schools were receiving a greater quantity of planned instruction in sex education than those in the smaller schools (53). Likewise, as cited in the literature this writer found contraception to be the most often shunned topic in family life/sex education (34).

Cross tabulation of questionnaire item A.12. "What topics are presented in your program?", with item A.23. "Can you comment on the attitude of students toward the program?", revealed a relevant relationship. The respondents believed that over 25 percent of all students in their program were "enthusiastic" toward all the topics presented. Similarly, over 50 percent of all students in their program were deemed by respondents to have "accepted with interest" all the topics presented in their family life/sex education program.

¹⁹See Appendix (16)

²⁰See Appendix F (17)

Question A.13. Those respondents with a program of family life/sex education were asked "How long has your program been in operation?" The number of years in which programs have been in operation is shown in Table XIII. Analysis of Table XIII designates that the greatest percentage of family life/sex education programs have been in existence 1-5 years and 6-10 years. Thirty seven percent of the programs have been in operation 1-5 years. Sixteen percent of the programs have been in existence for 6-10 years. Over ten percent of the programs surveyed were just started.

TABLE XIII. Responses to Questionnaire Item A.13. "How Long Has Your Program Been in Operation?"

Length of Time	Number of Programs	Percentage
Just started	35	10.4
1-5 years	127	37.9
6-10 years	55	16.4
11-15 years	28	8.4
16-20 years	10	3.0
21-25 years	4	1.2
26-30 years	2	.6
Others	5	1.5
No Response	69	20.6

Cross tabulation of questionnaire item A.13., "How long has your program been in operation?", with item A.7., "Have you had special courses in preparation for the family life/sex education?" indicated a relationship

between prevalence of the family life/sex education programs, special preparation for the programs and the length of time the programs have been in operation. The greatest number of family life/sex education programs were found to be in existence from 1-5 years. Ironically the majority (57.1) percent of the respondents teaching these programs, which have been in operation for 1-5 years, have not had special preparation to teach their family life/sex education program.²¹

Cross tabulation of questionnaire item A.6., "What is the geographic location of your school in Oregon?" with item A.13., "How long has your program been in operation?" revealed that the greatest number of family life/sex education programs were found in the three "shortest" categories for length of programs in operation. Cross tabulation also indicated that the majority of family life/sex education programs were found in the following regions in Oregon: North West (183) programs, South West (32) programs, North East (26) programs.²²

Question A.14. Those respondents with a program of family life/sex education were asked "Are all students required to take your program?" The responses to question A.14., are displayed in Table XIV. Table XIV reveals that slightly over one fourth or 26.9 percent of the respondents disclosed that all their students were required to take their family life/sex education program. Twenty percent of the respondents indicated their students were not required to take their program. Also of interest was that 29.6 percent of the respondents showed that students in their programs were able to withdraw at parental request. The greatest percentage

²¹See Appendix F (18)

²²See Appendix F (19)

of respondents in this writer's study showed a willingness to see students excused from family life/sex education classes, if parents object to the course. This procedure was recommended by "The Illinois Sex Education Act" (29, p. 16).

TABLE XIV. Responses to Questionnaire Item A.14., "Are All Students Required to Take Your Program?"

Response	Total Response	Percentages
Yes	90	26.9
No	68	20.3
May withdraw at Parental request	99	29.6
Others	12	3.6
No response	66	19.6

Cross tabulation of questionnaire item A.14., "Are all students required to take your program?", with item A.25. "Can you comment on the attitude of the community toward the program?" has manifested two unusual observations. The respondents indicated that the community members were more apathetic about the nonrequired course than the required course. However, the respondents marked that a greater percentage of the community accepted the nonrequired course with interest than the required course, which was more of an expected response. Also there were no community objections to the nonrequired course.²³

Cross tabulation of questionnaire item A.2., "Classification of school in which employed", with item A.14., "Are all students required to take

²³See Appendix F (20)

your program?" has illustrated another significant relationship between questionnaire variables. The smallest schools have the greatest percentage of programs, which are required by all students. Yet, these small class A schools have the lowest percentage of students withdrawing at parental request.²⁴

Question A.15. Table XV shows the responses to question A.15., "If your response to item A.14. is No, what is the pattern for attendance?" Those respondents with a family life/sex education program, which did not require all students to take the program, were asked to indicate their pattern of attendance. Table XV illustrates that 12.5 percent of the respondents offered a family life/sex education as an elective subject. Also, 6.6 percent of the respondents offered a course with permission from parents as a requisite for attendance. Another 3.6 percent of the respondents were associated with family life/sex education programs which excused students because of religious reasons.

Recommendations found in the literature do not encourage "permission from parents" as a requisite for attendance for family life/sex education courses. The Committee on Health Guidance in Sex Education of the American School Health Association advised:

To offer any part of this sex education program to a classroom on a "parent permission" basis intimates to the class that there is some area for disapproval and places it in a negative atmosphere. It also makes an exception of the child who wants to learn with her peers and whose parents are doubtful, paving the way for lack of trust and understanding between child and parents (4, p. 3).

Also, further support was offered by two authorities in family life/sex education, Lester A. Kirkendall and Helen M. Cox, who do not favor

²⁴See Appendix F (21)

asking parents to decide whether their children may attend a family life/sex education program (47).

Kirkendall and Cox claimed that such a policy as "permission from parents" implies fear and uncertainty to school authorities, and brands sex education as something "different," adding:

Sex education should be considered as much a part of the school program as courses in health, English, science, and social studies--in fact it should be part of these courses. If it is an integral part of these courses, why should permission to attend be asked for or granted? (47).

TABLE XV. Responses to Questionnaire Item A.15., "If Your Response to Item A.14. is No, What is the Pattern for Attendance?"

Pattern for Attendance	Total Responses	Percentages
Elective subject	42	12.5
Permission from Parents	22	6.6
Excused because of Religious reasons	12	3.6
Others	14	4.2
No responses	10	16.7

Cross tabulation of questionnaire item A.15., "If your response to item A.14., is No, what is the pattern for attendance?", with item A.23., "Can you comment on the attitudes of students toward the program?", and item A.25., "Can you comment on the attitude of the community toward the program?", has revealed four facts. A majority of respondents (64.2 percent) indicated students have accepted, with interest, family life/sex education as an elective subject. Only 23.8 percent of the respondents

marked the community as having accepted the elective family life/sex education program with interest. Also, according to the respondents 16.2 percent of the students were deemed as showing enthusiasm for the elective subject, while 2.3 percent of the community were thought of as having enthusiastically accepted the elective family life/sex education program.²⁵

Question A.16. The response, shown in Table XVI to the sixteenth item of the questionnaire specified that the majority of respondents worked in schools which provided a written curriculum guide. Forty-six percent of the respondents checked that they had a curriculum guide. Thirty-seven percent of the respondents marked they did not have a curriculum guide.

The majority of affirmative responses, shown in table XVI, verified that family life/sex education teachers in Oregon high schools supported recommendations found in the literature concerning curriculum guides. The National School Public Relations Association recommended that curriculum guides are essential because they represent a sound written plan and materials which are as acceptable as possible to the local citizens, the school administration and the board of education. The Association also cited that a sound community sponsored curriculum guide assists in obtaining the firm, written approval of the local board of education permitting inauguration of the program (29, 15).

²⁵See Appendix F (22)

TABLE XVI. Responses to Questionnaire Item A.16., "Is There A Written Curriculum Guide?"

Is There A Written Curriculum Guide?	Total Response	Percentages
Yes	154	46.0
No	125	37.3
No response	44	16.7

Cross tabulation of questionnaire item A.16., "Is there a written curriculum guide?", with item A.2., "Classification of school in which employed." has provided three significant observations. The respondents indicated a majority, 71.9 percent, of the large AAA high schools had access to a written curriculum guide for their family life/sex education programs. It is curious to note that 31.9 percent of the smallest A high schools had written curriculum guides, while only 20.4 percent of the medium AA high schools had written curriculum guides.²⁶

Furthermore, cross tabulations of questionnaire item A.16., "Is there a written curriculum guide?" with item A.6., "What is the geographic location of your school in Oregon?" has disclosed that geography may have a great deal to do with whether or not a curriculum guide is utilized. Respondents have shown that a majority of high schools in the South Central Region (57.1 percent) and the North Western Region (67.5 percent) of the high schools in the North Central Region of Oregon have written curriculum guides.²⁷

²⁶See Appendix F (23)

²⁷See Appendix F (24)

Free responses from the study participants explained that some high school districts did not write a curriculum guide in order to avoid focusing attention on their family life/sex education program. Also, other high schools avoided the use of written curriculum guides in order to better "hide" their fragmented and correlated family life/sex education course which was "hidden" throughout the curriculum.

Question A.17. In characterizing the program, the following assessments are in rank order, since a number of respondents checked more than one characteristic. Those most frequently indicated were given a 1 rating or rank. The results of questionnaire item A.17., "Could you characterize your program as: (Please check as many as are applicable)" are exhibited in Table XVII.

Table XVII reveals the highest ranked type of family life/sex education program as "Mostly development of attitudes." Whereas, the second ranked type of program was the "comprehensive" type of program. A recent study conducted in Kansas found "comprehensive" programs to be most frequent with "development of attitudes" to be the third ranked type of program in frequency (46, p. 5).

The response to question A.17 revealed that the most prevalent type of family life/sex education program found in Oregon high schools was, "Mostly development of attitudes", which supports a widely held view found in the literature of the advocacy of "traditional" values such as the value of chastity before marriage. In addition the school has to buttress the moral teachings received at home and church (57, 58). In contrast a SIECUS study guide has been characterized as "dialogue centered". The SIECUS study guide provides time in a unit or course so that mutual

dialogue was possible. It encouraged and promoted communication with with adults in other institutions: home, church, youth organizations etc. (50).

The writer's findings for item A.17 "Could you characterize your program as:", compared with the other studies found in the literature do not coincide. Southworth in his Wisconsin Study found that physiological aspects of sex are stressed more than the psychological or sociological problems. For example, Southworth discovered heredity and eugenics and plant and animal reproduction as the two topics most frequently reported as being "fully covered" (85). This author found "Mostly the development of attitudes" to be the most frequent type of program. The program characterized as "Mostly biology and physiology" was found to be in third place in frequency by this writer.

TABLE XVII. Responses to Questionnaire Item A.17., "Could You Characterize Your Program As: (Please Check As Many As Are Applicable)

Characteristics of Program	Total Response	Rank Order
Mostly Development of Attitudes	145	1
Comprehensive	108	3
Mostly Biology and Physiology	96	3
Dialogue Centered	79	4
Morally Instructive	45	5
Presentations Didactic (Systematic Instruction)	23	6
Others	5	7

Cross tabulation of questionnaire item A.8, "If your response to item A.7 is YES, what was your preparation:", with item A.17, "Could you characterize your program as:" has disclosed two interesting observations. The highest percentage of respondents teaching both the highest ranked types of family life/sex education programs were prepared by inservice training. Sixty two percent of the respondents teaching "Mostly for development of attitudes" were prepared by inservice training. Also 52.5 percent of the respondents teaching mostly "comprehensive" family life/sex education programs were again prepared by inservice training.²⁸

Additional cross tabulation between the size of high schools and the character of a program in family life/sex education has specified two revealing facts. The largest AAA high schools offered the greatest percentage of comprehensive programs, which were ranked second by respondents. However, a greater percentage of all sizes of high schools favored a program which was dedicated mostly to development of attitudes. Forty-five percent of the AAA high schools provided a family life/sex education program which dealt mostly with development of attitudes. In the same manner 43.4 percent and 35.9 percent of the AA and A high schools respectively taught a program which was based mostly on the development of attitudes.²⁹

Also, cross tabulation between the geographic location of the school and the type of programs which were ranked "one" (mostly development of attitudes) and ranked "two" (comprehensive) by respondents has revealed other meaningful information. The respondents indicated that the greatest percentage of comprehensive family life/sex education programs were in the

²⁸See Appendix F (25)

²⁹See Appendix F (26)

North Western region of Oregon. The respondents designated that over fifty percent of the high schools in the North Central and Southwestern parts of Oregon provided family life/sex education courses which were mostly dedicated to development of attitudes.³⁰

Question A.18. Those schools with a program of family life/sex education were asked to indicate the length of their course. Table XVIII illustrates the responses to questionnaire item A.18. The table is arranged in rank order by the length of course most frequently checked by respondents. The most frequently checked course, by respondents were those 3-4 weeks in length. The second most frequently checked course length was 1-2 weeks, followed by courses 5-6 weeks in length which were ranked third in frequency by respondents.

These relatively short courses in family life/sex education support the results for questionnaire item A.10., that 70.4 percent of the family life/sex education programs surveyed were offered as part of other courses. Also many of these short courses were found to be correlated with health or physical education as indicated in Table IV earlier in this paper.

³⁰See Appendix F (27)

TABLE XVIII. Responses to Questionnaire Item A.18., "What is the Chronological Length of Your Course?"

Length of Course	Number of Programs	Rank Order
3-4 weeks	110	1
1-2 weeks	58	2
5-6 weeks	42	3
1 Quarter	28	4
1 Semester	22	5
7-8 weeks	16	6
Others	4	7
1 Year	2	8

Cross tabulation of questionnaire item A.6., "What is the geographic location of your school in Oregon?", with item A.18., "What is the chronological length of your course?" has disclosed three meaningful relationships between questionnaire items. 47.3 percent of the most frequently offered length of family life/sex education course was found in the North Central Region of Oregon. 33.3 percent of both the North Central and North Eastern high schools offered a 1-2 week family life/sex education course, which was ranked second in frequency. 21.3 percent of the third ranked length of course (5-6 weeks) was offered in the North Central Region of Oregon.³¹

Similarly, cross tabulation of questionnaire item A.2, "Classification of school in which employed.", with item A.18., "What is the chronological length of your course?" has specified the associations between size of

³¹See Appendix F (28)

school, rank and percentages of various schools in reference to the length of their family life/sex education programs. Thirty-eight percent of the AAA high schools offered family life/sex education courses which were 3-4 weeks in duration. Courses 3-4 weeks long were ranked first in frequency by respondents. On the other hand, second ranked courses in frequency which were 1-2 weeks in length were recorded in 20.6 percent of the smallest A high schools. Thirteen percent of the AAA high schools offered family life/sex education courses 5-6 weeks long, which were ranked third in frequency.³²

Question A.19. As indicated in Table XIX, less than a majority (39.1 percent) of the respondents indicated they offered a family life/sex education program which was co-educational. This is not too different from the findings of Johnson's study in which only 20 percent of the respondents favored mixed classes (39). Fear of criticism by the parents was one of the main reasons given for the low percentage of co-educational classes at the high school level.

Table XIX also shows the negative responses to question A.19 where 41.8 percent of the respondents showed they did not have a co-educational family life/sex education program in their school. This close split between positive and negative responses for question A.19., "Is your program co-educational?" reflects the mixed opinions which have been expressed supporting co-educational classes for family life/sex education in the literature (29, p. 10-11). In illustration, Warren Southworth found

³²See Appendix F (29)

that both co-educational and separate classes had been tried in Wisconsin programs, and that both received favorable reactions (85). More recent surveys have found equally mixed attitudes towards co-educational classes for sex education. A study conducted in 1969 by McIntire in Connecticut revealed that 57 percent of the secondary school principals favored co-educational classes while 43 percent were opposed (54). Hence, family life/sex education teachers in Oregon high schools have expressed the same mixed reactions to co-educational classes as educators in other states.

TABLE XIX. Responses to Questionnaire Item A.19., "Is Your Program Co-Educational?"

Response	Total Response	Percentage
Yes	131	39.1
No	140	41.8
No response	64	19.1

Cross tabulation of questionnaire item A.6., "What is the geographic location of your school in Oregon?", with item A.19., "Is your program co-educational?" has associated geographic locations in Oregon with percentages of co-educational family life/sex education programs in those geographic areas. The South Western region of Oregon was found to offer the greatest percentage of co-educational family life/sex education programs with 57.5 percent. The lowest percentage of co-education programs were found in South Central Oregon with 36.8 percent. Therefore only the South Western region of Oregon offered a majority of co-educational family life/sex

education programs.³³

Furthermore, comparison of cross tabulations from questionnaire item A.19., "Is your program co-educational?", with both item A.24., "Can you comment on the attitude of the staff toward the program?" and "Can you comment on the attitude of the community toward the program?" has revealed several meaningful facts. The community in general, according to respondents, was less enthusiastic and less willing to accept a co-educational family life/sex education program than the high school staff.³⁴ Also the community, according to respondents, was more apathetic and had more objections than did the high school staff about the co-educational family life/sex education program.³⁵

Cross tabulation of questionnaire item A.2., "Classification of school in which employed", with item A.19, "Is your program co-educational?" has indicated that 49.2 percent of the large (AAA) high schools offer a co-educational family life/sex education program. However, only 21.7 percent of the medium (AA) high schools offer a co-educational program. A surprising 25.3 percent of the small (A) high schools, according to respondents, offered a co-educational course in family life/sex education.³⁶

Finally, cross tabulation of questionnaire item A.71, "Have you had special preparation for the family life/sex education course with item A.19., "Is your program co-educational?" testified to two relevant findings.

³³See Appendix F (30)

³⁴See Appendix F (31)

³⁵See Appendix F (32)

³⁶See Appendix F (33)

Cross tabulation presented an association between a high percentage of special preparation to teach family life/sex education by the respondents and a greater percentage of those respondents (73.2) providing a co-educational family life/sex education course. Conversely, a lower percentage of preparation by respondents was associated with a lower percentage (53.5) of co-educational courses provided by the respondents. The observations above seem to indicate that school administrators have heeded the recommendations of the Committee on Health Guidance in Sex Education of the American School Health Association, which stated "before co-educational classes are attempted, consideration should be given to . . .the ability of the teacher involved (4, P. 3).

Question A.20. Those respondents offering a co-educational course in family life/sex education were asked "Can you comment on the attitudes of students toward the program?", by question A.20. The percentages for each response are illustrated in Table XX. The greatest percentage of respondents (21.8) believed that the students had accepted co-educational family life/sex education courses with interest. Only 11.3 percent of the respondents deemed the student attitude as being enthusiastic.

TABLE XX. Responses to Questionnaire Item A.20., "If Your Response to A.19. is YES, Can You Comment on the Attitudes of Students Toward the Program?"

Student Attitude	Percentage of responses
Enthusiastic	11.3
Accepted with interest	21.8
Accepted without interest	6.6
Apathetic	0.6
Other	0.3
Objections	0.0
No response	40.6

Cross tabulation of questionnaire item A.6., "What is the geographic location of your school in Oregon?" with item A.20., "If your response to A.19. is YES, can you comment on the attitudes of students toward the program?", has produced three generalizations. The largest percentage of enthusiastic students toward a co-educational family life/sex education program were found, according to respondents, in the North Western region of Oregon. Over 25 percent of the students both in the North Central and North Western areas of Oregon were checked by respondents to have accepted the co-educational programs with interest. In general, the geographic locations where students were judged most receptive to a co-educational program were the North Central, North Western and South Western parts of Oregon.³⁷

³⁷See Appendix F (35)

Cross tabulation of questionnaire item A.7., "Have you had special courses in preparation for the family life/sex education program?", with A.20., "Can you comment on the attitudes of students toward the co-educational family life/sex education program?", has indicated three meaningful observations. Respondents with special preparation to teach family life/sex education indicated a higher percentage of their students as reflecting an enthusiastic attitude (16.0 percent) and interested attitude (26.4 percent). While only 4.9 percent of the respondents without preparation indicated an enthusiastic response from students. 15.4 percent of the respondents without preparation indicated their students as accepting the program with interest.³⁸

Cross tabulation of questionnaire item A.2., "Classification of school in which employed", with item A.20., "Can you comment on the attitudes of students toward the co-educational family life/sex education program?" has revealed three significant facts. The respondents have designated that the greatest percentage of both "enthusiastic" and "interested" students were found in the largest AAA high schools. The lowest percentage of both "enthusiastic" and "interested" students were found in the medium AA high schools. Finally, the smallest A high schools, according to respondents, were intermediate between the AAA and AA schools, in the percentage of "enthusiastic" and "interested" students toward the co-educational family life/sex education program.³⁹

³⁸See Appendix F (36)

³⁹See Appendix F (37)

Part III - School and Community Relationships

Question A.21. The response, shown in Table XXI, to the twenty-first item of the questionnaire indicated that the majority of respondents had used resource personnel in their family life/sex education programs. Fifty-eight percent of the respondents checked "yes" for this item. Twenty-three percent of the respondents indicated they did not use resource personnel in their family life/sex education program. The majority of affirmative responses to question A.21., "Are resource personnel used?" compared to other studies found in the literature show a similar trend. Southworth found in his study that a wide variety of resources are employed by schools in their sex education programs: teacher guides, audio-visual learning aids, community resources, and special lectures (85).

TABLE XXI. Responses to Questionnaire Item A.21., "Are Resource Personnel Used?"

Response	Total Response	Percentage
Yes	195	58.2
No	78	23.3
No response	62	18.5

Cross tabulation of questionnaire item A.21., "Are resource personnel used?", with A.23., "Can you comment on the attitudes of students toward the program?", presented a very interesting connection between questionnaire items. The respondents indicated a higher percentage of positive attitudes toward the family life/sex education program by students when resource

personnel were used. For example, 33.8 percent of the respondents using resource personnel claimed an enthusiastic response from their students. Similarly, 85.1 percent of the respondents using resource personnel indicated their students "accepted" the family life/sex education program "with interest." However, of the respondents not using resource personnel only 19.7 percent indicated their students as exhibiting an enthusiastic attitude. Also, respondents not using resource personnel designated that 49.6 percent of their students "accepted" the program "with interest."⁴⁰

Question A.22. The rank order of individuals utilized as resource personnel are illustrated in Table XXII. The top three ranked individuals, by frequency of use as resource personnel were: 1) doctors, 2) nurses and 3) ministers.

A recent study in Kansas revealed similar results. The Kansas study found the rank order of individuals utilized as resource personnel to be: 1) nurses, 2) doctors, 3) counselors, and 4) ministers (42, P. 6).

The high ranking of drug users as resource personnel found in the writer's study was explained by the responses to question A.10. mentioned earlier in this paper. In question A.10., respondents offering family life/sex education courses were asked "how is the program offered? as a separate course or as part of other courses." Seventy percent of the respondents had indicated that they offered family life/sex education as part of other courses. The next questionnaire item, A.11., revealed that 63.6 percent of the family life/sex education courses were correlated with

⁴⁰See Appendix F (38)

health. Therefore the high percentage of drug users as resource personnel, since drug abuse is taught in health.

TABLE XXII. Responses to Item A.22., "If Your Response to Item A.21. is YES, Please Indicate Types of Personnel:"

Types of Personnel	Total Numbers	Percentages	Rank
Doctor	136	40.6	1
Nurses	100	29.9	2
Ministers	73	21.8	3
Drug users	65	19.4	4
Counselors	57	17.0	5
Planned Parenthood workers	52	15.5	6
Parents	39	11.6	7
Lawyers	28	8.4	8
Family & Child-guidance Clinic	28	8.4	8
Welfare Department	22	6.6	9
Others	21	6.3	10

Free responses or responses to part II of question A.22., others (Please specify) _____, showed Planned Parenthood workers to be ranked first as resource personnel. Consumer credit agencies, realtors, county welfare departments, Women's Liberation Front and expectant mothers were all ranked second. Lastly the Zero Population Group was ranked third in frequency of utilization as resource personnel.⁴¹

⁴¹See Appendix F (39)

Question A.23. The attitude of students toward their family life/sex education programs, as expressed by the teachers are exhibited in Table XXIII. Nineteen percent of the respondents indicated an "enthusiastic" response from students toward their family life/sex education program. The greatest percentage of respondents (49.6 percent) checked that students accepted the program with interest. Almost eight percent of the respondents marked that students accepted the program without comment. Nearly three percent of the students, according to respondents, acted apathetically toward the family life/sex education program.

TABLE XXIII. Responses to Item A.23., "Can You Comment on the Attitudes of Students Toward the Program?"

Student Attitudes	Total Responses	(Percentage) of Responses
Enthusiastic	66	19.7
Accepted with interest	166	49.6
Accepted without comment	26	7.8
Apathetic	9	2.7
Other	2	0.6
Objections	1	0.3
No Response	65	19.4

Table XXIII also shows two "other" types of free responses and one free response of the "objections" type. For the first "other" comment the respondent wrote "When the students were asked, they wanted the program." In the second "other" notation the respondent wrote "the students have suggested a need for these programs in the lower grades." Lastly,

the single 'objection' by a respondent was "One parent said I was a John Bircher because I showed State Department of Education Emergency Child Birth Films on the last day of class!"

Cross tabulation of questionnaire item A.14., "Are all students required to take your program", with item A.23., "Can you comment on the attitudes of students toward the program?" uncovered two observations of interest. First, the most popular attendance requirement was students being able to "withdraw at parental request." Secondly, over a majority (54.6 percent) of the respondents indicated that students have accepted with interest the most popular attendance requirement, which was students may withdraw at parental request.⁴²

Cross tabulation of questionnaire item A.15., "If your program is NOT required, what is the pattern for attendance?" with item A.23, "Can you comment on the attitudes of students toward the program?" exposed two facts of interest. The most popular pattern for attendance, according to respondents was family life/sex education as an elective subject. The respondents also checked that a majority of the students had accepted the elective pattern of attendance with interest.⁴³

Lastly cross tabulation of questionnaire item A.17 "Could you characterize your program as:", with item A.23., "Can you comment on the attitudes of students toward the program?" disclosed two more observations. The most prevalent mode of instruction for all family life/sex education programs surveyed was, "mostly development of attitudes." A majority of

⁴²See Appendix F (40)

⁴³See Appendix F (41)

the students (66.1 percent), according to respondents, had accepted this style of instruction with interest.⁴⁴

Question A.24. The attitudes of staff toward their school's family life/sex education program, as cited by the respondents are displayed in Table XXIV. Slightly less than 10 percent of the respondents checked an "enthusiastic response" from staff toward their family life/sex education program. Thirty-three percent of the respondents designated that staff accepted the program with interest. Nearly 20 percent of the respondents indicated that the staff accepted the program without comment. Also, nearly five percent of the respondents showed that the staff was apathetic toward the family life/sex education program. It seems that, as stated by respondents, the staff was less enthusiastic about a family life/sex education course than the students.

TABLE XXIV. Responses to Item A.24., "Can You Comment on the Attitude Of the Staff (Exclusive of Your Department) Towards the Program?"

Staff Attitude	Total Response	(Percentages) of responses
Enthusiastic	32	9.6
Accepted with interest	112	33.4
Accepted without comment	97	29.0
Apathetic	16	4.8
Other	13	3.9
Objections	1	0.3
No response	64	19.0

⁴⁴See Appendix F (42)

Table XXIV also disclosed that 72 percent of the respondents thought the staff to have expressed some type of positive attitude to the question A.24., "Can you comment on the attitude of your staff towards the program?" These findings were similar to the results of the 1965 poll by the NEA Journal which surveyed both elementary and secondary school teachers. Seventy-nine percent of the secondary school respondents expressed positive attitudes toward sex education and believed it should be a part of the curriculum (86). It seems that the attitudes of Oregon family life/sex education teachers are similar to the attitudes of family life/sex education teachers in other geographic areas according to the opinion poll noted above and a more recent opinion poll (59).

The free response or "other" responses to questionnaire item A.24., "Can you comment on the attitude of the staff (exclusive of your department) toward the program?" were very interesting and revealing. The most frequent free response was that the staff was uninformed about the family life/sex education program in eight schools.

Other free responses were recorded verbatim:

1. "Sex education is offered in health class at the discretion of the teacher."
2. "Staff wants a sex education program."
3. "Not offered due to religious convictions of public and the staff is afraid."
4. "Some of the staff object to our program."
5. "Initiation of a program is difficult until the staff understands the nature of the program and hears positive responses from trial situations."

6. "Dissatisfied! I feel we should hire a full time health person and make it separate from physical education."
7. "Need specialist who is trained to do a better job."

Cross tabulation of questionnaire item A.7., "Have you had special courses in preparation for the family life/sex education program?" with item A.24., "Can you comment on the attitude of the staff (exclusive of your department) toward the program?" disclosed two significant facts. There was twice as much "enthusiastic" reactions by respondents to programs with a specially prepared teacher, as compared to programs with an unprepared instructor. Also, 28 more respondents "accepted with interest" programs with specially prepared teachers, as compared to programs without specially prepared teachers.⁴⁵

Question A.25. The attitude of the community toward their school's family life/sex education program, as designated by the respondents are shown in Table XXV. Two percent of the study participants recorded an "enthusiastic" response from the community toward their family life/sex education program. Nineteen percent of the respondents specified that the community accepted the program with interest. Nearly 40 percent of the cooperating teachers checked that the community accepted the program without comment. Also, slightly over seven percent of the participants deemed the community as being apathetic toward the program. Lastly, the respondents indicated that the community had much more "other" responses and "objections" than did the students and staff towards the family life/sex education program.

⁴⁵See Appendix F (43)

The comparison of Table XXV with the literature on parental attitudes toward family life/sex education illustrates the level of community resistance in other states. Table XXV, as indicated earlier, shows that 5.4 percent of the community, according to respondents, objected to the program. McIntire in his Connecticut study conducted in 1969, found that six percent of the parents objected to a family life/sex education course. The community attitudes in Oregon to family life/sex education are similar to community attitudes in Connecticut to the same subject, according to McIntire's study (56).

TABLE XXV. Responses to Item A.25., "Can You Comment on the Attitude of the Community toward the Program?"

Community Attitude	Total Responses	Percentage of Responses
Enthusiastic	7	2.1
Accepted with interest	66	19.7
Accepted without comment	131	39.1
Apathetic	24	7.2
Other	25	7.5
Objections	18	5.4
No response	64	19.1

The free responses to the "other" responses and "objections" in reaction to questionnaire item A.25., "Can you comment on the attitude of the community toward the program?", were very direct, honest, and expressing community resistance to family life/sex education program. Twenty-three school districts, as revealed by questionnaire respondents,

had problems with organized resistance against their family life/sex education programs.

Also, seven of these resistant communities, according to study participants, were greatly opposed to family life/sex education in the schools and felt it should be taught in the homes.

Other "free response" included six school districts, which organized a Community Family Life/Sex Education Advisory Council, which was accepted with interest by the community. This council or committee composed of parents, local medical association representatives, clergy, students, etc., performed many functions. The six school districts with beneficial community family life/sex education advisory councils perform these functions:

1. develop a curriculum guide
2. help set up family life/sex education program
3. review curriculum materials
4. make recommendations to the school district and public
5. assist in the evaluation of the family life/sex education program.

The free responses for question A.25, which described the Community Family Life/Sex Education Advisory Council, reflected recommendations found in the literature. The National School Public Relations Association urged a "school-community planning committee" as an absolutely essential procedure in initiating a family life/sex education program (29, P. 15).

The purpose of the "committee" would be to determine whether the need actually exists for a comprehensive family life/sex education program in the local schools. When the planning committee has made its recommendations favoring a program in the schools, the next step is to refer them to a curriculum committee sanctioned by the board of education, which will ultimately be responsible for developing the curriculum and the educational materials to be used in it (29, 14).

The comparison with "free responses" for question A.25, with the recommendations found in the literature has shown that Oregon High Schools are following recommended procedures in initiating a family life/sex education program.

Still other "free responses" were that communities were unaware of the local school's family life/sex education program. Five communities, according to respondents, were completely unaware of the program or were not interested. The "free responses" concerning the ignorance of the community to local family life/sex education are listed verbatim as follows:

1. "The community is not really aware of the program.
This is a conservative community so we do not publicize our program. We have had no overt objections."
2. "Don't think community is aware of course."
3. "Community has NOT heard of program."
4. "Community doesn't know about our program."
5. "Community unaware of the program."
6. "Community uninformed."

The "free responses" concerning the ignorance of the community to local family life/sex education course was found to be possible, when these "free responses" for question A.25, were compared to the literature.

It is entirely possible, as Dager et al., discovered, that neither the superintendents nor the board members really knew in all cases where family life/sex education was being taught in their schools (14).

Cross tabulation of questionnaire item A.15., "What is the pattern for attendance?", with A.25, "Can you comment on the attitude of the community toward the program?" uncovered two facts of interest. First, the most frequent pattern for attendance for the non-required family life/sex education program was as an elective subject. Secondly, about one-fourth or 24.3 percent of the respondents deemed the community as accepting the family life/sex education with interest. Also of interest was that, according to the study participants, the community did not have objections to the elective family life/sex education program.⁴⁶

Question A.26. The responses to question 26, as seen in Table XXVI, were unusual in that such a small percentage (10.4) of the respondents verified the existence of an adult education program (exclusive of special PTA programs) about family life/sex education in the community. For example, a similar study done recently in Kansas discovered that 38 percent of those with school programs responded that there was education for adults about family life/sex education.

This shortage of adult education programs for adults about family life/sex education was not due to a lack of need for adult programs. Free responses for item A.30., "Comments-suggestions or critical questions you believe were omitted:" has indicated that rather remote school districts, although large in staff, often require Division of Continuing Education courses and local workshops to update their staff in skills as family

⁴⁶See Appendix F (44)

life/sex education teachers.

TABLE XXVI. Responses to Item A.26, "Is there an Adult Education Program (Exclusive of Special PTA Programs) About Family Life/Sex Education in the Community?"

Response	Total Response	Percentage of Responses
Yes	35	10.4
No	241	71.9
No response	58	17.7

Question A.27. In answer to "Who sponsors the program: Others (please specify)-3.6 percent; Division of Continuing Education-3.3 percent; College or Institute-3.3 percent; Public Schools-1.8 percent and PTA-0.6 percent" (See Table XXVII). Further analyses indicates the "free" responses or "other" responses to questionnaire item A.27., "If your responses with one exception to come from North Western Oregon. The "other" sponsoring agencies which provide programs in family life/sex education are listed verbatim:

1. County Health Department
2. Family Counseling Services
3. Inter-community Health Council
4. Local Civic Clubs
5. Planned Parenthood
6. YMCA
7. YWCA

TABLE XXVII. Responses to Item A.26., "If Your Response to Item A.26 is YES, Who Sponsors the Program?"

Sponsor	Total Responses	Response by Percentage
Others (please specify)	12	3.6
Division of Continuing Education	11	3.3
College or Institute	11	3.3
Public School	6	1.8
PTA	2	0.6
Ministerial Group	0	0.0
No Response	293	87.1

Question A.28. As indicated in Table XXVIII, 42.7 percent of the respondents checked that films needed improvement and had to be made more available. Also "free" responses or "other" responses indicated that 11 respondents asked for more films. Furthermore, eight participating teachers pleaded for updated films for family life/sex education.

Forty-two percent of the respondents testified to a definite need for family life/sex education pamphlets. Thirty-six percent of the sample designated the need for improved books, such as inexpensive paperbacks, on family life/sex education which were related to current values and ethics. Thirty-three percent of the study participants marked the need for updated filmstrips.

TABLE XXVIII. Responses to Item A.28., "Do You Have Suggestions For Assistance from Local or State Agencies and/or Groups for Improving Materials and/or Consultation Available?"

Suggestions	Total Responses	Percentage of Responses
Books	122	36.4
Pamphlets	143	42.7
Filmstrips	111	33.1
Films	177	52.8
Records	64	19.1
Tapes	85	25.4
Transparencies	63	18.8
Programmed Instruction (written)	67	20.0
Others (please specify)	9	2.7

The "free" response or "other" response to questionnaire item A.28., "Do you have suggestions for assistance from local or state agencies and/or groups for improving materials and/or consultation available?" has disclosed that materials and needs in the field were multiple, indicating that there must be better information concerning materials which are becoming available, such as audio-visual aids, books, pamphlets, and guides, etc.

The verbatim free response follows for questionnaire item A.28.

1. "Small local clinics to introduce new materials and ways of presentation.
2. "How to get a core of interested parents to promote curriculum materials?"
3. "We need discussion guides."

4. "A reference list of instructional materials."
5. "More films available."
6. "Update films."
7. "Provide less expensive paperbacks."
8. "Need more comprehensive books in grey areas,--
deviations."
9. "Much material presented is repeated from junior
high school and elementary schools. We should have
certain topic areas to discuss for each grade level."
10. "We feel some films are too suggestive and unnecessary
to get information to students."

Question A.29. The responses to questionnaire item A.29., "How was your program initiated?" are illustrated in Table XXIX. The rank order was given, as there were several answers which all could have been checked. The responses were as follows in rank:

1. Teacher interest
2. Administrative interest
3. Student interest
4. Combination of above
5. Board Interest
6. Community doctor interest
7. Others (please specify)
8. Nurse interest
9. PTA

TABLE XXIX. Responses to Item A.29., "How was Your Program Initiated?"

Group Initiating Program	Total Responses	Rank by Frequency
Teacher Interest	177	1
Administrative interest	93	2
Student interest	73	3
Combination of above	64	4
Board Interest	17	5
Community Doctor interest	12	6
Others (please specify)	9	7
Nurse interest	6	8
PTA	4	9

Cross tabulation of questionnaire item A.7., "Have you had special courses in preparation for the family life/sex education program?", with A.29., "How was your program initiated?", has revealed three facts of interest. Teachers were the most frequent factor in initiating a family life/sex education course. Also, special preparation by teachers for their family life/sex education program seems to facilitate their efforts to obtain the support of the PTA, administration, students, medical personnel, school board and others. In all cases teachers with special preparation were able to obtain more assistance from the community. Part (5) of questionnaire item A.29, in appendix F (45), which shows PTA groups, teacher, administrator, and student cooperation to initiate a family life/sex education program supports the comments above. Twice as many of the specially prepared teachers gained support to initiate their programs from

PTA groups, teachers, administrators and students as did the unprepared teacher.⁴⁷

The verbatim "free or other" responses for questionnaire item A.29. "How was your program initiated?", are listed below:

1. "Community Health Council composed of up to nine individuals."
2. "Parent-student influence and interest."
3. "State Department of Education Program helped initiate our program."
4. "High rate of pregnancies in our community."
5. "High community interest."
6. "YMCA/YWCA Community Council."
7. "Done quietly without the school board's help or special approval. They are afraid to come out in support of the total program, yet many of the members are ready to move."
8. "This course has been in operation for many years and I cannot find the information."

Question A.30. The last question, which was an open-ended request for comments and suggestions, was probably one of the most surprising items of the survey. Approximately one third or 112 of the responses to the questionnaire were accompanied by notes of encouragement, notes asking for material such as curriculum guides, reading lists and film list, notes asking for information on how to facilitate community acceptance of new family life/sex education programs.

⁴⁷See Appendix F (45)

Other comments, in the form of written notations, were requests for the results of this study. Respondents also expressed their: plans for the future programs, need for more training, problems with parents teaching family life/sex education, frustration with groups opposed to these programs and problems with negative and fearful administrators.

Another type of "free" response included support for and against family life/sex education. There seemed to be an equal split between supporters and those opposed to family life/sex education.⁴⁸

The following reasons reported as verbatim "free responses" by study participants describe the factors which are responsible for lack of implementation of family life/sex education programs in Oregon high schools.

1. Free responses to item A.24., "Can you comment on the attitude of the staff (exclusive of your department) toward the program?"
 - a. "Some of the staff object to our program."
 - b. "Not offered due to religious convictions of public and the staff is afraid."
 - c. "Sex education is offered in health class at the discretion of the teacher."
 - d. "Initiation of a program is difficult until the staff understand the nature of the program and hear positive responses from trial situation."
 - e. "Dissatisfied! I feel we should have a full time health person and make it separate from physical education."
 - f. "Need specialist who is trained to do a better job."

⁴⁸See Appendix F (46)

2. Collective "free responses" to item A.24., "Can you comment on the attitude of the community toward the program?"
 - a. Twenty-three school districts, as revealed by questionnaire respondents, had problems with organized resistance against their family life/sex education programs.
 - b. Seven of these resistant communities, according to study participants, were greatly opposed to family life/sex education in the schools and felt it should be taught in the homes.
 - c. "A couple of teachers were released here due to sex education and therefore it has been dropped."
 - d. "We do not have a program because our principal is a 'chicken' to let me try. This is a very small school and the principal and faculty are run by the school board."
 - e. "When uneducated people have sex education dropped on them, they refuse it. We don't publicize our program for obvious reasons. Most of my students are more liberal and eager to learn and accept than some parents."
 - f. "An extensive sex education program would be difficult because of our conservative community."
 - g. "Some of our board members realize a comprehensive program is needed but are wary of voter reaction."

3. Free responses to item A.30., "Comments--suggestions or critical questions you believe were omitted."
- a. "Our school had community rebuff a couple of years back."
 - b. "I do not believe a sex education course belongs in the school especially one sponsored by SEICUS. Sex education involves moral education and that belongs in the home or church!"
 - c. "The administrative attitude is highly negative in our school."
 - d. "We do not have a program and the administration is against setting one up due to the community's objection to it. Three years ago the community suddenly decided that a program in the grade schools which had been in operation for a number of years was unacceptable and communist inspired. Resistance to the program was pushed by the John Birch Society here--so the program was dropped; since then the administrator has discouraged the development of any type of program."

The verbatim "free responses" given earlier for the lack of implementation of family life/sex education in Oregon high schools, were similar to the reasons given by Masley and Davis in 1952, and Southworth in 1954 (53, 85). Masley and Davis concluded:

It seems that the factor which most frequently hinders or prevents the development of such a program is lack of qualified teachers, parental objection and objections by religious groups.

Southworth concluded from his study that:

The factors which hinder or prevent the development of sex education in schools are these: lack of qualified teachers, objections by parents, curriculum traditions, school board conservations, and religious objections.

CHAPTER IV

SUMMARY, CONCLUSIONS, AND
RECOMMENDATIONSSummary

The purpose of this study was to determine the current status of family life/sex education programs in Oregon high schools by attaining the following objectives:

1. To compare the results of this study with the recommendations found in the literature. This should reveal what is lacking in family life/sex education programs in Oregon.
2. To discover whether the reasons given for the lack of implementation of family life/sex education programs in Oregon are similar to the reasons given for lack of implementation in other states or whether the reasons are different and peculiar to Oregon.
3. To determine in which subject areas family life/sex education teaching--learning experiences are taking place.
4. To ascertain if there are "separate programs" of family life/sex education exclusive of integration into other programs.
5. To find out the number of schools in which there are no family life/sex education programs in operation, and how many of these are considering initiating a program.
6. To decide the length of time family life/sex education programs have been in operation.

7. To determine, to the degree possible, the comprehensiveness of family life/sex education programs.
8. To survey the extent of teacher preparation to teach family life/sex education.
9. To ascertain the degree of acceptance of the family life/sex education program by students, teachers and the community.
10. To determine the persons or groups responsible for initiating interest in the family life/sex education programs.
11. To compare the family life/sex education programs between large and small high schools.
12. To contrast the family life/sex education programs between high schools found in various geographic areas.
13. To convey findings and recommendations of this study to participant schools and interested parties.

The method of investigation chosen for this study was the survey method. A family life/sex education questionnaire which had been used previously by the Kansas State Department of Health was revised for use in this study (42, p. 1-7). It was expanded, criticized by experts, given a trial administration, and with final revisions was made ready for submission to the intended group of respondents.

A mail questionnaire was submitted to all health teachers in all the high schools in Oregon. The questionnaire was mailed twice to 447 health teachers in Oregon. The sample involved 192 high schools and 139 school districts. The mailing procedure included a stamped self-addressed return envelope. The cover letter which accompanied the

questionnaire explained the purpose of the study and assured anonymity to the respondents.

The questionnaire replies concerning the family life/sex education programs in the Oregon High Schools were analyzed according to questionnaire items such as the: age of teacher, size of participating school, and geographic areas where the program was found, etc. The total questionnaire responses by item, rankings and percentage comparisons were made and these were presented in tabular form throughout the body of this paper and appendix. Collective responses were analyzed and correlated whenever significant to yield illuminating facts, figures and relationships. Lastly, the findings are discussed in reference to expert opinion, prevailing practice and accepted standards, as Greenberg suggested (26, p. 111-178).

The review of literature included an attempt to locate similar studies to use as sources in the development of a questionnaire. Literature on the construction and use of a questionnaire was consulted in order to expand and modify these two areas in the development of the present research tool. Studies and articles on the various topics of sex education were examined for the purpose of compiling the survey instrument, as well as evaluating replies to the questionnaire.

Findings

The findings of this study are based on the responses to the Family Life/Sex Education Questionnaire. They are not intended to indicate assumptions about responses beyond those expressed by the questionnaire respondents. The findings are limited in generalization to the population, "Oregon High School Health Teachers," represented by the sample used in the investigation.

From the results obtained in this study, the investigator has found the following:

1. Three hundred thirty five or 74.9 percent of the potential respondents returned the completed questionnaires. The overall results were excellent, since this was a voluntary survey conducted during great controversy about family life/sex education programs.
2. In general the larger schools offered more programs characterized as family life/sex education than the smaller schools.
3. A greater percentage of respondents 41-45 years of age taught a family life/sex education course than respondents in any other age group. Respondents 26-30 years of age and respondents 41-45 were equally favorable toward considering a new program, in spite of the fact that they did not have a family life/sex education program.
4. The most popular grade for teaching family life/sex education was the tenth grade. Also the three most popular grades for

teaching this program were tenth, eleventh, and twelfth grade levels in high school, which duplicates the results of Masley's study (53).

5. Family life/sex education teachers most frequently checked physical education and health education respectively as their major teaching subject at their schools.
6. Sixty-four percent of the respondents indicated that they taught in North Western Oregon, which reflects the larger centers of population in the North West with correspondingly more high schools and high school teachers.
7. A majority of the participants surveyed in the North Western and South Western part of the state revealed they currently offered a program which could be characterized as family life/sex education. In addition, 86 percent of the North Western and 79 percent of the South Western schools indicated their course was offered as part of another course.
8. A majority of the correlated family life/sex education courses were short and fragmentary in content. Only 32 percent of the programs studied were comprehensive in nature.
9. Respondents with special preparation (training) for their family life/sex education programs offered a more comprehensive program than did respondents without special training. Also, the most popular method of receiving this special preparation was through graduate school, with undergraduate work a close second.

10. A majority (76.3 percent) of the study participants indicated that family life/sex education was included in one or more curriculum area, but not as a separate course. The status of family life/sex education in Oregon was similar to a recent status survey conducted in Kansas in which 77.6 percent of the respondents indicated that this subject was included in some manner in their curriculum.
11. Students were more enthusiastic, according to respondents, to a separate family life/sex education course than to a correlated course. Likewise, more than twice the staff members indicated enthusiasm toward a separate family life/sex education course as compared to a correlated course, according to study participants. The community favored a correlated family life/sex education over a separate course.
12. Health education was ranked number one by study participants as the most frequent subject which included family life/sex education as a topic in the State of Oregon.
13. The five most frequently taught topics in rank order were: 1) reproduction (female's role); 2) dating; 3) reproduction (male's role); 4) infection; and 5) interpersonal relationships. Emotionally loaded topics such as contraception were taught less frequently than more safe topics such as biological facts of reproduction.
14. A greater percentage of large (class AAA) high schools offered a greater range of topics in their family life/sex education programs, as would be expected. However, a greater percentage

of small (class A) high schools offered a greater number of topics than do the medium (class AA) high schools.

15. The greatest number of family life/sex education programs have been in existence for 1-5 years. This researcher found that 37.9 percent of the programs were in existence for 1-5 years, which is the largest percentage for any single age category. Slightly over 10 percent of the programs surveyed were just started.
16. Twenty-six percent of the respondents disclosed that all their students were required to take their family life/sex education. 20.3 percent of the participants indicated their students were not required to take their program. In addition, 29.6 percent of the family life/sex education teachers checked that their students were able to withdraw from their program with parental request.
17. There were no community objections to the nonrequired course. Similarly, the respondents marked that a greater percentage of the community accepted the nonrequired course with interest than the required course. Also the small class A high school has the lowest percentage of students withdrawing, at parental request, from a required course.
18. The most popular pattern for attendance for a non-required program was as an elective subject. A majority of family life/sex education teachers (64.2 percent) indicated students have accepted the elective program "with interest."

19. The majority of family life/sex education teachers worked in schools which provided a written curriculum guide. The respondents indicated the greatest percentage of written curriculum guides were found in the large AAA high schools. Curriculum guides were found in over half of the high schools in the south central and northwestern regions of Oregon.
20. Family life/sex education teachers most frequently characterized their programs as "mostly development of attitudes." The second most frequent type of program indicated by respondents was the "comprehensive" type of program. Over 50 percent of the high schools in the North Central and South Western parts of Oregon provided family life/sex education courses which were mostly dedicated to development of attitudes.
21. The length of course most frequently checked by respondents was 3-4 weeks. Forty-seven percent of the family life/sex education courses found in the North Central region of Oregon were 3-4 weeks in length.
22. Less than a majority (39.1 percent) of the respondents indicated they offered a family life/sex education program which was co-educational. The South Western region of Oregon was found to offer the greatest percentage of co-educational family life/sex education programs. Also, the community was less enthusiastic and less willing to accept a co-educational family life/sex education program. In addition the greatest number of respondents believed that the students had accepted co-educational family life/sex education courses with interest. The students

- were judged by respondents to be most receptive to co-educational programs in the North Central and South Western parts of Oregon.
23. The majority of respondents had used resource personnel in their family life/sex education programs. The respondents also indicated a higher percentage of positive attitudes toward the family life/sex education programs by students when resource personnel were used.
 24. The top three ranked individuals by frequency of use as resource personnel were: 1) doctors, 2) nurses, and 3) ministers.
 25. The greatest number of respondents (nearly 49.6 percent) checked that students had accepted the family life/sex education program "with interest."
 26. The high school staff was less enthusiastic about a family life/sex education course than the students.
 27. The community had many more objections towards the family life/sex education program than did the students or staff. Likewise, the community expressed more apathy toward the program than both the high school staff and students.
 28. There was a very small percentage of community adult education programs about family life/sex education available in Oregon. Only 10.4 percent of respondents verified the existence of an adult education program concerning family life/sex education.
 29. The Division of Continuing Education and the college or institute were the most important sources of training for the family life/sex education teacher.

30. A majority of the respondents indicated the necessity of improving and updating films. Over 25 percent of the participants stressed the importance of improving the following materials:
1) books, 2) pamphlets, 3) film strips, and 4) tape recordings.
31. The three most interested individuals responsible for initiating a family life/sex education program at the high school level in rank order by frequency were: 1) teacher, 2) administrator and 3) student. Special preparation by teachers in family life/sex education facilitates their efforts to obtain community, school, student and medical support for their program.
32. There was a lack of agreement on specific approaches and ways of dealing with problems associated with teaching family life/sex education programs, which was blocking the initiation of programs despite generalized expressions of support. This conclusion was drawn after careful analysis of the "free responses" tabulated from item A.30, "Comments--suggestions or critical questions you believe were omitted."
33. The status of family life/sex education as a correlated course in the high schools of Oregon was comparable to other states such as Kansas, Pennsylvania and Wisconsin.
34. High schools in Oregon had the same problems as the high schools in other states: that of overcoming community resistance to separate courses in family life/sex education.
35. The majority of Oregon high schools have followed recommended procedures for initiating family life/sex education programs.

36. The family life/sex education teachers in Oregon high schools have expressed the same mixed reactions to co-educational classes as educators in other states.
37. The attitude of Oregon family life/sex education teachers are similar to the attitudes of family life/sex education teachers in other geographic regions.
38. The reasons given for the lack of implementation of family life/sex education programs in Oregon were similar to the reasons given for lack of implementation in other states.
39. The minority of family life/sex education programs in Oregon high schools were comprehensive in topic content.
40. The attitude of the community toward family life/sex education programs in Oregon was similar to community attitudes toward the program in other states.

Conclusions

On the basis of the findings of this study the following conclusions were made:

1. Family life/sex education courses should be encouraged at the lower grades of the high school as well as the higher grade levels.
2. Family life/sex education teachers lacking special training should be provided the opportunity at the local level to update their education.
3. Family life/sex education courses in Oregon should be provided as an elective course, because elective courses are not opposed by the public.
4. Family life/sex education courses in Oregon should be offered as a correlated course and not as a separate course, because the community was found to be less resistant to correlated courses.
5. Family life/sex education should be provided for adults, parents, and other community members as well as teachers to overcome suspicion of family life/sex education programs by the community.
6. Individuals interested in promoting and gaining support for family life/sex education programs should enlist the support of parents, students, teachers, administrators, the board of education, the superintendent of schools, the churches, local medical personnel, community health agencies and any other

- community groups, or individuals who might be concerned.
7. Emotionally loaded topics such as abortion and contraception should be taught only after careful consideration of the teacher's skills and emotional maturity, as well as the receptiveness of the community to such topics.
 8. A written curriculum guide should be available so the public will be aware of topic content in the family life/sex education program. The topic content in family life/sex education should not be hidden from the community.
 9. The community should be helped to understand the role of the family life/sex education program and to overcome their resistance to co-educational courses, since it is popular among the students.
 10. Films and other curriculum resources in family life/sex education should be updated and improved.

Recommendations for further research

This was strictly an exploratory status survey and several related follow-up investigations could prove valuable. Such studies might include:

1. Similar studies might be conducted eliciting the views of parents, administrators, or school board members on this subject.
2. Similar studies might be done on school administrators, teachers, boards of education, and superintendents of schools in other states of our country.
3. A pre-test-post-test study to investigate the effectiveness of in-service training of family life/sex education on teaching ability of educators.
4. An experimental study to determine the influence of teacher attitudes on student attitudes in reference to family life/sex education.
5. Most of all a great deal of information is needed to provide methodology to measure expressions of opinion. Depending on formulation of goals and criteria, then, the following analysis would be possible:
 - a. Analysis of students' values before and after a family life/sex education course. The emphasis on encouraging self-determination of values versus school-sponsored value

guidelines could be compared for actual effect on a student's values.

- b. Analysis of the effect of contraception education on levels of promiscuity, pre-marital pregnancy and orientation toward sex and interpersonal relations.
- c. Analysis of the effect of co-educational versus sex segregated classes at certain ages and on different subjects in sex education.
- d. Analysis of differences in effects of family life/sex education on students when dealt with in separate courses by special teachers as opposed to an integrated setting using regular classroom teachers.

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APPENDICES

APPENDIX A

COVER LETTER FOR "PILOT" STUDY

OREGON STATE UNIVERSITY
Corvallis, Oregon 97330

Dept. of Health Education
Division of Health and Physical Education

Dear (Teacher):

There is today considerable controversy over the inclusion of sex education in the curriculum of the public schools in our country. Sex education instruction has been successfully adopted in a few areas, but this seems to be the exception not the rule.

There has long been a core of persons advocating this kind of instruction, but today the concern seems to have spread to many. At a recent national meeting of the American Association of School Administrators seven of fourteen scheduled health education sessions were devoted to the area of sex education. A national organization SIECUS (Sex Information and Education Council of the United States) has recently been formed in an effort to meet the growing need for sex education. Among the many recommendations of the School Health Education Study was one urging inclusion of controversial areas of instruction -- sex education being a notable example.

Many responsible educators in all parts of the country are evidencing interest in including sex education in the public school curriculum, but there is understandable reticence to do this in many cases. One reason often cited for not offering sex instruction was the lack of qualified teachers.

In answer to this objection Oregon State University offers a course in sex education as part of the preparation for health education teachers. As a guide to the University, it would be helpful to know the current status of sex education in the high schools of the State of Oregon. The assistance of each health teacher in the state is being sought in a study which is attempting to determine the status of sex education by means of the enclosed questionnaire. There are no "right" or "wrong" answers to the items on the questionnaire. These are largely items of fact.

Due to the controversial nature of this study, signatures on the questionnaires are being waived. Your participation in this study is earnestly requested and will be highly valued. A summary of the findings will be sent to each participating school at the conclusion of the study.

Thank you.

Respectfully yours,

Howard Ishisaka
Study Investigator

Dr. Roy A. Foster, Chairman
Dept. of Health Education
Study Supervisor

APPENDIX B

FIRST QUESTIONNAIRE USED IN "PILOT"

DEPT OF HEALTH EDUCATION
OREGON STATE UNIVERSITY
CORVALLIS, OREGON 97331

A SURVEY OF FAMILY LIFE/SEX EDUCATION IN OREGON
HIGH SCHOOLS

QUESTIONNAIRE

PART I

DIRECTIONS: Please answer each item as it applies to you in your
present teaching assignment.

1. What is the SIZE of your school (enrollment)?
 1. () 601 plus AAA
 2. () 201-600 AA
 3. () 0-200 A

2. What is the GEOGRAPHIC location of your school in Oregon?
 1. () North Central
 2. () South Central
 3. () North Eastern
 4. () South Eastern
 5. () North Western
 6. () South Western

3. Do you currently have a course which could be characterized as family life/sex education?
 1. () Yes
 2. () No

4. If your response to item 3 is NO, is a program being considered?
 1. () Yes
 2. () No

5. If your response to item 3 is YES, how is the program offered?
 1. () As a separate course
 2. () Part of other courses

NOTE: Please check all items and return questionnaire!

6. If your response to item five is 2 (part of other courses) please check one or more as appropriate:

- | | |
|-------------------------|----------------------------------|
| 1. () Family Life | 6. () Social Studies |
| 2. () Biology | 7. () English |
| 3. () Psychology | 8. () Mental Health |
| 4. () Health Education | 9. () Literature |
| 5. () Home Economics | 10. () Others (Please specify). |

7. How long has your program been in operation?

- | | |
|---------------------|---------------------|
| 1. () Just started | 6. () 21-25 years |
| 2. () 1-5 years | 7. () 26-30 years |
| 3. () 6-10 years | 8. () 31-35 years |
| 4. () 11-15 years | 9. () 36-40 years |
| 5. () 15-20 years | 10. () 41-50 years |

8. Are all students REQUIRED TO TAKE your program?

- | | |
|------------|-----------|
| 1. () Yes | 2. () No |
|------------|-----------|

9. If your response to item 8 is NO, what is the pattern for attendance:

1. () Elective subject
2. () Permission from parents
3. () Other

10. Is there a written curriculum guide?

- | | |
|------------|-----------|
| 1. () Yes | 2. () No |
|------------|-----------|

11. Could you characterize your program as: (Please check as many as are applicable)

1. () Comprehensive
2. () Mostly biology and physiology
3. () Morally instructive presentations
4. () Dialogue centered
5. () Others (Please specify) _____

PART II

DIRECTIONS: Please check one or more responses, as appropriate, for each of the following items.

1. What grade level is your present teaching assignment?

- | | |
|------------------|-------------------------------|
| 1. () 7th Grade | 4. () 10 th Grade |
| 2. () 8th Grade | 5. () 11 th Grade |
| 3. () 9th Grade | 6. () 12 th Grade |

2. What is your major teaching area?

- | | |
|---------------------------|----------------------------------|
| 1. () Health | 6. () Science |
| 2. () Physical Education | 7. () Social Studies |
| 3. () Home Economics | 8. () Family Life/Sex Education |
| 4. () Mental Health | 9. () English/Literature |
| 5. () Psychology | 10. () Others (Please specify) |

3. Have you had special courses in preparation for the Family Life/Sex Education program?

QUESTION A -

- | | |
|------------|-----------|
| 1. () Yes | 2. () No |
|------------|-----------|

QUESTION B - If yes what was your preparation:

- | | |
|----------------------|----------------------|
| 1. () Undergraduate | 3. () Summer Credit |
| 2. () In-Service | 4. () Graduate |

4. Are resource personnel used?

QUESTION A -

- | | |
|------------|-----------|
| 1. () Yes | 2. () No |
|------------|-----------|

QUESTION B - If Yes, indicate types of personnel:

- | | |
|------------------|--------------------------------|
| 1. () Doctor | 4. () Parents |
| 2. () Nurses | 5. () Counselors |
| 3. () Ministers | 6. () Others (Please specify) |

5. Can you comment on the attitudes of students toward the program?

- | |
|---------------------------------|
| 1. () Enthusiastic |
| 2. () Accepted with interest |
| 3. () Accepted without comment |
| 4. () Apathetic |
| 5. () Other _____ |
| 6. () Objections _____ |

6. Can you comment on the attitude of your peers toward the program?

1. () Enthusiastic
2. () Accepted with interest
3. () Accepted without comment
4. () Apathetic
5. () Other _____
6. () Objections _____

7. Can you comment on the attitude of the community toward the program?

1. () Enthusiastic
2. () Accepted with interest
3. () Accepted without comment
4. () Apathetic
5. () Other _____
6. () Objections _____

8. Is there an adult education program (exclusive of special PTA programs) about family life/sex education in the community?

QUESTION A -

1. () Yes
2. () No

QUESTION B - If Yes, Who sponsors it?

1. () Public School
2. () College or institute
3. () PTA
4. () Ministerial Group
5. () Division of Continuing Education
6. () Other (Please specify) _____

9. Do you have suggestions for assistance from local or state agencies and/or groups for improving materials and/or consultation available?

- | | |
|-------------------|-----------------------|
| 1. () Materials | 5. () Movies |
| 2. () Books | 6. () Records |
| 3. () Pamphlets | 7. () Transparencies |
| 4. () Filmstrips | 8. () Others _____ |

10. How was your program initiated?

1. () PTA
2. () Teacher interest
3. () Administration interest
4. () Combination of Above
5. () Student interest
6. () Community Doctor Interest
7. () Nurse Interest
8. () Board Interest
9. () Others _____

11. Comments-Suggestions or critical question YOU believe were omitted:

NAME OF SCHOOL: _____

SCHOOL DISTRICT: _____

PLEASE USE SELF-ADDRESSED ENVELOPE FOR RETURN OF QUESTIONNAIRE

DEPT OF HEALTH EDUCATION
MEN'S GYM 220
OREGON STATE UNIVERSITY
CORVALLIS, OREGON 97331

APPENDIX C

PILOT SURVEY

RESULTS OF THE SURVEYA. Overall Response

All 11 health teachers in the four pilot schools received the questionnaire. Eleven or 100% of the teachers returned the completed questionnaires. The pilot schools were:

1. Corvallis High School
2. Eagle Point High School
3. Lebanon High School
4. Tillamook High School

B. Results of the Pilot Survey Questions

1. Three fourths, or 75% of the schools indicated their school was classified as an AAA school with an enrollment of 601 plus; whereas one fourth or 25% of the schools indicated that their school was classified as an AA school with an enrollment of 201-600.
2. One fourth, or 25% of the schools located their school in South Central Oregon; while three fourths, or 75% located their school in North Western Oregon.
3. Four, or 100% of the schools indicated they have a program characterized as family life/sex education.
4. Seventy-five percent of the schools indicated that they offered the family life/sex education program both as a separate course and as part of other courses; also that their program was offered at more than one grade level.
5. Those schools with a program of family life/sex education, included in other courses, were asked to indicate the subject areas involved and the school level. The following table is arranged in rank order of those subject areas which were most frequently checked (Chart 1).

CHART I	Rank Order by Frequency	Subject Areas Which Include Family Life and Sex Education	
	<u>Rank</u>	<u>Subject</u>	<u>Number of Classes</u>
	1	Health Education	8
	2	Home Economics	6
	3	Family Life	4
	4	Psychology	2
	4	Others	2
	5	Mental Health	1
	5	Biology	1
	0	English	0
	0	Literature	0
	0	Social Studies	0

6. The number of years in which programs have been in operation is shown in Chart II.

CHART II	<u>Rank</u>	<u>Length of Time</u>	<u>Number of Classes</u>
	1	1-5	8
		6-10	None
	2	11-15	3
	3	16-2-	1

7. Sixty-four percent answered that all children were exposed to the program. Of the remaining 36%, 50% could elect a program; 50% required permission from parents.

8. Eighty-one percent indicated that written curriculum guides were available.

9. In characterizing the programs, the following assessments are in rank order, since a number of respondents checked more than one characteristic. Those most frequently indicated are given a 1 rating, 2 etc. (Chart III).

CHART III	Characteristics of Program		
	<u>Program</u>	<u>Rank</u>	<u>Number of Characteristics</u>
	Comprehensive	1	10
	Dialogue Centered	2	2
	Morally instructive		
	Presentation	3	5
	Mostly Biology and		
	Physiology	4	7

10. Teachers involved in the program were listed by grade level of their teaching assignment and in rank order at most frequently utilized grade level for the program (Chart IV).

CHART IV		<u>Teachers Involved</u>	
<u>Grade</u>	<u>Rank</u>	<u>Number of Teachers</u>	
11th	1 (Most frequent)	5	
9th	2	3	
10th	2	3	
12th	3	2	

11. Teachers involved in the program were listed by subject area and in rank as most frequently utilized subject area (Chart V).

CHART V		<u>Teachers Involved</u>	
<u>Subject Area</u>	<u>Rank</u>	<u>Number of Teachers</u>	
Health	1	9	
Physical Education	2	6	
Family Life/Sex Education	3	3	
Home Economics	4	1	
Mental Health	4	1	
Social Studies	4	1	
Psychology	0	0	
Science	0	0	
English/Literature	0	0	
Others	0	0	

12. Eighty-one percent of the respondents indicated they had special courses in preparation for the Family Life/Sex Education Program. This preparation was arranged in rank order by frequency (Chart VI).

CHART VI		<u>Teacher Preparation</u>	
<u>Preparation</u>	<u>Rank</u>	<u>Number of respondents</u>	
Graduate	1	9	
Undergraduate	2	6	
Summer Credit	3	5	
In-Service	4	2	

13. One Hundred percent of the teachers indicated use of resource personnel. The Rank order of individuals utilized are as follows:

1. Doctors (most frequent)
2. Nurses
3. Counselors
4. Ministers and parents
5. Drug users, Lawyers, Planned Parenthood workers, Welfare Department personnel, Family and Child Guidance personnel.

14. Acceptance of programs by students, teachers, and the community were classified in the following manner in three questions:

1. Attitude of students toward the program:

Enthusiastic	47%	Apathetic	None
Accepted with interest	54%	Other	1%
Accepted without comment	1%	Objections	None

2. Attitude of teachers toward the program:

Enthusiastic	1%	Apathetic	None
Accepted with interest	54%	Other	None
Accepted without comment	45%	Objections	None

3. Attitude of the community toward the program:

Enthusiastic	None	Apathetic	None
Accepted with interest	45%	Other	None
Accepted without comment	55%	Objections	None

15. Twenty-five percent of those with school programs responded that there was education for adults about family life/sex education.

In answer to who provides this education: 1/3 College or Institute; 1/3 Ministerial Group; and 1/3 Division of Continuing Education.

16. Rank order of suggestions indicating that there must be better information concerning available materials and/or consultation.

<u>Rank Order</u>	<u>Subject</u>
1	Films
2	Filmstrips
3	Pamphlets
4	Books
5	Records
6	Transparencies
7	Others

17. In response to the inquiry about the manner in which the program was initiated, the answers were as follows: (The rank order is given as there were several answers which could all have been checked.)

1. Teacher interest
2. Administration interest
3. Combination Teacher and Administration interest
4. Student interest
5. PTA, community doctor interest, and nurse interest

APPENDIX D

PILOT STUDY

The following are verbatim written comments by respondents about various items on the pilot questionnaire. The comments will follow the questionnaire item.

PART I

8. Are all students required to take your program?
- (a) Sophomore Health (parent request could exempt students).
 - (b) Senior Family Life is an elective
 - (c) If religious beliefs conflict a student would be excused.
We have never had an excuse.
 - (d) Family Life and Sex Education is required in 10th grade health.
 - (e) Family Life is an elective for juniors and seniors.
9. Do you have suggestions for assistance from local or state agencies and/or groups for improving materials and/or consultation available?
- (a) Change the term movies in item #5 (question 9) to films.
11. Could you characterize your program as: (Please check as many as are applicable,)
3. () Morally instructive presentations.
- (a) The moral and psychological aspects are stressed strongly in my course.

PART II

4. Are resource personnel used?
- QUESTION B - If yes, indicate types of personnel:
- a. Drug users
 - b. Lawyers
 - c. Planned Parenthood Workers
 - d. Welfare Department Personnel
 - e. Family and Child Guidance Clinic Personnel.
5. Can you comment on the attitudes of students toward the program.
- (a) Will always have a student who objects-usually a girl.
 - (b) Some students find sex education embarrassing.
 - (c) Many students are tired of sex education being presented solely in terms of biological and physiological aspects.

11. Comments-Suggestions or critical questions YOU believe were omitted:

If your program co-educational? What is the reaction of students to your program, if it is?

- (a) What is the length (time) of the courses?
- (b) What is the major of those teaching the program?
- (c) What is the title of the course?
- (d) Ask the teacher to include a list of his resource material.
- (e) Get age of instructor.
- (f) Ask for areas taught in the program, i.e., interpersonal relationships.

APPENDIX E

A SURVEY OF FAMILY LIFE/SEX EDUCATION
IN OREGON HIGH SCHOOLS

Division of Health and Physical Education
Oregon State University
Corvallis, Oregon

For the purpose of this questionnaire "Family Life/Sex Education" is defined as teaching about human reproduction and related values, attitudes, personal and family relationships. Realizing the ambiguity of this term, your interpretation of the content areas to be included will be ascertained from your response to Part II of the questionnaire. This study is not intended to survey all areas of family life education courses, such as, budget, home management, nutrition, and consumer education.

QUESTIONNAIRE DIRECTIONS: Place answer all items as it applies to you in your present teaching assignment and return the questionnaire.

PART I - PERSONAL DATA

A. 1. Identification of school in which employed.

1. Name of School _____
2. School District _____

A. 2. Classification of school in which employed.

1. () AAA 601 plus
2. () AA 201-600
3. () A 0-200

A. 3. Age of instructor.

- | | | |
|--------------|--------------|--------------|
| 1. () 21-25 | 4. () 36-40 | 7. () 51-55 |
| 2. () 26-30 | 5. () 41-45 | 8. () 56-60 |
| 3. () 31-35 | 6. () 46-50 | 9. () 61-65 |

A. 4. Present teaching assignment.

- | | |
|-------------------------|--------------------------|
| 1. () <u>7th</u> Grade | 4. () <u>10th</u> Grade |
| 2. () <u>8th</u> Grade | 5. () <u>11th</u> Grade |
| 3. () <u>9th</u> Grade | 6. () <u>12th</u> Grade |

A. 5. What is your major teaching area?

- | | |
|---------------------------|--------------------------------------|
| 1. () Health | 6. () Science |
| 2. () Physical Education | 7. () Social Science |
| 3. () Home Economics | 8. () Family Life/Sex Education |
| 4. () Mental Health | 9. () English/Literature |
| 5. () Psychology | 10. () Others (please specify)_____ |

A. 6. What is the Geographic Location of your school in Oregon?

- | | |
|----------------------|----------------------|
| 1. () North Central | 4. () South Eastern |
| 2. () South Central | 5. () North Western |
| 3. () North Eastern | 6. () South Western |

A. 7. Have you had special courses in preparation for the Family Life/Sex Education Program

- | | |
|------------|-----------|
| 1. () YES | 2. () NO |
|------------|-----------|

A. 8. If your response to item A-7 is YES, What was your preparation:

- | | |
|----------------------|----------------------|
| 1. () Undergraduate | 3. () Summer Credit |
| 2. () In-Service | 4. () Graduate |

PART II PROGRAM

DIRECTIONS: Please check one or more responses, as appropriate, for each of the following items:

A. 8. Do you currently have a program which could be characterized as Family Life/Sex Education?

- | | |
|------------|-----------|
| 1. () YES | 2. () NO |
|------------|-----------|

A. 9. If your response to item A-8 is NO, is a program being considered?

- | | |
|------------|-----------|
| 1. () YES | 2. () NO |
|------------|-----------|

A. 10. If your answer to item A. 8. is YES, how is the program offered?

- | |
|-------------------------------|
| 1. () As a separate course. |
| 2. () Part of other courses. |

A. 11. If your response to item A. 10. is 2 (part of other courses) please check one or more as appropriate:

- | | |
|-------------------------|--------------------------------------|
| 1. () Family Life | 6. () Social Studies |
| 2. () Biology | 7. () English |
| 3. () Psychology | 8. () Mental Health |
| 4. () Health Education | 9. () Literature |
| 5. () Home Economics | 10. () Others (please specify)_____ |

A. 12. What topics are presented in your program?

- | | |
|------------------------------------|-------------------------------------|
| 1. () Interpersonal relationships | 8. () Reproduction (Male's role) |
| 2. () Sexuality | 9. () Reproduction (Female's role) |
| 3. () Sexual morality | |
| 4. () Dating | 10. () Contraception |
| 5. () Courtship | 11. () Abortion |
| 6. () Marriage adjustment | 12. () Infection |
| 7. () Non-marital Sex relations | 13. () Others (Please specify) |

A. 13. How long has your program been in operation?

- | | |
|---------------------|--------------------------------|
| 1. () Just started | 5. () 16-20 years |
| 2. () 1-5 years | 6. () 21-25 years |
| 3. () 6-10 years | 7. () 26-30 years |
| 4. () 11-15 years | 8. () Others (Please specify) |

A. 14. Are all students required to take your program?

- | | |
|------------|---|
| 1. () Yes | 3. () May withdraw at parental request |
| 2. () No | 4. () Others (Please specify) _____ |

A. 15. If your response to item A. 14. is NO, what is the pattern for attendance?

1. () Elective subject
2. () Permission from parents
3. () Excused because of religious reasons
4. () Others (Please specify)

A. 16. Is there a written curriculum guide?

- | | |
|------------|-----------|
| 1. () Yes | 2. () No |
|------------|-----------|

A. 17. Could you characterize your program as: (Please check as many as are applicable)

1. () Comprehensive
2. () Mostly biology and physiology
3. () Morally instructive presentations
4. () Mostly development of attitudes
5. () Dialogue centered
6. () Didactic (systematic instruction) presentations
7. () Others (Please specify) _____

A. 18. What is the chronological length of your course?

- | | |
|------------------|--------------------------------------|
| 1. () 1-2 weeks | 5. () 1 Quarter |
| 2. () 3-4 weeks | 6. () 1 Semester |
| 3. () 5-6 weeks | 7. () 1 Year |
| 4. () 7-8 weeks | 8. () Others (Please specify) _____ |

A. 24. Can you comment on the attitude of the staff (exclusive of your department) toward the program?

1. () Enthusiastic
2. () Accepted with interest
3. () Accepted without comment
4. () Apathetic
5. () Other _____
6. () Objections _____

A. 25. Can you comment on the attitude of the Community toward the program?

1. () Enthusiastic
2. () Accepted with interest
3. () Accepted without comment
4. () Apathetic
5. () Other _____
6. () Objections _____

A. 26. Is there an adult education program (exclusive of special PTA programs) about family life/sex education in the community?

1. () Yes
2. () No

A. 27. If your response to item A. 26 is YES, who sponsors the program?

1. () Public school
2. () College or Institute
3. () PTA
4. () Ministerial Group
5. () Division of Continuing Education
6. () Others (Please specify) _____

A. 28. Do you have suggestions for assistance from local or state agencies and/or groups for improving materials and/or consultation available?

1. () Books
2. () Pamphlets
3. () Filmstrips
4. () Films
5. () Records
6. () Tapes
7. () Transparencies
8. () Programmed Instruction (written)
9. () Others (Please specify) _____

A. 29. How was your program initiated?

1. () PTA
2. () Teacher interest
3. () Administrative interest
4. () Student interest
5. () Combination of above
6. () Community Doctor interest
7. () Nurse interest
8. () Board interest
9. () Others (Please specify) _____

A. 30. Comments--Suggestions or critical questions you believe were omitted:

PLEASE USE SELF-ADDRESSED ENVELOPE FOR RETURN OF QUESTIONNAIRE TO:

Mr. Howard Ishisaka
Department of Health Education
Men's Gym 220
Oregon State University
Corvallis, Oregon 97330

APPENDIX E
(Continued)

COVER LETTER FOR FIRST MAILING

Dear (Teacher):

There is today considerable controversy over the inclusion of sex education in the curriculum of the public schools in our country. Sex education instruction has been successfully adopted in a few areas, but this seems to be the exception not the rule.

There has long been a core of persons advocating this kind of instruction, but today the concern seems to have spread to many. At a recent national meeting of the American Association of School Administrators seven of fourteen scheduled health education sessions were devoted to the area of sex education. A national organization SIECUS (Sex Information and Educational Council of the United States) has recently been formed in an effort to meet the growing need for sex education. Among the many recommendations of the School Health Education Study was one urging inclusion of controversial areas of instruction -- sex education being a notable example.

Many responsible educators in all parts of the country are evidencing interest in including sex education in the public school curriculum, but there is understandable reticence to do this in many cases. One reason often cited for not offering sex instruction was the lack of qualified teachers.

In answer to this objection Oregon State University offers a course in sex education as part of the preparation for health education teachers. As a guide to the University, it would be helpful to know the current status of sex education in the high schools of the State of Oregon. The assistance of each health teacher in the state is being sought in a study which is attempting to determine the status of sex education by means of the enclosed questionnaire. There are no "right" or "wrong" answers to the items on the questionnaire. These are largely items of fact.

Due to the controversial nature of this subject, signatures on the questionnaires are being waived and all responses will remain anonymous. Your participation in this study is earnestly requested and will be highly valued. A summary of the findings is earnestly requested and will be highly valued. A summary of the findings will be sent to each participating school at the conclusion of the study.

Respectfully yours,

Howard Ishisaka
Study Investigator

Dr. Roy A. Foster, Chairman
Dept. of Health Education
Study Supervisor

APPENDIX E
(Continued)

COVER LETTER FOR SECOND MAILING

Dear (Teacher):

Please ignore the enclosed questionnaire, if you have completed one earlier in the year.

There has long been a core of persons advocating family life/sex education, but today the concern seems to have spread to many. At a recent national meeting of the American Association of School Administrators seven of the fourteen scheduled health education sessions were devoted to the area of sex education. A national organization SIECUS (Sex Information and Educational Council of the United States) has recently been formed in an effort to meet the growing need for sex education. Among the many recommendations of the School Health Education Study was one urging inclusion of controversial areas of instruction -- sex education being a notable example.

Many responsible educators in all parts of the country are evidencing interest in including sex education in the public school curriculum, but there is understandable reticence to do this in many cases. One reason often cited for not offering sex instruction was the lack of qualified teachers.

In answer to this objection Oregon State University offers a course in sex education as part of the preparation for health education teachers. As a guide to the University, it would be helpful to know the current status of sex education in the high schools of the State of Oregon. The assistance of each health teacher in the state is being sought in a study which is attempting to determine the status of sex education by means of the enclosed questionnaire. There are no "right" or "wrong" answers to the items on the questionnaire. These are largely items of fact.

Due to the controversial nature of this subject, signatures on the questionnaires are being waived and all responses will remain anonymous. Your participation in this study is earnestly requested and will be highly valued. A summary of the findings will be sent to each participating school at the conclusion of the study.

Respectfully yours,

Howard Ishisaka
Study Investigator

Dr. Roy A. Foster, Chairman
Dept of Health Education
Study Supervisor

APPENDIX F

(1)

Cross tabulation of questionnaire item A.2. "Classification of school in which employed" with item A.8. "Do you currently have a program which could be characterized as family life/sex education?"

A.8. Existence of family life/sex education program	A.2. Size of School (Percentages)		
	AAA	AA	A
yes	84.2	66.7	61.9
no	15.8	33.3	38.1

(2)

Cross tabulation of questionnaire item A.3. "Age of Instructor" with item A.8. "Do you currently have a program which could be characterized as family life/sex education?"

A.3. Age of Instructor	A.8. Existence of family life/sex education program Yes responses (percentages)
31-35	69.1
36-40	71.1
41-45	88.5
46-50	73.1

(3)

Cross tabulation of questionnaire item A.3. "Age of Instructor" with item A.9. "Is a program being considered, if you currently do not have a program which could be characterized as family life/sex education?"

A.3.	A.9.
Age	Program under consideration Yes responses (Percentages)
21-25	42.1
26-30	30.8
31-35	23.8
36-40	53.8
41-45	33.3
46-50	14.3

(4)

Cross tabulation of questionnaire item A.6. "What is the geographic location of your school in Oregon?" with item A.8. "Do you currently have a program which could be characterized as family life/sex education?"

Geographic location	Existence of family life/sex education program Yes responses (Percentages)
South East	50.0
North West	82.8
South West	82.5

(5)

Cross tabulation of questionnaire item A.6. "What is the geographic location of your school in Oregon?" with item A.10. "How is the program offered?"

A.6. Geographic location	A.10. Part of another course	A.10. As a separate course
North West	86.1	13.9
South West	79.4	20.6

(6)

Responses to questionnaire item A.18. "What is the chronological length of your course?"

Length of course	Percentages
1-2 weeks	17.3
3-4 weeks	32.8

(7)

Response to questionnaire item A.17. "Could you characterize your program as (please check as many as are applicable)."

Type of Program	Percentages
Comprehensive	32.2
Mostly biology and physiology	28.1
Morally instructive presentations	13.4

(8)

Cross tabulation of questionnaire item A.7. "Have you had special course in preparation for the family life/sex education program? with item A.8. "Do you currently have a program which could be characterized as family life/sex education?"

A.7. Special Preparation	A.8. Existence of family life/sex education program Yes responses (Percentages)
Yes	87.0
No	13.0

(9) A

Cross tabulation of questionnaire item A.7. "Have you had special courses in preparation for the family life/sex education program?" with item A.9. "Is a program being considered" and with item A.10. "How is the program offered."

A.7. Special Preparation	A.9. Program under consideration Percentages	
	Yes	No
Yes	38.5	34.6

(9) B

A.7. Special Preparation	How is the program offered? Separate course (Percentages)
Yes	15.0
No	11.9

(10)

Cross tabulation of questionnaire item A.7. "Have you had special courses in preparation for the family life/sex education program?" with item A.12. "What topics are presented in your program?"

Special Preparation		Topics presented
Yes	No	
123	60	Courtship
115	51	Nonmarital sex relations
133	54	Sexuality

(11)

Cross tabulation of questionnaire item A.10. "If your answer to item A.8. is yes, how is the program offered?" with item A.23. "Can you comment on the attitudes of students toward the program?"

A.10.	A.23.
Program	Student attitude (Enthusiastic responses) (Percentages)
Separate course	47.5
Part of other courses	24.1

(12)

Cross tabulation of questionnaire item A.10. "If your answer to item A.8. is yes, how is the program offered?" with item A.24. "Can you comment on the attitude of the staff (exclusive of your department) toward the program?"

A.10.	A.24.
Program	Student attitudes (Enthusiastic responses) (Percentages)
Separate course	26.3
Part of other courses	9.3

(13)

Cross tabulation of questionnaire item A.10. "If your answer to item A.8. is yes, how is the program offered?" with item A.25. "Can you comment on the attitude of the community toward the program?"

Program	A.24.
	Community attitude (Accepted without comment) (Percentages)
Separate course	39.7
Part of other course	48.7

(14)

Cross tabulation of questionnaire item A.11. "If your response to item A.10. is 2 (part of other courses) please check one or more as appropriate;" with item A.23. "Can you comment on the attitude of students toward the program?"

A.11.		A.23.	
Subject	Rank	Student Attitude	
		Enthusiastic (Percentages)	Accepted with Interest
Health Education	1	25.8	59.1
Home Economics	2	18.3	70.0
Biology	3	18.0	56.0
Social Studies	4	22.5	61.2
Family Life	5	28.0	60.0
Psychology	6	33.3	55.5
Mental Health	6	22.2	66.6
Others	7	14.2	85.7
English	8	50.0	50.0
Literature	9	00.0	100.0

(15)

Free responses to questionnaire item A.12. "What topics are presented on your program?" Part 13 Others (Please specify)_____.

Topic	Total Responses	Rank
Child development	7	1
Sexual deviations & maladjustment	6	2
Legal aspects of marriage and divorce	6	2
Birth defects and heredity	3	3
Child care	2	4
Adoption	1	5
Changing sex roles	1	5
Menopause	1	5
Religion and love	1	5
The effects of mass media on personal decision making	1	5

(16)

Cross tabulation of questionnaire item A.12. "What topics are presented in your program?", with item A.2. "Classification of school in which employed."

A.12. Topics in Program	A.2. Size of School Topics offered in (Percentages)		
	AAA	AA	A
Sexuality	66.0	39.1	42.2
Dating	74.4	59.4	55.5
Courtship	59.6	44.9	49.2
Marriage Adjustment	46.7	34.7	42.8
Non-marital Sex Relations	58.1	33.1	39.6
Contraception	59.6	30.4	36.5
Abortion	59.6	28.9	41.2

(17)

Cross tabulation of questionnaire item A.12. "What topics are presented in your program?" with item A.23. "Can you comment on the attitude of students toward the program?"

A.12.	A.23.	
Topics	Student attitudes (Percentages) Enthusiastic	Accepted with interest
Interpersonal relationship	26.8	60.0
Sexuality	29.4	59.3
Sexual morality	26.2	61.2
Dating	25.4	59.6
Courtship	25.1	61.2
Marriage adjustment	28.7	57.5
Non-marital sex relations	28.3	59.0
Reproduction (male's role)	26.1	58.4
Reproduction (female's role)	25.7	58.7
Contraception	29.6	60.0
Abortion	28.1	61.0
Infection	26.2	57.7
Others	31.0	62.0

(18)

Cross tabulation of questionnaire item A.13., "How long has your program been in operation?", with item A.7., "Have you had special courses in preparation for the family life/sex education program?"

A.13. Length of time	Number of Programs	A.7. Special preparation (Percentages)	
		yes	no
Just started	35	12.5	14.3
1-5 years	127	42.3	57.1
6-10 years	55	26.8	10.2
11-15 years	28	10.1	11.2
16-20 years	10	6.8	0.0
21-25 years	4	1.8	1.0
26-30 years	2	.6	1.0
Others	5	.0	5.1

(19)

Cross tabulation of questionnaire item A.6., "What is the geographic location of your school in Oregon?", with item A.12., "How long has your program been in operation?"

Total Programs	A.12.	A.6.					
	Length of Programs	NC	SC	Geographic location			
				NE	SE	NW	SW
35	Just started	18.8	14.3	23.1	0.0	12.6	6.3
127	1-5 years	62.5	14.3	38.5	50.0	45.9	65.6
55	6-10 years	18.8	28.6	19.2	50.0	21.3	15.6
28	11-15 years	0.0	14.3	7.7	0.0	13.7	0.0
10	16-20 years	0.0	0.0	0.0	0.0	4.4	6.3
4	21-25 years	0.0	0.0	0.0	0.0	1.1	6.3
2	26-30 years	0.0	28.6	0.0	0.0	0.0	0.0
5	Others	0.0	0.0	11.5	0.0	1.0	0.0
Total Programs by Geography		16	7	26	2	183	32

(20)

Cross tabulation of questionnaire item A.14., "Are all students required to take your program?", with item A.25., "Can you comment on the attitude of the community toward the program?"

A.25. Community Attitude	A.15. Is Program Required? (Percentages)	
	Yes	No
Enthusiastic	3.3	2.9
Accepted with interest	18.8	23.5
Accepted without interest	51.1	51.4
Apathetic	6.6	10.2
Other	10.0	11.7
Objections	4.4	0.0

(21)

Cross tabulation of questionnaire item A.2., "Classification of school in which employed", with item A.14., "Are all students required to take your program?"

A.14. Is Program Required?	A.2. School Size (Percentages)		
	AAA	AA	A
Yes	33.1	32.7	35.6
No	19.8	28.8	42.2
May Withdraw at Parental Request	43.6	30.8	17.8
Others	3.5	7.7	4.4

(22)

Cross tabulation of questionnaire item A.15., "If your response to item A.14., is No, what is the pattern for attendance?", with A.23., "Can you comment on the attitudes of students toward the program?", and item A.25., "Can you comment on the attitude of the community toward the program?"

Attitude	A.23. Student Attitudes (Percentage Responses to Elective Subject)	A.25. Community Attitudes
Enthusiastic	16.2	2.3
Accepted with interest	64.2	23.8
Accepted without comment	7.1	47.6
Apathetic	7.1	11.9
Other	2.0	11.9
Objections	0.0	0.0

(23)

Cross tabulation of questionnaire item A.16., "Is there a written curriculum guide?", with item A.2., "Classification of school in which employed."

A.16. Is there a written curriculum guide?	A.2. School Size (Percentage responses)		
	AAA	AA	A
Yes	71.9	20.4	31.9
No	28.1	79.6	68.9

(24)

Cross tabulation of questionnaire item A.16., "Is there a written curriculum guide?", with item A.6., "What is the geographic location of your school in Oregon?"

A.16. Is there a written curriculum guide?	A.6. Geographic Area (Percentage Responses)					
	NC	SC	NE	SE	NW	SW
Yes	6.7	57.1	25.9	25.0	67.5	34.3
No	93.3	42.9	74.1	75.0	32.5	65.7

(25)

Cross tabulation of questionnaire item A.8., "If your response to item A.7. is Yes, what was your preparation:", with item A.17., "Could you characterize your program as:"

A.8. Preparation	A.17. Type of program offered (Percentage responses)	
	Mostly development of attitudes	Comprehensive
Undergraduate	53.3	40.9
In-service	62.5	52.5
Summer credit	52.0	34.6
Graduate	47.3	46.9

(26)

Cross tabulation of questionnaire item A.2., "Classification of school in which employed", with item A.17., "Could you characterize your program as": comparative (response 1) or mostly development or attitudes (response 4).

A.2. School Size	A.17. Type of program (Percentages)	
	Comprehensive	Mostly development of attitudes
AAA	40.5	45.8
AA	16.1	43.4
A	23.8	35.9

(27)

Cross tabulation of questionnaire item A.6., "What is the geographic location of your school in Oregon?" with item A.17., "Could you characterize your program as: comprehensive (response 1) or mostly development of attitudes (response 4).

A.6. Geographic location of school	A.17. Type of program	
	Comprehensive (Percentages)	Mostly development of attitudes
North Central	21.0	63.1
South Central	30.7	00.0
North Eastern	17.9	25.6
South Eastern	1.6	33.3
North Western	37.3	45.3
South Western	30.3	57.5

(28)

Cross tabulation of questionnaire item A.6., "What is the geographic location of your school in Oregon?", with item A.18., "What is the chronological length of your course?"

A.6. Geographic location of school	A.18. <u>Length of course</u>		
	3-4 weeks rank 1 (Percentages)	1-2 weeks rank 2 (Percentages)	5-6 weeks rank 3 (Percentages)
North Central	47.3	33.3	21.3
South Central	00.0	00.0	15.3
North Eastern	20.5	30.7	00.0
South Eastern	16.6	33.3	00.0
North Western	37.5	19.3	14.3
South Western	27.5	15.0	10.0

(29)

Cross tabulation of questionnaire item A.2., "Classification of school in which employed.", with item A.18., "What is the chronological length of your course?"

A.2. School size	A.18. <u>Length of course</u>		
	3-4 weeks rank 1 (Percentages)	1-2 weeks rank 2 (Percentages)	5-6 weeks rank 3 (Percentages)
AAA	38.1	12.8	13.3
AA	20.2	27.5	11.5
A	30.1	20.6	9.5

(30)

Cross tabulation of questionnaire item A.6., "What is the geographic location of your school in Oregon?", with item A.19., "Is your program co-educational?"

A.6. Geographic location	A.19. Is your program co- educational? Positive responses (Percentages)
North Central	36.8
South Central	7.6
North Eastern	15.3
South Eastern	16.6
North Western	49.5
South Western	57.5

(31)

Cross tabulation of questionnaire item A.19., "Is your program co-educational?" with A.24., "Can you comment on the attitude of the staff (Exclusive of your department) toward the program?"

A.19.	A.25.
Is your program co-educational? Positive responses (Percentages)	Staff Attitude
15.2	Enthusiastic
46.5	Accepted with interest
32.8	Accepted without interest
3.0	Apathetic
1.5	Other
1.0	Objections

(32)

Cross tabulation of questionnaire item A.19., "Is your program co-educational?" with A.25., "Can you comment on the attitude of the community toward the program?"

A.19.	A.25.
Is your program co-educational? Positive responses (Percentages)	Community Attitude
2.2	Enthusiastic
31.2	Accepted with interest
47.3	Accepted without interest
8.3	Apathetic
2.2	Other
6.1	Objections

(33)

Cross tabulation of questionnaire item A.2., "Classification of school in which employed", with item A.19., "Is your program co-educational?"

A.2.	A.19.
School size	Is Your Program co-educational? Positive responses (Percentages)
AAA	49.2
AA	21.7
A	25.3

(34)

Cross tabulation of questionnaire item A.7., "Have you had special preparation for the family life/sex education course?" with item A.19., "Is your program co-educational?"

A.9.		A.7.	
Is your program co-educational? (Percentages)		Special preparation (Percentages)	
		(Yes)	(No)
(Yes)	73.2	49.7	24.6
(No)	38.8	38.8	45.7

(35)

Cross tabulation of questionnaire item A.6., "What is the geographic location of your school in Oregon?", with item A.20., "If your response to A.19. is YES, can you comment on the attitudes of students toward the program?"

A.6.	A.20.	
Geographic location	Student Attitude Toward A Co-educational Program	
	Enthusiastic (Percentages)	Accepted with Interest (Percentage)
North Central	10.5	26.3
South Central	7.6	0.0
North Eastern	2.5	12.8
South Eastern	0.0	0.0
North Western	13.8	25.9
South Western	10.0	17.5

(36)

Cross tabulation of questionnaire item A.7., "Have you had special courses in preparation for the family life/sex education program?", with item A.20., "Can you comment on the attitudes of students toward the co-educational family life/sex education program?"

A.20. Student Attitudes	A.7. Special Preparation (Percentages)	
	Yes	No
Enthusiastic	16.0	4.9
Accepted with interest	26.4	15.4
Accepted without comment	7.2	5.6
Apathetic	0.5	0.7
Other	0.5	0.0
Objections	0.0	0.0

(37)

Cross tabulation of questionnaire item A.2., "Classification of school in which employed", with item A.20., "Can you comment on the attitudes of students toward the co-educational family life/sex education program?"

A.20. Student Attitudes	A.2. School Size (Percentage Response)		
	AAA	AA	A
Enthusiastic	15.2	1.4	9.5
Accepted with interest	27.0	11.5	15.8
Accepted without comment	6.4	10.1	3.1
Apathetic	0.9	0.0	0.0
Other	0.4	0.0	0.0
Objections	0.0	0.0	0.0

(38)

Cross tabulation of questionnaire item A.21., "Are resource personnel used?", with A.23., "Can you comment on the attitudes of students toward the program?"

A.23.	A.21.	
Student Attitudes	Are Resource Personnel Used (Percentages)	
	(Yes)	(No)
Enthusiastic	33.8	19.7
Accepted with interest	85.1	49.6
Accepted without comment	13.3	7.8
Apathetic	4.6	2.7
Other	2.5	0.6
Objections	0.5	0.3

(39)

Free responses to questionnaire item A.22., "Please indicate types of Personnel:"

Free Responses	Total Number	Rank
Planned Parenthood Workers	3	1
Consumer Credit Agency	2	2
Realtors	2	2
County Welfare Department	2	2
Women's Liberation Front	2	2
Expectant Mothers	2	2
Zero Population Group	1	3

(40)

Cross tabulation of questionnaire item A.14., "Are all STUDENTS REQUIRED TO TAKE YOUR PROGRAM?", with item A.23., "Can you comment on the attitudes of students toward the program?"

A.23. Student Attitudes	A.14. Attendance requirement responses			
	Yes	No	*withdraw	others
Enthusiastic	15	12	35**	3
Accepted with interest	54	48	53***	6
Accepted without comment	12	4	7	2
Apathetic	3	3	2	0
Other	1	1	0	0
Objections	<u>0</u>	<u>1</u>	<u>0</u>	<u>0</u>
TOTAL	86	68	97	11

*
may withdraw at parental request

**
36.0%

54.6%

(41)

Cross tabulation of questionnaire item A.15., "If your program is NOT required, What is the pattern for attendance.", with item A.23., "Can you comment on the attitudes of students toward the program?"

Student Attitudes	Pattern for attendance response code*			
	1	2	3	4
Enthusiastic	7	5	3	4
Accepted with interest	27	15	8	10
Accepted without comment	3	2	0	0
Apathetic	3	0	0	0
Other	1	0	0	0
Objections	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
TOTAL	41	22	11	14

*

code 1 = elective subject
 2 = permission from parents
 3 = excused because of religious reasons
 4 = other (please specify)

(42)

Cross tabulation of questionnaire item A.17., "Could you characterize your program as:", with item A.23., "Can you comment on the attitudes of students toward the program?"

A.23. Student Attitude	A.17. Program characterization response code*						
	1	2	3	4	5	6	7
Enthusiastic	40	18	12	32	17	5	3
Accepted with interest	56	57	27	94**	51	13	2
Accepted without comment	7	13	3	11	4	4	0
Apathetic	1	2	1	5	4	0	0
Other	1	1	0	0	1	0	0
Objections	<u>0</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
TOTAL	107	92	43	142	77	22	5

*Code

- 1 = comprehensive
- 2 = mostly biology and physiology
- 3 = morally instructive presentations
- 4 = mostly development of attitudes
- 5 = dialogue centered
- 6 = didactic (systematic instructive) presentations
- 7 = others (please specify)

**66.1%

(43)

Cross tabulation of questionnaire item A.7., "Have you had special courses in preparation for the family life/sex education program?", with item A.24., "Can you comment on the attitude of the staff (exclusive of your department) toward the program?"

A.24. Staff Attitudes	A.17. Special Preparation responses	
	Yes	No
Enthusiastic	22	10
Accepted with interest	70	42
Accepted without comment	61	36
Apathetic	11	5
Other	8	5
Objections	<u>1</u>	<u>0</u>
TOTAL	172	98

(44)

Cross tabulation of questionnaire item A.15., "What is the pattern for attendance?", with A.25., "Can you comment on the attitude of the community toward the program?"

A.24. Community Attitude	A.15. Attendance pattern response code*			
	1	2	3	4
Enthusiastic	1	0	0	1
Accepted with interest	10**	3	0	5
Accepted without comment	20	14	5	8
Apathetic	5	1	2	0
Other	5	2	2	0
Objections	<u>0</u>	<u>2</u>	<u>2</u>	<u>0</u>
TOTALS	41	22	11	14

*Code

- 1 = elective subject
- 2 = permission from parents
- 3 = excused because of religious reasons
- 4 = others (please specify)

** 24.3%

(45)

Cross tabulation of questionnaire item A. 7., "Have you had special courses in preparation for the family life/sex education program?", with A. 29., "How was your program initiated?"

Existence of Special Preparation (By Teacher)	PTA (1)*	TEACHER (2)	ADMINISTRATOR (3)	STUDENT (4)	COMBINATION OF (5) 1, 2, 3, 4	DOCTOR (6)	NURSE (7)	BOARD (8)	OTHERS (9)
YES	4	105	65	47	43	9	6	12	5
NO	0	72	28	26	21	3	0	5	4

* Code

- (1) PTA interest
- (2) Teacher interest
- (3) Administrative interest
- (4) Student interest
- (5) Combination of above (1,2,3,4)
- (6) Community doctor interest
- (7) Nurse interest
- (8) Board interest
- (9) Others (please specify)

(46)

A verbatim list of selected responses to questionnaire item A.30.,
"Comments--suggestions or critical questions you believe were omitted":

1. "There is a need for local DCE courses and workshops."
2. "Need more comprehensive books in 'grey' areas--deviations and perversion."
3. "Our program is very well accepted in the community, which I believe is due to the careful selection of materials."
4. "I was in a team teaching situation with the girls counselor, which was an excellent situation."
5. "Our home economics programs does very little in sex education."
6. "Should not be taught as part of physical education. It should be a class of its own."
7. "Our school had 'community rebuff' a couple of years back."
8. "Our family life education has been accepted K-6, However, the 7-12 curriculum is still being studied by the citizen's committee."
9. "How to convince parents of the great need for information on contraception, abortion, planned parenthood, and venereal, disease."
10. "I do not believe a sex education course belongs in the school especially one sponsored by SEICUS. Sex education involves moral education and that belongs in the home or church!"
11. "The only family life/sex education in our school is part of a six week freshman health course."

12. "We sent a letter home to the parents explaining the program. They were asked to comment and most cooperated."
13. "Our program as such is only given through the home economics department to our girls. Other than this there is none."
14. "How are parents-administrators better educated to determine the need for the program? Administrators are afraid of the parents and public opinion."
15. "The administrative attitude is highly negative in our school."
16. "We do not have a program and the administration is against setting one up due to the community's objection to it. Three years ago the community suddenly decided that a program in the grade schools, which had been in operation for a number of years was unacceptable and communist inspired. Resistance to the program was pushed by the John Birch Society here--so the program was dropped; since then the administrator has discouraged the development of any type of programs."
17. "A couple of teachers were released here due to sex education and therefore it has been dropped."
18. "Family life and sex education courses must be geared for your area. Attitudes and needs dictate course and extent of the course. The local area reacts in different ways and courses have to be flexible."
19. "I feel my program is inadequate, but because of controversy it is kept rather quiet, which I feel is wrong."
20. "An adult family life and sex education course was made available but no one accepted."

21. "More medical doctors should be willing to speak to classes."
22. "Problems encountered when establishing courses and problems teacher faces when teaching emotionally oriented subject."
23. "We sure could use more DCE classes in the area of sex education and mental health."
24. "The length of course and content depends on grade level, for example the course is 3-4 weeks for 9th and 10th graders and 1 semester for 11th graders. Also the course is required for 11 grade girls."
25. "Should one be married or unmarried to instruct? Would male or female or combination team teaching work best?"
26. "Much depends on the attitudes of the teacher and the class relationship."
27. "We do not have a program because our principal is a "chicken" to let me try. This is a very small school and the principal and faculty are run by the school board."
28. "When uneducated people have sex education dropped on them, they refuse it. We don't publicize our program for obvious reasons. Most of my students are more liberal and eager to learn and accept than some parents."
29. "I think sex education should be taught."
30. "We relied a great deal on the use of films. There were lectures and discussions. "
31. "An extensive sex education program would be difficult because of our conservative community."

32. "This is a good questionnaire."
33. "Glad to find out someone is doing research."
34. "Happy to know there are interested persons researching a much needed area."
35. "May I have the results of your study."
36. "Please send me a Book list of family life/sex education material."
37. "How can I gain community support for films?"
38. "I really need a curriculum guide, reference list, and instructional materials."
39. "Some of our board members realize a comprehensive program is needed but are wary of voter reaction."
40. "Students write questions and discuss them on tapes and then discuss tapes later the next day."
41. "The attitude and maturity of the teacher are VERY important in this area."
42. "How can a school with poor rapport between community and school initiate a family life and sex education program."