


AN ABSTRACT OF THE THESIS OF

Bonnie S. Wagner for the degree of Master of Science in
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Title: Sexuality Education in Montana Public High Schools
With a Focus on Implementation

Abstract Approved: _____

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Margaret M. Smith

The primary purpose of this study was to determine whether the 1981 recommendation by the Montana State Board of Public Education had influenced actual implementation of sexuality education in that state. The study also sought to describe sexuality education in Montana and to assess perceptions of Montana public high school principals regarding its implementation in their schools.

Data were collected by means of self-administered, return-mail questionnaires completed by 102 (60 percent) of Montana public high school principals in the spring of 1984. Fifty-six (54.9 percent) of subjects completed Questionnaire #1 which was designed for principals of schools that did not offer sexuality education (non-implementors). Forty-six (45.1 percent) of subjects completed Questionnaire #2, which was designed for principals of schools that offered sexuality education (implementors).

The binomial test for normal approximation disclosed that a significant number of schools had not implemented sexuality education since the 1981 recommendation. Chi square analysis revealed significant differences between the two subgroups with respect to: (a) use of specific implementation processes; (b) principals' perceptions of support for

sexuality education and (c) principals' report of requests for sexuality education.

The thesis ends with a discussion of the study's implications. Recommendations for implementing sexuality education in Montana public high schools are provided as well as recommendations for future research.

Sexuality Education in Montana Public High Schools
With a Focus on Implementation

by

Bonnie S. Wagner

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TABLE OF CONTENTS

| | <u>Page</u> |
|---|-------------|
| CHAPTER I: INTRODUCTION..... | 1 |
| Statement of the Problem..... | 4 |
| Purpose of the Study..... | 4 |
| Justification of the Study..... | 5 |
| Scope and Limitation of the Study..... | 5 |
| Research Questions..... | 6 |
| Definition of Terms..... | 6 |
| Assumptions of the Study..... | 7 |
| Summary..... | 7 |
| CHAPTER II: REVIEW OF LITERATURE..... | 8 |
| Support for Sexuality Education..... | 8 |
| Legislative Action for Sexuality Education..... | 11 |
| Implementation Catalysts and Barriers to Sexuality Education..... | 16 |
| Sexuality Education in Montana..... | 23 |
| Summary..... | 24 |
| CHAPTER III: METHODS AND PROCEDURES..... | 26 |
| State Demographics..... | 26 |
| Selection of Subjects..... | 27 |
| Development and Approval of Questionnaires..... | 27 |
| Testing the Questionnaires..... | 29 |
| Data Collection..... | 29 |
| Treatment of Data..... | 29 |
| Summary..... | 30 |
| CHAPTER IV: ANALYSIS AND INTERPRETATION OF DATA..... | 31 |
| Description of the Sample..... | 31 |
| Sexuality Education in Montana..... | 36 |
| Research Question Two..... | 40 |
| Research Question Three..... | 41 |
| Research Question Four..... | 41 |
| Research Question Five..... | 45 |
| Summary..... | 46 |
| CHAPTER V: ISSUES, IMPLICATIONS AND RECOMMENDATIONS..... | 48 |
| Issues and Implications..... | 48 |
| Recommendations..... | 50 |
| BIBLIOGRAPHY..... | 55 |
| APPENDIX A: LIST OF EXPERTS..... | 60 |
| APPENDIX B: COVER LETTER TO POTENTIAL SUBJECTS AND RESEARCH INSTRUMENTS..... | 63 |

LIST OF FIGURES

| <u>Figure</u> | | <u>Page</u> |
|---------------|--|-------------|
| 1 | Percentage of Montana public high schools represented in the sample, by classification | 32 |
| 2 | Comparison of elective versus required courses in departments of Health and Physical Education and Home Economics, Montana public high schools | 38 |

LIST OF TABLES

| <u>Table</u> | | <u>Page</u> |
|--------------|--|-------------|
| 1 | Frequency and Numbers of Implementors and Non-Implementors of Sexuality Education in Montana Public High Schools, by School Classification. | 32 |
| 2 | Non-Implementing Principals' Expressed Willingness to Assume a Leadership Role in Implementing Sexuality Education in Their Schools, Categorized by School Classification. | 34 |
| 3 | Rank Order of Obstacles to the Implementation of Sexuality Education as Perceived by Non-Implementing Principals. | 35 |
| 4 | Elective and Required Sexuality Education Courses in Montana Public High Schools, Categorized by School Classification. | 36 |
| 5 | Departments Within Montana Public High Schools That Offered Sexuality Education Courses, Categorized by School Classification. | 37 |
| 6 | Elective and Required Sexuality Education Courses in Montana Public High Schools, Identified by Department Offering Them. | 38 |
| 7 | The Most Frequently Included Topics in Sexuality Education Courses in Montana Public High Schools, Identified by School Classification. | 39 |
| 8 | The Most Frequently Excluded Topics in Sexuality Education Courses in Montana Public High Schools, Identified by School Classification. | 40 |
| 9 | Chi Square Analysis of Implementors and Non-Implementors: Needs Assessment. | 42 |
| 10 | Chi Square Analysis of Implementors and Non-Implementors: Advisory Board. | 42 |
| 11 | Chi Square Analysis of Implementors and Non-Implementors: Survey of Parental Attitudes. | 42 |
| 12 | Chi Square Analysis of Implementors and Non-Implementors: Perceived Support from Teachers. | 43 |
| 13 | Chi Square Analysis of Implementors and Non-Implementors: Perceived Support from Superintendents. | 43 |

| <u>Table</u> | | <u>Page</u> |
|--------------|---|-------------|
| 14 | Chi Square Analysis of Implementors and Non-Implementors: Perceived Support from School Boards. | 44 |
| 15 | Chi Square Analysis of Implementors and Non-Implementors: Perceived Support from Parents. | 44 |
| 16 | Chi Square Analysis of Implementors and Non-Implementors: Perceived Support from Students. | 44 |
| 17 | Chi Square Analysis of Implementors and Non-Implementors: Reported Requests for Sexuality Education from Teachers. | 45 |
| 18 | Chi Square Analysis of Implementors and Non-Implementors: Reported Requests from Students for Sexuality Education. | 46 |
| 19 | Chi Square Analysis of Implementors and Non-Implementors: Reported Requests from Community Leaders for Sexuality Education. | 46 |

SEXUALITY EDUCATION IN MONTANA PUBLIC HIGH SCHOOLS WITH A FOCUS ON IMPLEMENTATION

CHAPTER I

INTRODUCTION

The need for family life/sexuality education in the public schools has been espoused by experts and the general public since the beginning of this century (Carlyon, 1981; Penland, 1981). The changing conditions of the 1960s and 1970s made this need even more apparent (Guttmacher, 1976). With increasing rates of teenage pregnancy, abortion, sexually-related diseases and the accompanying social, psychological, and emotional problems associated with them, it has been suggested that these problems must be faced now (Cassell, 1981; Farwell, 1979; Harris, Baird, Clayburn and Mara, 1983; Kenney and Orr, 1984).

These problems, combined with the lack of sexuality education in the home, typically are cited as indicators of the need for public school sexuality education (Calderone and Johnson, 1981; Gordon and Gordon, 1983; Kirby, Alter and Scales, 1979). The majority of educational leaders support the inclusion of sexuality education in public schools as one method of reducing the above-mentioned problems (Marini and Jones, 1984; McNab, 1981; Obstfeld and Meyers, 1984; Young and Roth, 1982). And public approval for sexuality education in the public schools is gradually increasing over time (Gallup, 1981; 1982; 1984).

In reaction to the statistics of problems associated with teenage sexuality, some educational policymakers have begun to implement

sexuality education programs in the public schools. However, policymakers at both state and local levels have expressed concern as well as support for sexuality education programs in their schools (Hendrixson, 1981; Johnson and Schutt, 1966; Marini and Jones, 1983).

Policymakers on the Montana State Board of Public Education are responsible by state statute to develop and adopt policies which guide school districts in carrying out the state's educational programs. Concerned that young people in Montana were not receiving information and skills needed to establish responsible social and sexual relationships, these policymakers established the Ad Hoc Committee on Sex Education and Teenage Pregnancy in July 1980. This committee examined the effects of unwanted teen pregnancy on school-age children and evaluated information on sexuality education. Their initial report to the state board resulted in adoption of the following position statement in September 1980:

The Board of Public Education is deeply concerned about the effects of unwanted teenage pregnancy upon young people of our state. There were 2,000 such pregnancies in Montana last year and their tragic consequences are enormous. Pregnancy is the number one cause of female high school dropout; a large majority of the teenage marriages precipitated by pregnancy end in divorce within a few years; a large percentage of child abuse and neglect occurs in families with teenage parents; nearly three-quarters of all teenage mothers are on welfare; and more than one-third of abortions are performed on teenagers.

The Board is eager to help alleviate this serious problem in any way it can and will, therefore, undertake to find out more about the nature and extent of teenage pregnancy. On the basis of their findings, the Board will consider what, if anything, it can do to alleviate the personal catastrophe of unwanted pregnancy and its consequences. The Board has no illusions about easy solutions but feels the problem is so serious that dealing with it merits every possible effort.

After seven months of input from both supporters and opponents of sexuality education, the committee presented a recommendation to the State Board of Public Education on April 14, 1981. It contained options which allowed the Board to make either a binding policy or a non-binding recommendation for sexuality education being taught in all Montana public schools. The option to make sexuality education a mandatory (binding) public school offering was defeated. The option to make sexuality education a recommendation (non-binding) was passed.

The Board then directed that the following accreditation standard for human sexuality and family life education programs be included in the recommended column of the "Montana School Accreditation Standards and Procedure Manual."

The Board of Public Education encourages schools to offer family life and human sexuality programs for all grades K-12. The goal of such programs is to develop in concert with parents, churches, community organizations, and youth, sources of information and discussion which will help students confront the physiological, psychological, social, and ethical implications of human sexuality.

Specific goals should be clearly explicated for each locality and should include information which will assist young people in understanding and integrating into their lives self-respect, mutual respect, consideration of the needs of others, affection and love, variety of family structures and roles of family members, male and female roles in society, communication skills, peer relationships, clarification of personal values and goals, and the consequences and implications of behavior.

The Board stated in its Report and Recommendations (1981) that local school districts would recognize their responsibilities to their students and communities, and that sexuality education programs would likely be developed voluntarily as a result.

Statement of the Problem

Annual evaluations ensure that schools comply with minimum accreditation standards adopted by the State Board of Public Education. There is, however, no systematic process to determine compliance with recommended standards. Thus, research is needed to assess the implementation of recommended sexuality education in Montana public high schools.

Purpose of the Study

The primary purpose of this study was to collect information from Montana high school principals regarding sexuality education in their schools. Toward this end, six objectives were established as follows:

- (1) to gather descriptive information regarding sexuality education in Montana public high schools.
- (2) to determine if significant differences exist between the numbers of Montana secondary schools that implemented sexuality education prior to 1981 and those that implemented between 1981 and 1984.
- (3) to determine if significant differences exist between implementors and non-implementors with respect to their implementation processes.
- (4) to determine if significant differences exist between implementors and non-implementors with respect to individual principal perceptions of support for sexuality education.
- (5) to determine if significant differences exist between implementors and non-implementors with respect to reported requests for sexuality education.
- (6) to use the research findings to develop recommendations to public policymakers in the State of Montana regarding sexuality education.

Justification of the Study

State laws and policies encouraging or mandating sexuality education in the public schools are limited. Kenney and Orr (1984) have identified Montana as one of only eight states that have written policies encouraging sexuality education in the public schools. They also determined that only Maryland, New Jersey, and the District of Columbia have mandated the inclusion of sexuality education into the total school curriculum.

This study will reveal the impact of the state's recommendation for sexuality education in Montana public high schools. The identification of successful implementation processes could provide direction for local school districts considering the development and implementation of their sexuality education programs. Results of this study will be available for comparison to results from the three jurisdictions mandating sexuality education on the national level to determine if they are comparable.

Scope and Limitation of the Study

This study assessed the knowledge and opinions of 102 high school principals in Montana regarding sexuality education in their schools. Additional perspectives on sexuality education in Montana public high schools could be obtained by expanding the subject pool to include teachers, students, parents and/or school board members.

Research Questions

In order to meet the objectives of this study, the following questions were posed:

- (1) How do high school principals characterize secondary sexuality education in the state of Montana?
- (2) Have a significant number of Montana secondary schools implemented sexuality education since the 1981 recommendation?
- (3) Are there significant differences between implementors and non-implementors with respect to sexuality education implementation processes used in Montana secondary schools?
- (4) Are there significant differences between implementors and non-implementors with respect to principals' perceptions of support for sexuality education?
- (5) Are there significant differences between implementors and non-implementors with respect to requests for sexuality education?

Definition of Terms

For purposes of this study, the following terms were defined:

Sexuality education:^{1/} instructional experiences which contribute to knowledge and understanding of the sexual dimension of individual experience, including family roles and responsibilities (adapted from Gordon and Gordon, 1983).

Principal: site administrator responsible for the organization and administration of the school programs.

Implementation process: use of parental survey, advisory board, needs assessment.

^{1/}Although many sources cited herein refer to "sex education," or to the more broadly defined, "family life education," this author prefers the term, "sexuality education."

Implementor: Montana high school which reported implementing sexuality education.

Non-implementor: Montana high school which reported not implementing sexuality education.

Assumptions of the Study

Certain assumptions were made in conducting this study. These were:

- (1) Written survey responses are representative of respondents' knowledge and opinions about sexuality education in Montana public high schools.
- (2) The questionnaires are appropriate tools for securing information regarding high school principals' knowledge and opinions about sexuality education in their schools.
- (3) The principals, being major figures at the building level, are most knowledgeable about implementation of sexuality education programs in their schools.
- (4) Montana high schools implementing sexuality education after the 1981 recommendation did so, at least partially, as a result of the recommendation.

Summary

The focus of this study was to identify the extent and methods of implementation of sexuality education in Montana public high schools. This chapter discussed the problem, purpose, justification, scope and limitation of the study. The underlying assumptions and terminology for use throughout the study were also provided. Five basic questions regarding the description and implementation of sexuality education in Montana were posed.

CHAPTER II

REVIEW OF LITERATURE

This chapter reviews research and professional literature relevant to the implementation of sexuality education in public high schools. The topics include: support, legislative action, implementation catalysts and barriers and State of Montana.

Support for Sexuality Education

A comprehensive review of the available research related to attitudes toward sexuality education in the public schools disclosed strong support for its inclusion. This support has been documented nationwide with the general public as well as with selected special interest groups.

The Gallup education poll is a source of reliable information concerning trends in opinion about significant school questions. The 1981 survey which measured attitudes of Americans toward their public schools is described as a modified probability sample of the nation. Personal, in-house interviewing of 1,519 adults was conducted in all areas of the United States and in all types of communities during May, 1981. Results of the question, "Do you feel public high schools should or should not include sex education in their educational programs?" showed that 70 percent of the national total indicated "should" while 22 percent indicated "should not" and eight percent expressed no opinion.

A similar survey in 1982 by the National Opinion Research Center (NORC) asked the question, "Would you be for or against sex education

in the public schools? Eighty-two percent of the respondents indicated that they were for sex education in the public schools (NORC, 1982).

The strong public support for sexuality education demonstrated by the Gallup (1981) and NORC (1982) surveys is consistent with previous nationwide surveys as well as less random studies (Bronson, 1978; Farwell and Vincent, 1979; Johnson and Schutt, 1966; Marini and Jones, 1983; Ruffini, 1984; Young and Feiderstricker, 1983). A major survey of readers conducted by Better Homes and Gardens in 1982 (Sexuality Today, 1983) found that 80 percent supported sexuality education in the schools. Seventy-five percent of respondents in a National Broadcasting Company/Associated Press (NBC/AP) poll in 1981 approved of sexuality education in the public schools.

Historically, this issue was first raised in 1943 (Gallup, 1972). The question was phrased as follows: "It has been suggested that a course in sex education be given to students in high schools. Do you approve or disapprove of this plan?" Sixty-eight percent of the public voiced approval for the suggestion at that time. Support for sexuality education in Gallup polls since 1943 have consistently increased except for the year 1970 when only 65 percent of the public approved. The question did not specify at that time whether the courses were to be given in both high school and in the elementary school.

Parental support for sexuality education in the public schools might be considered most important since parents have the most concern for the well-being of their children. Further analysis of the Gallup (1981) findings by groups reveals that 79 percent of parents with children attending public schools approved of sexuality education for

students in high schools. Stronger support from parents than the general public for sexuality education was also shown in the 1981 NBC/AP poll by a margin of 80 percent to 70 percent.

Additional parental support has been demonstrated by the membership of the National Parent Teacher Association (NPTA). This organization's interests and activities relating to sexuality education date back to the 1898 convention which advocated sexuality education before puberty in the public schools (Carlyon, 1981). In 1969 NPTA adopted a resolution supporting sexuality education programs in public schools. Since 1978 its Sex Education Planning/Advisory Committee has focused on special issues related to sexuality education in the public schools. NPTA subscribes to the view that schools have important roles to play in building upon the early parental influences regarding sexuality and that the school experience is complementary to the parent and home responsibility.

Perhaps the greatest demonstration of parental support for sexuality education is given by parents who translate their support for sexuality education into practice by permitting their children to enroll in sexuality education courses when they are offered. In 1979 twelve California school districts implemented family-life education programs in which 17,548 students were served from 1979 through 1981. Over this two-year period, fewer than two percent of the parents chose to keep their children from participating (Cooper, 1982).

Other respected organizations officially supporting the inclusion of sexuality education in the public schools can be classified as education, medical and religious. Resolutions, position papers, conference programs and publications of the National Education

Association, the U.S. Office of Education, and the American School Health Association demonstrate commitment to sexuality education in schools (Bensley, Jr., 1981; Schiller, 1974).

Legislative Action for Sexuality Education

Coverage of legislation related to sexuality education in the public schools is not prevalent in literature even though many states have developed guidelines for sexuality education. A review of literature revealed only two relevant research studies specifically addressing state guidelines or policies. MATHTECH, Inc., under contract with the Department of Health, Education and Welfare's Center for Disease Control, Bureau of Health Education, researched the state guidelines on sex and/or family life education. The study was partially undertaken to clarify discrepancies of two previous studies: (1) the American School Health Association survey (1978) which focused on other health matters but did contain information on state guidelines for the inclusion of sex education topics in the curriculum; and (2) the Sullivan, Goyzlo and Schwartz (1978) study which was incomplete in that it contained data for only 43 states.

The MATHTECH, Inc. study (Kirby, Alter and Scales, 1979) focused primarily on the legislative basis for sexuality education. Data were obtained through completion of a "Summary of Laws and Guidelines for Instruction in Sex Education" for each state. The Department of Education in each state was contacted to obtain its guidelines if they existed. Follow-up telephone calls and letters resulted in responses from all 50 states. Guidelines were coded by two individuals and disagreements were resolved by a third party or by clarification from the

respective state. To further ensure that the results were valid, all of the completed state summary sheets were returned to the separate states for verification. Any changes were further verified via telephone.

Kirby et. al. (1979) described the confusion in interpreting guidelines received from the 40 states that have them. Some examples of the vague terminology causing confusion are as follows: (1) "sexual behavior" discussions were discouraged, but specific behaviors were not identified; (2) "perversions" were not to be discussed in several states, but the activities considered to be "perversions" were not identified; (3) suggestions that sexuality education teachers be "comfortable" and/or "competent" implies that they have specific attitudes or special training.

A second source of confusion was the legal nature of the guidelines (Kirby et. al., 1979). In some states portions of the guidelines were legally binding while others were prefaced with the phrase, "schools should." Some states simply made recommendations which could be accepted or ignored by local school boards while other states' guidelines have the force of law. In states with legally-binding guidelines, some guidelines are enforced while others are openly violated. These ambiguities produced minor problems for the researchers in compiling summaries of the states' guidelines.

According to state-by-state summaries included in the Kirby et. al. (1979) report, 40 states had guidelines on sexuality education. Of these 40 states, only Maryland and Kentucky required sexuality education and only Louisiana prohibited it. Twenty-two of the 40 states' guidelines on sexuality education suggested, recommended, or presented it as part of a model program. In the remaining states, the decision to

provide sexuality education and the method of doing so were to be determined entirely by local school districts.

Program components and topics for discussion were also summarized by Kirby et. al.'s (1979) states' guidelines summary. More than half of the states' guidelines recommended or legally required these program components: (1) involvement of parents and community in planning, (2) local autonomy over programs, (3) public review of program content and (4) periodic evaluation of classes or programs. Twenty states' guidelines suggested special training for sexuality education teachers and three guidelines required such training. Only two states required approval of sexuality education by the state school board.

Required or suggested topics for discussion given in more than half of the guidelines were: (1) anatomy and physiology, (2) human reproduction, (3) venereal disease and (4) family roles and responsibilities. Fewer than five of the states' guidelines legally prohibited or discouraged the following topics for discussion: (1) contraception, (2) abortion, (3) masturbation and (4) homosexuality. Most states ignored or excluded these controversial topics from the guidelines.

Kirby et. al. (1979) also assessed the extent to which sexuality education guidelines supported or hindered sexuality education and reported that because many states adopted a neutral position on many features of sexuality education, the guidelines only weakly support sexuality education. Analysis indicated that states with supportive guidelines also have larger proportions of schools with separate sexuality education classes. A very high correlation ($R = .83$) was revealed for the states which specifically encouraged or discouraged sexuality education and the proportion of schools in that state having special classes.

Kenney and Alexander (1980) focused on the state policy statements expressly addressing sexuality education. The data collected in 1979 by Kirby, Alter and Scales (1979) which asked for state guidelines, and in 1980 by the National Association of State Boards of Education, which requested state policies on sex education, were analyzed.

According to Kenney and Alexander (1980), 30 states and the District of Columbia had a policy statement specifically addressing sexuality education and how it should be implemented. Thirteen of the remaining states included sexuality education as an optional element in the curricula or course guidelines; one state (Kentucky) required sexuality education in the health curriculum; and six states reported that they had no written policy. No state prohibited sexuality education (Louisiana repealed its restrictive sexuality education law in 1979).

The 31 policies analyzed by Kenney and Alexander (1980) demonstrated little evidence of strong commitment by state legislatures, boards of education or state education agencies to provide statewide implementation of sexuality education. Only six states' policies committed personnel to assisting school districts with program development, and only three policies charge personnel with making teacher training available. Among those states committing personnel to assist with implementation of sexuality education, only two -- Maryland and New Jersey -- required local districts to provide sexuality education. Six states' policies encouraged but did not require local districts to offer sexuality education, and the remaining 22 states that have policies permit local school officials to decide whether to provide sexuality education.

Kenney and Alexander (1980) also noted that most of the 31 policies addressed parental and community involvement in planning sexuality education programs, provisions for pupils to be excused, and procedures for insuring that instructional materials conform to community standards. All of the states' policies acknowledged parents' primary responsibility for sexuality education of their children and the schools' supplementary role.

Professional preparation for teachers of sexuality education was recommended in two-thirds of the 31 policy statements. Although most of the policies were vague, two of the states' policies provided specific guidance as to what constituted adequate preparation for teachers. Michigan required every teacher of sexuality education to be approved by the State Department of Education, to be certified in health education or a "closely related" area and to have studied biological and behavioral sciences and "sex education content areas." New Jersey required that teachers be certified in biology, comprehensive science, elementary education, health education, home economics, nursery education or psychology or to be qualified as a school nurse. Kenney and Alexander (1980) noted that their analysis focused only on policy documents and further recommended an examination of how state policies are actually implemented by state and local school districts.

Although Kirby et. al. (1979) assessed states' guidelines and Kenney and Alexander (1980) analyzed state policies, no contradictions existed in terms of the legislative actions addressing sexuality education in the public schools. Kenney and Orr (1984), having updated the states' policies, reported the status of legislation regarding sexuality education in 1984: (1) 30 states and the District of Columbia

had policies addressing sexuality education, (2) Maryland, New Jersey and the District of Columbia had mandated sexuality education in their curriculums, and Kentucky required it in Health Education; (3) eight states -- Delaware, Illinois, Iowa, Kansas, Minnesota, Montana, Pennsylvania and Utah -- encourage sexuality education; (4) no state prohibits it and (5) the remaining states either offer optional curriculum guidelines, leave the decision to the local school officials, or have no written policy.

Implementation Catalysts and Barriers to Sexuality Education

Research and literature by experts in the field of sexuality education identified nationwide catalysts and barriers to implementation of sexuality education programs in the public schools. These components are not ranked as each can assume lesser or greater importance in separate states, school districts and communities. The three divisions functioning as both catalysts and/or barriers are: (1) legislation, (2) special interest groups and (3) local education leaders.

Legislation

Because no federal law on sexuality education exists and because the federal courts have consistently upheld the public schools' right to offer sexuality education (Bernstein, 1977; Kenney and Orr, 1984; Nolte, 1973), catalysts and barriers to implementation of sexuality education form within each state. If the state chooses to exercise its discretionary power regarding education, it can create catalysts or barriers to the implementation of sexuality education, or the local school district's centralized body that sets policy may encounter or establish catalysts or barriers.

When Louisiana repealed its restrictive sexuality education law in 1979 (Kenney and Alexander, 1980), it joined the other 49 states permitting, encouraging or requiring sexuality education in public schools. No state legislation currently maintains a blatant barrier to implementation of sexuality education by prohibiting it.

Only one study investigating the relationship between states' legislation and prevalence of sexuality education within the states was identified in the literature review. Kirby et. al. (1979) noted a high correlation among those states that strongly encourage or discourage specific classes in sexuality education and the proportion of schools in that state having special classes. The authors concluded that this "indicates a strong relationship and suggests that the state guidelines have a considerable impact on the schools" (Kirby et. al., 1979).

Educational Leaders

The ultimate responsibility for the implementation of sexuality education at the local level lies with school board members and administrators. Either one of these groups can be catalysts or can impose insurmountable barriers to the implementation of sexuality education in a school district.

Much of the professional literature for school board members and school administrators supports the concept of making available a well-developed school sexuality education program (Kirschenbaum, 1982; Nolte, 1973; Poe, 1972; Scott, 1972). Nolte (1973) advised board members to be informed of state laws or policies decreed on sexuality education and to expect the courts to stand behind those boards of education offering sexuality education in the public schools. To prevent

controversy, Poe (1972) advised board members to be sure that:

(1) they are informed about and approve their district's program, (2) a cross-section group of parents understands and approves the curriculum, (3) the program operates under sound professional guidance and (4) teachers assigned this delicate subject do not abuse or misuse their responsibility. Kirschenbaum (1982) advocated channeling potential controversy into productive directions by districts having a clear, written set of procedures for the adoption and reevaluation of curriculum and for handling complaints if they arise. An enumeration of the board's rights directly associated with curriculum and instruction include the right to: (1) set goals, objectives, policies and standards for the school district; (2) hire competent professional staff, charged with carrying out the day-to-day responsibilities of curriculum and instruction; (3) set specific guidelines for adopting school curricula, reevaluating curricula, and due process procedures for handling complaints or controversy from the community; and (4) decide controversial matters which cannot be worked out between professional staff and the community by due process. The ultimate decision-making responsibility is the boards' (Kirschenbaum, 1982).

The favorable attitudes of local educational leaders toward sexuality education were documented in two studies. A 1965 survey (Johnson and Schutt, 1966) of school board members and superintendents in Maryland showed that more than 84 percent believed the public schools had a responsibility to teach sexuality education and did or would have approved such instruction in their schools. A more recent investigation of the beliefs of Indiana school board members and administrators (Marini and Jones, 1983) found that 75 percent believed

that schools have a responsibility to teach about human sexuality and 82 percent approved of sexuality education in their schools. Conclusions from these studies were that because school board members and administrators believe that the schools have a responsibility to include sexuality education as a part of the curriculum, they would catalyze quality sexuality education programs.

Such supportive attitudes toward sexuality education, however, are merged with concerns and perceptions the same leaders have expressed toward sexuality education and may explain how they create barriers to implementation in their schools. The most frequent reason given by these school officials in the 1965 Maryland study (Johnson and Schutt, 1966) for not having sexuality education were (1) lack of qualified teachers and (2) fear of public reaction. Eighty-two percent of the respondents thought that inadequacy of teacher preparation was most important. Fifty-seven percent were concerned over possible parental reaction. The Indiana school policymakers' primary reasons for not offering sexuality education in their schools were: (1) concern over parental reaction, (2) lack of qualified teachers, (3) concern over community reaction and (4) concern over church reaction.

Concern over parental or public reaction as a barrier to sexuality education implementation is also expressed by many experts in the field. Krager and Wiesner (1981) state that the single greatest obstacle to implementing programs dealing with sensitive matters is a fear of community or parental backlash. Wagman and Bignel (1981) cited opposition from parents and community members as the greatest cause of administrative resistance to family life education. Yarber and McCabe (1984) state that apprehension among school administrators regarding sexuality education

programming stems primarily from one factor: fear of reaction from the public.

This fear is not unfounded considering the successes of opponents of sexuality education in the U.S. (Haims, 1973). Some experts, however, believe this fear is based on the administrators' perceived lack of community support rather than actual lack of support (Scales, 1980). Yarber, 1979; Young and Roth, 1982). Scales (1980) states that most administrators perceive a greater potential for opposition than is likely to occur. Yarber (1979) indicated that the major barrier to the initiation of family life/sex education programs is the presumed lack of community support. This view is supported by recent work of Young and Roth (1982) which found that the single most important factor in whether or not a school offered sexuality education coursework seemed to be the school officials' perception of community support.

Because the educational leaders' perception of community and parental support serves as a catalyst or barrier to implementation of controversial topics, assurance of support can be a major catalyst. This support, as noted earlier in this chapter, is demonstrated by numerous polls.

Special Interest Groups

The perceived lack of support for sexuality education stems from controversy surrounding this sensitive issue. Differences of opinion and belief should be expected, not feared. Managing discontent rather than trying to stifle it can be the catalyst for successful implementation of sexuality education (Scales, 1980). Hotois and Milner's 1975 national study of school superintendents disclosed that only five

percent of existing programs were eliminated following controversy, but that more than 50 percent were expanded following controversy. Thus, the literature suggests that it is more often mismanagement of community opposition that results in opponents being successful rather than the opponents' ability to convince the majority of the moral rightness of their cause.

The 1960's anti-sex education groups, strengthened through alliance with religious and political organizations, are currently active in many parts of the country. Scales (1981) identified some of the highly organized groups: The John Birch Society, MOTOREDE, Parents Who Care, the Christian Crusade, Parents Opposed to Sex Education, and Concerned Christian Mothers. These political groups expressed their concerns of "parents' rights" and "moral education" and are just some of the groups constructing barriers to sexuality education implementation.

Unsavory tactics of the opposition to sexuality education are enumerated by Scales (1981) and include quoting proponents' out-of-context, spreading outright lies, and disrupting meetings. McNab (1981) offered this technique to confront the opposition in their efforts to stop school sexuality education programs:

Establish a citizens group of parents, teachers, clergymen and school nurses called PARENTS, an acronym for People Advocating Responsible Education Necessary to Teenagers about Sexuality. This group's duties include (a) providing a definition and rationale or justification for sex education, (b) suggesting topics which should be included in sexuality education, (c) developing and demonstrating widespread community support for sex education, (d) developing statistical data to support the school sex education program, (e) preparing testimony and arranging witnesses for public hearings, (f) keeping informed of the opposition, and always having members at the sex advisory and school board meetings to provide support for sex education,

(g) releasing statements to the media concerning support for sex education, and (h) providing a reliable line of communication to keep people in the PARENTS group and the community up-to-date on sex education development in the school.

Parents, as members of either the anti-sex education or the proponent organizations intentionally create barriers or catalysts for sexuality education. The majority of supportive parents, however, unintentionally create the greatest barriers by passively allowing the minority to destroy potential education for all students. Gordon (1981) claims that supportive parents, when confronted with the often distorted claims of a vocal minority in opposition to the programs, sit passively by while curriculums are defeated.

In protecting their "parents' rights," a concern expressed by anti-sex education groups, activist parents often violate the rights of others. Kirschenbaum (1982) enumerated the legitimate rights of parents to: (1) elect board members, (2) attend school board meetings to voice their opinions, (3) visit the schools and observe, (4) serve on a Community Advisory Board to the professional staff, (5) be informed of and have approval of a child's elective course choices, (6) give opinions to professional staff about book selection, course content, and teaching methods; (7) request one's child be excused from partaking of a particular book or activity if feasible and (8) send one's child to a non-public school of one's choice, not at the taxpayer's expense. Kirschenbaum further states that an understanding of the rights and roles of parents, administrators and school boards provides an essential foundation for developing effective procedures regarding adopting school curriculum and handling controversies as they arise.

Sexuality Education in Montana

Literature addressing support for sexuality education and implementation catalysts and barriers specific to Montana was not discernible. Legislative action in Montana, however, was addressed by Kirby et. al. (1979), and additional information was provided from the Montana State Board of Public Education.

Prior to 1981 sexuality education in Montana public schools was addressed at the state level only by guidelines presented as part of a model curriculum. These guidelines, analyzed by Kirby et. al. (1979), listed the following topics for discussion: (1) anatomy/physiology, (2) human reproduction, (3) venereal disease, (4) family roles/responsibilities, (5) adolescent/adult attitudes and values about sexuality, (6) sex roles, (7) communication skills, decision making and problem-solving skills; (8) abortion and (9) masturbation. Two topics included in the Kirby et. al. (1979) summary of guidelines but not addressed in Montana's curriculum guidelines were contraception and homosexuality. Since the Montana guidelines were merely suggested as part of the model curriculum, local school districts could decide whether to accept, reject or ignore them.

During the seven months following the 1980 State Board of Public Education adoption of a position statement (page 2, this document), addressing the problem of unwanted teenage pregnancy, both supporters and opponents voiced their opinions at public hearings. According to newspaper articles, sexuality education became a controversial and sometimes volatile topic. An article headlined, "Sex ed is condemned with fire and brimstone" reported that a crowd of irate citizens gave emotionally

charged speeches warning against international conspiracies, pornography in the classroom, and the destruction of society (The Billings Gazette, Wed., Dec. 10, 1980).

Another article quoted parents as saying that "sex education materials tend to motivate, stimulate, and ignite the sexuality of students," and "the business of schools is education, not miring in sex" (The Billings Gazette, Sept. 10, 1980, p. 38).

Supporters of sexuality education in the public schools also expressed their views. Representatives from the Montana Home Economics Association, the Mental Health Association and the Planned Parenthood Organization agreed that there was a strong need for courses which cover a wide spectrum of material dealing with successful family life (The Billings Gazette, Jan. 14, 1981, p. 2-B). Student leaders attending the Montana Association of Student Councils conference overwhelmingly adopted and submitted to the Board a resolution urging the State Board of Public Education to require that sexuality education be taught in the public schools (Montana State Board of Public Education, Mar. 9, 1981).

The recommended accreditation standard (policy) was adopted by the Montana State Board of Public Education in May 1981. Following this adoption, Kenney and Orr (1984) ranked Montana as one of eight states encouraging sexuality education in the public schools.

Summary

The literature review in this chapter addressed concerns common to implementation of sexuality education in the public schools. Although a paucity of literature focuses on the controversy created by the opponents of sexuality education, management of controversy, rather than the

controversy itself, is the focus of the catalysts and barriers section.

Strong public and parental support for sexuality education was documented, and educational leaders' perceptions of a lack of this support was discussed. Other concerns over the implementation of sexuality education and experts' suggested methods of combating these barriers was presented.

Review of the literature addressing state guidelines and policies regarding implementation of sexuality education revealed the diversity of state legislation addressing sexuality education. Although no state prohibits sexuality education, some states have no policies; others have weak, confusing or encouraging guidelines or policies; and a few states have legislation requiring sexuality education in the public schools. A need for research which investigates the impact of state legislation on local implementation of sexuality education is evidenced by the literature review which revealed only one study addressing this issue.

CHAPTER III

METHODS AND PROCEDURES

This study was designed to gather descriptive information about secondary school sexuality education and the perceptions of principals about such implementation. This chapter provides information related to Montana state demographics, selection of subjects, development of the instrument, and collection and treatment of the data.

State Demographics

Montana is a large state (145,392 sq. mi.) with a small population (876,690 people), averaging only 5.4 people per square mile. According to the 1980 Census of Population, 52.9 percent of the residents live in urban areas, defined as having a population of 2,500 to 100,000. Since the largest city, Billings, has only 66,789 residents, a more accurate picture is depicted by stating that slightly more than half of the residents live in urban areas of 2,500 to 67,000, and that almost half (47.1 percent) of the residents live in rural areas with a population of less than 2,500 people.

Because consolidation of schools is rare in Montana, more than half (52.6 percent) of the 169 public high schools are in class C divisions. In Class C schools, enrollment ranges from 50 to 155 with the average being 62 students and 7.75 teachers.

Class B schools comprise 27.8 percent of high schools in Montana and, although they are slightly larger than class C schools, the majority of them are also located in rural areas. Urban area schools, class A and AA, each constitute 9.5 percent of the total number of high

schools. Thus, approximately two-thirds of Montana high schools are located in rural areas.

Selection of Subjects

As a site administrator, the principal is a major figure at the building level. He or she bears primary responsibility for the organization, administration and evaluation of programs and for supervision of staff. The principal receives input from students, parents and teachers, other administrators, and the general public regarding the school's programs. Davis (1983) states that the principal is responsible for the overall smooth operation of programs. Therefore, the principal was determined to be the most appropriate person to provide descriptive data about sexuality education in the school and to identify perceived obstacles and catalysts to implementing sexuality education.

The subject pool was limited to high school principals in order to keep the study of manageable size and because the literature suggests that sexuality education is more often implemented in secondary schools rather than in elementary schools. In order to acquire a sample large enough for meaningful statistical analysis, all high school principals in the state were contacted. The Montana State Office of Public Instruction provided a mailing list of all high school principals in the state.

Development and Approval of Questionnaires

Two separate questionnaires were developed to permit collection of data required to meet the objectives of this study. Questionnaire #1 was designed to be completed by principals of high schools not offering sexuality education, and questionnaire #2 was designed for principals

of high schools offering sexuality education during the 1983-84 school year. With assistance from the Survey Research Center at Oregon State University, both questionnaires were developed from a review of pertinent literature on sexuality education and focused discussions with six high school administrators. The self-administered questionnaires were designed to collect descriptive data as well as data about respondents' perceptions concerning sexuality education in Montana public high schools.

Expert Contribution

In order to insure their content validity, the preliminary questionnaires were evaluated by nine experts specializing in some aspect of education, administration or implementation of sexuality education. Experts were selected on the basis of whether they met one or more of the following criteria:

- (1) The individual is involved at the state level with development or implementation of sexuality education in high schools.
- (2) The individual teaches sexuality education at a public high school or college.
- (3) The individual is a physician concerned with sexuality education as determined by positions held in private organizations committed to sexuality education.

Experts were asked to critique the questionnaires and to make suggestions regarding: (1) clarity of the questions, (2) relevance of the questions to objectives of the study and (3) necessary additions or deletions. As a result of the experts' suggestions, changes were made to improve clarity and relevance of the questions. Additions were made to the descriptive data for existing programs, but no questions were deleted. Appendix A contains a list of participating experts and a synopsis of their qualifications.

Testing the Questionnaires

The usefulness of the questionnaires as tools for collecting descriptive data was confirmed by pilot-testing them with five principals who represent nine percent of the Montana public high school principals. All five pilot subjects also participated in the study by completing the final questionnaires. As a result of the pilots' input, modifications were made in format only. Descriptive data about topics included in sexuality education were verified by having the sexuality education teachers of two pilot principals respond separately to the same questions that pilot principals answered.

Data Collection

A packet of materials was sent to all 169 Montana public high school principals during the spring of 1984. This packet included: (1) a cover letter describing the purpose of the survey, (2) the questionnaires and (3) a self-addressed/stamped return envelope. The cover letter indicated which questionnaire was to be completed and returned, and the return envelope was number-coded to indicate the school's classification. A follow-up packet was sent to 67 non-responders three weeks after the original mailing, which resulted in seven additional responses.

Treatment of Data

Data gathered through use of the two questionnaires were both nominal and ordinal. Nominal and ordinal data for Research Question #1 were not treated statistically because they were gathered for descriptive purposes only.

Following return of completed questionnaires, schools were placed into one of two categories according to whether respondents indicated "not offering sexuality education" or "currently offering sexuality education." Schools offering sexuality education were further divided according to year of the program's implementation. After the sorting process was completed, data were then tabulated for treatment.

Statistical Tests

The statistical tests were chosen to determine whether observed attributes of implementors and non-implementors were greater than expected by chance. Chi square was used to compare implementors and non-implementors (Research Questions 3, 4 and 5); the binomial test for normal approximation was used to determine whether a significant number of schools had implemented sexuality education since 1981 (Research Question 2). Helen Berg of the OSU Survey Research Center provided consultation.

Summary

This chapter described methods and procedures used to achieve the objectives and to answer the research questions stated in Chapter I. The methods and procedures described were selection of subjects, development of questionnaires and treatment of data. The systematic procedure employed in developing and testing the questionnaires was outlined. The procedure for sorting questionnaires was described and statistical treatment of the data was discussed.

CHAPTER IV

ANALYSIS AND INTERPRETATION OF DATA

The results of this study are reported in six sections. Following a description of the sample, the second section describes sexuality education in the State of Montana. The third section presents findings regarding the impact of the recommendation to implement sexuality education in Montana high schools, and the fourth section presents results of statistical tests regarding the implementation processes. Sections five and six present results of statistical tests regarding the principals' perceptions of support and reported requests for sexuality education, respectively.

Description of the Sample

The sample for this study consisted of 102 subjects who represent 60 percent of all Montana public high school principals. The highest response rate was from Class C schools, which comprise 53 percent of Montana high schools (Class C schools average 62 students each). A distribution of subjects according to school classifications is provided in Figure 1.

Questionnaire #1 (Appendix B) was returned by principals whose schools had not implemented sexuality education (non-implementors). Respondents whose school currently offer sexuality education (implementors) returned Questionnaire #2 (Appendix B). More than half (54.9 percent) of the respondents indicated that sexuality education was not offered in their schools. Table 1 compares implementors and non-implementors, by school classification. The low frequency of Class C schools offering sexuality education is noteworthy.

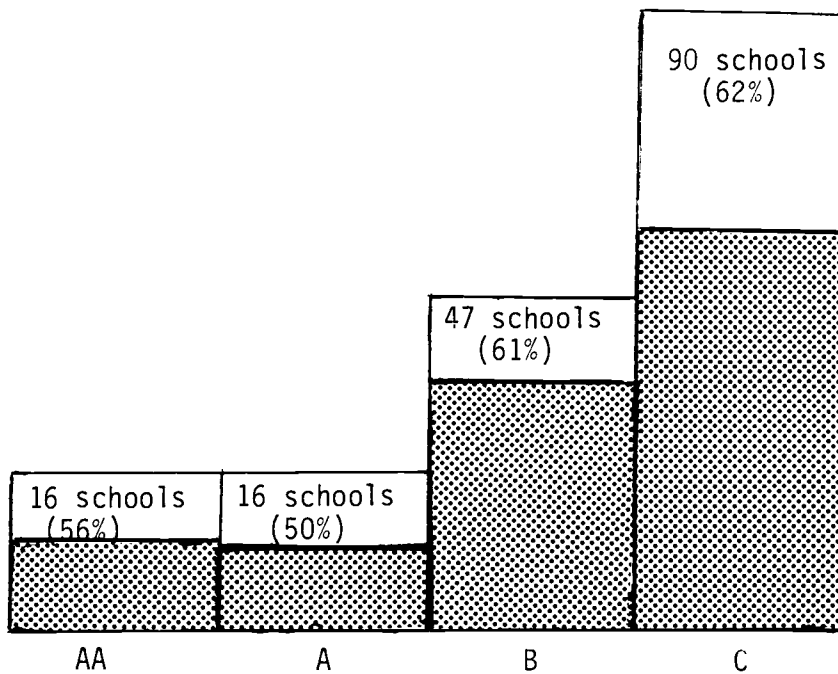


Figure 1. Percentage of Montana public high schools represented in the sample, by classification

Table 1. Frequency and Numbers of Implementors and Non-Implementors of Sexuality Education in Montana Public High School, By School Classification.

| School Classification | Offering Sexuality Ed. | Not Offering Sexuality Ed. | Number of Responses |
|-----------------------|------------------------|----------------------------|---------------------|
| AA | 88.8% (8) | 11.1% (1) | 8.8% (9) |
| A | 50.0% (4) | 50.0% (4) | 7.8% (8) |
| B | 55.2% (16) | 44.8% (13) | 28.4% (29) |
| C | 32.1% (18) | 67.9% (38) | 54.9% (56) |
| Total | 45.1% (46) | 54.9% (56) | 100.0% (102) |

Principals of non-implementing schools were asked if they would be willing to assume a leadership role in developing and implementing sexuality education in their schools (Item #3, Questionnaire #1, Appendix B). It was reasoned that principals of non-implementing schools would be disinclined to assume a leadership role. Results support this inference; 54 percent of these respondents were unwilling to assume a leadership role and another 21 percent were hesitant to do so (indicated by marking "don't know"). Only 25 percent were willing to assume leadership in implementing sexuality education. Table 2 enumerates responses to the question about willingness to assume leadership implementing sexuality education. It should be noted that although the principals of small schools (Classes B and C) appear to be more willing to assume a leadership role, the small numbers representing classes AA and A may prohibit any inferences about this finding.

Item #4 of Questionnaire #1 (Appendix B) asked non-implementing principals how qualified they perceived themselves to be to implement sexuality education. A four-point scale was used for their responses, where 1 = very qualified, 2 = somewhat qualified, 3 = not very qualified and 4 = not qualified at all. The mean score was 2.727 with a standard deviation of .98795. By comparing responses to items 3 and 4, it is shown that non-implementing principals perceived their qualifications to be greater than their willingness to implement sexuality education.

Because administrative concerns are often cited as barriers to the implementation of sexuality education, non-implementors were asked to indicate what they perceived to be implementation barriers for their schools. Item #2 of Questionnaire #1 (Appendix B) listed typical

Table 2. Non-Implementing Principals' Expressed Willingness to Assume A Leadership Role in Implementing Sexuality Education in Their Schools, Categorized by School Classification.

| Classification | Unwilling | Willing | Don't Know | Total |
|----------------|----------------|----------------|----------------|-----------------|
| AA | 1.79% (1) | (0) | (0) | 1.79% (1) |
| A | 5.36% (3) | (0) | 1.79% (1) | 7.14% (4) |
| B | 14.29% (8) | 8.93% (5) | (0) | 23.21% (13) |
| C | 32.14% (18) | 16.07% (9) | 19.64% (11) | 67.86% (38) |
| Total | 53.57% (30) | 25.00% (14) | 21.43% (12) | 100.00% (56) |

barriers cited in the literature and asked respondents to indicate how serious an obstacle each would be. The items that principals identified as "very serious" and "somewhat serious" were considered to be genuine obstacles and were then ranked according to perceived seriousness. Table 3 displays these rankings, which substantiate experts' contentions that concern over parental or public reaction is the single greatest obstacle to implementing sexuality education in public schools (Krager and Wiesner, 1981; Wagman and Bignel, 1981; Yarber and McCabe, 1984).

Comments about sexuality education were solicited from non-implementors. A sample of comments follows:

"Needed!" -- From a principal who is willing to assume a leadership role and "somewhat qualified" to implement.

"In order for the program to be successful, a very qualified teacher is the key." -- From a subject who indicated "Not Qualified At All" to implement a program.

Table 3. Rank Order of Obstacles to the Implementation of Sexuality Education as Perceived by Non-Implementing Principals.

| Ranking | Perceived Obstacle | Percentage of Respondents* |
|---------|--|----------------------------|
| 1 | Community reaction | 79% (44) |
| 2 | Parental reaction | 79% (44) |
| 3 | Church reaction | 71% (40) |
| 4 | Lack of competent teachers | 63% (35) |
| 5 | Lack of available time | 59% (33) |
| 6 | Lack of curriculum guides | 54% (30) |
| 7 | Lack of pre-service programs for teachers | 54% (30) |
| 8 | Lack of technical assistance | 50% (28) |
| 9 | Lack of funds | 38% (21) |
| 10 | Student reaction | 27% (15) |

* N = 56

"Until someone from this community shows a need for this subject, I would not be interested." -- From a subject who was not willing to implement and who indicated that reaction from parents, community and church were "very serious" obstacles.

"Schools cannot be everything to everyone. Let's put sexuality where it belongs." -- From a subject who was not willing to assume a leadership role but who indicated "very qualified" to implement.

"Why can't the children of today learn about sexuality the same way we did -- on the playground, back allies, back seats of cars and other sordid places? Why ruin sexuality with sterile factual educational 'stuff'? Why should these kids have any more of a chance at choices than we did?" -- From a subject who was not willing to assume a leadership role but who indicated "somewhat qualified" to implement.

Certainly, these comments are not characteristic of the general philosophies of non-implementing principals. Nevertheless, they are

significant given that they originated from principals of schools that have no sexuality education programs. Indeed, accurate interpretation of the comments is difficult.

Sexuality Education in Montana

The first question posed for this study asked how high school principals characterize secondary sexuality education in the State of Montana. Data collected from 46 principals of implementing schools was used to answer this question.

Although the majority (65.2 percent) of the 46 implementors have only one course each, 16 (34.8 percent) offer more than one course: 11 (23.9 percent) have two courses; 2 (4.3 percent) have three courses and 3 schools (6.52 percent) have four courses. Hence, sexuality education is provided to Montana public high school students through 70 courses. Analysis of these 70 courses revealed that 29 (41.4 percent) were required and 41 (58.5 percent) were elective (Table 4).

Table 4. Elective and Required Sexuality Education Courses in Montana Public High Schools, Categorized by School Classification.

| School Classification | Elective | Required | Total* |
|-----------------------|------------|------------|-------------|
| AA | 5 (7.1%) | 6 (8.6%) | 11 (15.7%) |
| A | 3 (4.3%) | 2 (2.9%) | 5 (7.2%) |
| B | 19 (27.1%) | 14 (20.0%) | 33 (47.1%) |
| C | 14 (20.0%) | 7 (10.0%) | 21 (30.0%) |
| Total | 41 (58.5%) | 29 (41.4%) | 70 (100.0%) |

*N = 70

Table 5 identifies the departments that offer sexuality education courses. The larger schools (classes A and AA) tend to offer more courses through Health and Physical Education departments while the smaller schools tend to offer more courses through the Home Economics departments. Although Home Economics has the greatest number of courses (34, 48.6 percent), only one of these is required. Conversely, Health and Physical Education departments have only two elective courses and 22 required. Figure two compares the proportion of elective versus required courses in Home Economics versus Health and Physical Education, which is nearly inversely proportional.

Table 5. Departments Within Montana Public High Schools That Offered Sexuality Education Courses, Categorized by School Classification.*

| School Classification | Home Economics | Health and P.E. | Science/Biology | Social Studies |
|-----------------------|----------------|-----------------|-----------------|----------------|
| AA | 5 (5.7%) | 6 (8.6%) | 1 (1.4%) | 0 (0.0%) |
| A | 2 (2.9%) | 3 (4.3%) | 0 (0.0%) | 0 (0.0%) |
| B | 16 (22.9%) | 10 (14.3%) | 6 (8.6%) | 1 (1.4%) |
| C | 12 (17.1%) | 5 (7.1%) | 3 (4.3%) | 1 (1.4%) |
| Total | 34 (48.6%) | 24 (34.3%) | 10 (14.3%) | 2 (2.9%) |

*N = 70

Perhaps the most insightful data about sexuality education in the State of Montana is information about topics taught. Tables 7 and 8 identify the most frequently included and most frequently excluded topics, respectively, in the 46 implementing schools. Of the topics

Table 6. Elective and Required Sexuality Education Courses in Montana Public High Schools, Identified by Department Offering Them.

| Offering Department | Elective | Required | Total* |
|---------------------|------------|------------|-------------|
| Health & P.E. | 2 (2.9%) | 22 (31.4%) | 24 (34.3%) |
| Home Economics | 33 (47.1%) | 1 (1.4%) | 34 (48.6%) |
| Science/Biology | 3 (4.3%) | 7 (10.0%) | 10 (14.3%) |
| Social Studies | 0 (0.0%) | 2 (2.9%) | 2 (2.9%) |
| Total | 38 (54.3%) | 32 (45.7%) | 70 (100.0%) |

*N = 70

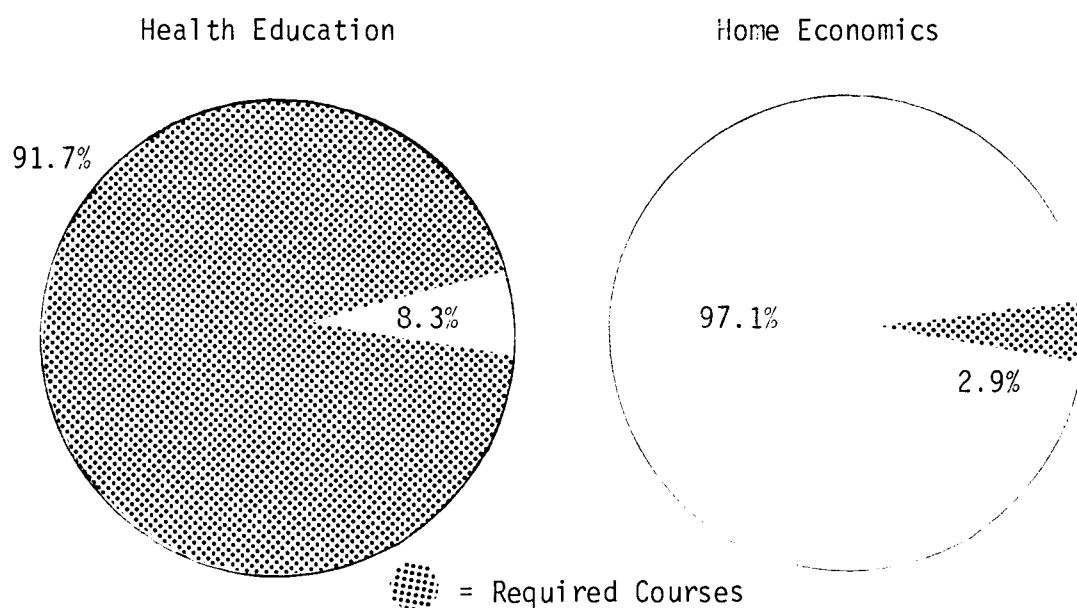


Figure 2. Comparison of elective versus required courses in departments of Health and Physical Education and Home Economics, Montana public high schools.

most frequently included, all were identified by Kirby, Alter and Scales (1979) as "most extremely important." No topic was excluded by more than 13 schools (28.3 percent). However, of the nine most frequently excluded topics, seven were identified by Kirby, Alter and Scales (1979) as being "most extremely important." Therefore, although topics addressed by current sexuality education programs in Montana public high schools are considered important, many of the programs are not offering comprehensive sexuality education programs.

Table 7. The Most Frequently Included Topics in Sexuality Education Courses in Montana Public High Schools, Identified by School Classification.

| Topic | Class AA | Class A | Class B | Class C | Total* |
|--|--------------|--------------|---------------|---------------|---------------|
| Anatomy & physiology of human reproduction | 7 (15.2%) | 4 (8.7%) | 16 (34.8%) | 18 (39.1%) | 45 (97.8%) |
| Physical changes at puberty | 8 (17.4%) | 4 (8.7%) | 16 (34.8%) | 17 (36.9%) | 45 (97.8%) |
| Adolescent Pregnancy | 8 (17.4%) | 4 (8.7%) | 15 (32.6%) | 17 (36.9%) | 44 (95.6%) |
| Menstruation | 7 (15.2%) | 4 (8.7%) | 16 (34.8%) | 17 (36.9%) | 44 (95.6%) |
| Sexually transmitted diseases | 7 (15.2%) | 4 (8.8%) | 16 (34.8%) | 17 (36.9%) | 44 (95.6%) |
| Adolescent emotional needs | 8 (17.4%) | 4 (8.7%) | 16 (34.8%) | 15 (32.6%) | 43 (93.5%) |
| Childbirth | 7 (15.2%) | 4 (8.7%) | 16 (34.8%) | 15 (32.6%) | 42 (91.3%) |
| Managing sexual feelings | 8 (17.4%) | 5 (6.5%) | 16 (34.8%) | 14 (30.4%) | 41 (89.1%) |

*
N = 46

Table 8. The Most Frequently Excluded Topics in Sexuality Education Courses in Montana Public High Schools, Identified by School Classification.

| Topic | Class AA | Class A | Class B | Class C | Total* |
|---------------------|----------|----------|----------|-----------|------------|
| Homosexuality | 2 (4.3%) | 1 (2.2%) | 3 (6.5%) | 7 (15.2%) | 13 (28.3%) |
| Masturbation | 2 (4.3%) | 1 (2.2%) | 2 (4.3%) | 7 (15.2%) | 12 (26.1%) |
| Nocturnal emissions | 2 (4.3%) | 0 (0.0%) | 2 (4.3%) | 6 (13.0%) | 10 (21.7%) |
| Petting | 2 (4.3%) | 1 (2.2%) | 1 (2.2%) | 4 (8.7%) | 8 (17.4%) |
| Birth Control | 1 (2.2%) | 1 (2.2%) | 1 (2.2%) | 3 (6.5%) | 6 (13.0%) |
| Rape | 0 (0.0%) | 0 (0.0%) | 2 (4.3%) | 4 (8.7%) | 6 (13.0%) |
| Adoption | 2 (4.3%) | 0 (0.0%) | 0 (0.0%) | 3 (6.5%) | 5 (10.9%) |
| Meaning of Love | 1 (2.2%) | 0 (0.0%) | 0 (0.0%) | 4 (8.7%) | 5 (10.9%) |
| Sexual myths | 1 (2.2%) | 0 (0.0%) | 0 (0.0%) | 4 (8.7%) | 5 (10.9%) |

*N = 46

Research Question Two

Research question two asked whether a significant number of Montana secondary schools have implemented sexuality education since the 1981 recommendation by the Board of Public Instruction. The question was addressed by submitting data from Item #2 of Questionnaire #2 (Appendix B) to the binomial test for normal approximation. Two schools with a 1981 implementation date were categorized as post-1981 since the recommendation was made in April and the academic year began in September. Eight implementors were not included in the calculation because they could not be classified according to implementation date.^{2/} Thus,

^{2/} Four omitted the implementation date and four implemented a course both prior to and after 1981.

94 schools were considered in the statistical analysis for this question. The percentage of schools implementing sexuality education after the 1981 recommendation was assumed to be the same as the percentage of schools implementing prior to 1981.

Results indicated that there were no significant differences between the number of implementations before and after the 1981 recommendation ($z = -1.06$; tabular value = ± 1.96). Thus, the null hypothesis for research question two was retained.

Research Question Three

Research question three asked whether selected implementation processes have proven to be significantly different between implementors and non-implementors of sexuality education in Montana public high schools. Chi square analysis was performed on data from item #7 of Questionnaire #1 (Appendix B) and from item #5 of Questionnaire #2 (Appendix B), which asked subjects if their schools had performed any of the following processes concerning the implementation of sexuality education: (a) needs assessment, (b) advisory board, (c) survey of parental attitudes. The null hypothesis assumed that no significant differences existed in the effectiveness of overall implementation processes between implementors and non-implementors. Chi square analyses were performed separately on the three implementation processes (Tables 9, 10 and 11). Significant differences were identified for all three processes.

Research Question Four

The fourth research question in this study regarded principals' perceptions of support for sexuality education from teachers,

Table 9. Chi Square Analysis of Implementors and Non-Implementors: Needs Assessment.

| | Implementors (N=46) | Non-Implementors (N=56) |
|---------------------|------------------------|----------------------------|
| Needs Assessment | 15 (32.6%) | 7 (12.5%) |
| No Needs Assessment | 31 (67.4%) | 49 (87.5%) |
| df = 1 | $\chi^2 = 6.036$ | significant at .05 |

Table 10. Chi Square Analysis of Implementors and Non-Implementors: Advisory Board.

| | Implementors (N=46) | Non-Implementors (N=56) |
|-------------------|------------------------|----------------------------|
| Advisory Board | 8 (17.4%) | 1 (1.8%) |
| No Advisory Board | 38 (82.6%) | 55 (98.2%) |
| df = 1 | $\chi^2 = 7.645$ | significant at .05 |

Table 11. Chi Square Analysis of Implementors and Non-Implementors: Survey of Parental Attitudes.

| | Implementors (N = 46) | Non-Implementors (N=56) |
|---------------------------------|--------------------------|----------------------------|
| Survey of parental attitudes | 23 (50.0%) | 8 (14.3%) |
| No Survey of parental attitudes | 23 (50.0%) | 48 (85.7%) |
| df = 1 | $\chi^2 = 15.226$ | significant at .05 |

superintendents, school boards, parents and students. The null hypothesis assumed that no significant difference existed between principals of the two subgroups in terms of their perceptions of support for sexuality education.

In item #1 from both questionnaires (Appendix B), principals indicated whether they perceived specific groups of people to be "very supportive," "somewhat supportive," "not too supportive" or "not at all supportive" of sexuality education.

Chi square analyses were performed separately on the five groups (Tables 12, 13, 14, 15 and 16). Significant differences were identified for teachers, superintendents, school boards and parents. No

Table 12. Chi Square Analysis of Implementors and Non-Implementors: Perceived Support from Teachers.

| | Implementors (N=46) | Non-Implementors (N=56) |
|-------------------------|------------------------|----------------------------|
| Teachers Supportive | 44 (95.7%) | 38 (67.9%) |
| Teachers Not Supportive | 2 (4.3%) | 18 (32.1%) |
| df = 1 | $\chi^2 = 12.378$ | significant at .05 |

Table 13. Chi Square Analysis of Implementors and Non-Implementors: Perceived Support from Superintendents.

| | Implementors (N=46) | Non-Implementors (N=56) |
|--------------------------------|------------------------|----------------------------|
| Superintendents Supportive | 42 (91.3%) | 32 (57.1%) |
| Superintendents Not Supportive | 4 (8.7%) | 24 (42.9%) |
| df = 1 | $\chi^2 = 14.799$ | significant at .05 |

Table 14. Chi Square Analysis of Implementors and Non-Implementors: Perceived Support from School Boards.

| | Implementors (N=46) | Non-Implementors (N=56) |
|-----------------------------|------------------------|----------------------------|
| School Board Supportive | 37 (80.4%) | 25 (44.6%) |
| School Board Not Supportive | 9 (19.6%) | 31 (55.4%) |
| df = 1 | $\chi^2 = 13.573$ | significant at .05 |

Table 15. Chi Square Analysis of Implementors and Non-Implementors: Perceived Support from Parents.

| | Implementors (N=46) | Non-Implementors (N=56) |
|------------------------|------------------------|----------------------------|
| Parents Supportive | 36 (78.3%) | 22 (39.3%) |
| Parents Not Supportive | 10 (21.7%) | 34 (60.7%) |
| df = 1 | $\chi^2 = 15.640$ | significant at .05 |

Table 16. Chi Square Analysis of Implementors and Non-Implementors: Perceived Support from Students.

| | Implementors (N=46) | Non-Implementors (N=56) |
|-------------------------|------------------------|----------------------------|
| Students Supportive | 42 (91.3%) | 44 (78.6%) |
| Students Not Supportive | 4 (8.7%) | 12 (21.4%) |
| df = 1 | $\chi^2 = 3.095$ | not significant at .05 |

significant differences were identified in terms of principals' perceptions of support from students.

Research Question Five

To address research question #5, principals were asked to indicate whether they had received requests for sexuality education from (a) teachers, (b) students and/or (c) community leaders. The null hypothesis assumed that no significant differences would be revealed between the two subgroups with respect to reported requests for sexuality education.

Data from item #6 on Questionnaire #1 and item #4 on Questionnaire #2 (Appendix B) were submitted to chi square analyses. The tests disclosed significant differences between implementors and non-implementors in terms of reported requests for sexuality education by teachers and students. However, reported requests from community leaders were not significantly different between subgroups (Tables 17, 18 and 19).

Table 17. Chi Square Analysis of Implementors and Non-Implementors: Reported Requests for Sexuality Education from Teachers.

| | Implementors (N=46) | Non-Implementors (N=56) |
|---------------------|------------------------|----------------------------|
| Teacher Requests | 29 (63.0%) | 16 (28.6%) |
| No Teacher Requests | 17 (37.0%) | 40 (71.4%) |

df = 1

$\chi^2 = 12.173$

significant at .05

Table 18. Chi Square Analysis of Implementors and Non-Implementors: Reported Requests from Students for Sexuality Education.

| | Implementors (N=46) | Non-Implementors (N=56) |
|---------------------|------------------------|----------------------------|
| Student Requests | 22 (47.8%) | 10 (17.9%) |
| No Student Requests | 24 (52.2%) | 46 (82.1%) |

df = 1 $\chi^2 = 10.535$ significant at .05

Table 19. Chi Square Analysis of Implementors and Non-Implementors: Reported Requests from Community Leaders for Sexuality Education.

| | Implementors (N=46) | Non-Implementors (N=56) |
|------------------------------|------------------------|----------------------------|
| Community Leader Requests | 8 (17.4%) | 8 (14.3%) |
| No Community Leader Requests | 38 (82.6%) | 48 (85.7%) |

df = 1 $\chi^2 = .184$ not significant at .05

Summary

This chapter presented data obtained from self-administered surveys of 102 Montana public high school principals about sexuality education in their schools. Results of the statistical analyses were presented and interpreted.

The sample was described in terms of school classification. Non-implementors were further described in terms of their perceptions of barriers to sexuality education in their schools. A description of sexuality education in Montana was provided, including a list of the

most frequently included and most frequently excluded topics reported by implementors.

Chi Square analyses were performed to determine whether significant differences existed between implementors and non-implementors with respect to: (a) effectiveness of selected implementation processes; (b) principals' perceptions of support for sexuality education; and (c) requests for sexuality education. Results revealed significant differences between subgroups in all of these respects, with the exception of perceived support from parents and students and reported requests from community leaders.

In order to fulfill the primary purpose of this study -- to determine whether the 1981 recommendation for sexuality education in Montana public high schools significantly influenced actual implementation -- implementors were asked when their sexuality education programs began. The binomial test revealed that a significant number of schools have not implemented programs since 1981.

CHAPTER V

ISSUES, IMPLICATIONS AND RECOMMENDATIONS

Issues and ImplicationsNon-Responders

Conclusions derived from statistical analyses and the description of sexuality education in Montana public high schools are representative only of the sample. They cannot be generalized to all Montana public high schools since 67 principals did not respond to the questionnaires. Follow-up with non-responders would provide useful information.

School Size

Throughout this study, Montana public high schools have been discussed and categorized in terms of classification (AA, A, B or C), which essentially represents school population. Eighty-one percent of responses represented smaller schools (Classes B and C) and only 19 percent represented larger schools (Classes AA and A). Although this proportion is similar to the classification distribution of Montana public high schools, it is important to note that this study primarily represents small, rural Montana schools.

The study demonstrated that school size plays an apparent role in the implementation of sexuality education. For example, 67.8 percent (38) of non-implementors were Class C schools, compared to only 11 percent (1) Class AA school. Thus, it appears that small, rural schools are more adversely influenced by barriers to implementation of sexuality education than are the larger, urban schools.

For example, for schools that average only 7.75 teachers each, as in Class C schools, chances are poor that any of them is qualified and

willing to teach sexuality education. This is especially so in a state that does not mandate sexuality education; teachers are less likely to seek preparation to teach a controversial subject that is not required.

Small, rural schools tend to have limited access to the resources needed for a quality sexuality education program. Curriculum guides, expert consultants and workshops are examples of resources that small, isolated schools have difficulty accessing.

Moreover, most schools have a small administrative staff and thus, limited support and assistance in implementing controversial topics. In fact, the administrator of a small school may be the sole influence on implementation of any given program. And this study showed that willingness to assume leadership in implementation was considerably lacking among principals of non-implementing schools.

Nonetheless, small rural schools do share an advantage which willing administrators could use to catalyze efforts to implement sexuality education. Parents and community leaders of small towns are often aware of and involved in school programs. Respected school leaders can effectively facilitate implementation of sexuality education by creatively directing this involvement.

Course Content

The primary basis for the Montana State Board of Public Education 1981 recommendation to include sexuality education in public schools was concern over teenage pregnancy. Thus, it is important to point out that of existing sexuality education programs in Montana public high schools, contraception is one of the most frequently excluded topics (Table 8, page 40). Therefore, the Board's major concern about teenage sexuality education is not being addressed in two critical ways. First, over half

of Montana public high schools do not offer any form of sexuality education and second, many of those who do offer it fail to provide instruction about contraception.

Teacher Qualification

Principals of non-implementing schools identified lack of qualified teachers as a serious obstacle to implementing sexuality education in their schools (Table 3, page 35). Indeed, qualified staff is perhaps the most critical resource required for a sexuality education program. For this reason, recommendations about teacher preparation are made in the next section.

Recommendations

Because of concern about the problem of unwanted teenage pregnancy and other sexually-related problems, the State Board of Public Education recommended in 1981 that sexuality education be taught in all public high schools. This action demonstrates a strong commitment to the state-wide implementation of sexuality education. Actual implementation, however, has not been significant in local school districts. In light of this fact, several recommendations follow.

Needs Assessment

Although the Montana Board of Public Education recommended that schools provide sexuality education, 54.9 percent of public high schools still do not offer such programs. Thus, a state-sponsored needs assessment conducted in the communities where sexuality education is lacking is recommended. Local needs assessments would substantiate the need for sexuality education where substantiation is most needed and thereby create increased concern.

Document Public Support

Principals of non-implementing schools perceived little support from the public for sexuality education in their schools. Because this perception is inconsistent with findings of nationwide studies which document strong public support, it is recommended that surveys be conducted to document the extent of public support for sexuality education locally. Parents, specifically, should be the target of such surveys. Moreover, it is recommended that principals document and follow-up each request for sexuality education. For example, a request from a parent might be followed-up by a letter which suggests ways that parents can help to establish sexuality education programs.

Create Public Awareness

News releases to the media should address the adverse consequences and the extent of teenage pregnancy and other sexually-related problems. Media coverage will increase public awareness and may thereby result in increased requests for sexuality education.

Prepare Teachers

Teachers should be prepared to teach sexuality education through pre-service and in-service education. It is recommended that the need for qualified teachers be addressed by requiring teachers with certification in Health Education and Home Economics to complete a college level sexuality education course which includes a focus on teaching methods. Health Education and Home Economics teachers are recommended for this requirement since the data suggest that they are the most frequent providers of sexuality education. However, such a course could be completed by any teacher who is interested in teaching sexuality

education; for example, elementary teachers who complete such a sexuality education course could then address sexuality education at the elementary level.

Resource Center

A resource center for sexuality education would contribute significantly to the reduction of barriers to implementation. Such a center could make materials (book, films, etc.) available to small schools that are unable to budget them. Furthermore, a center which included consultation services of a sexuality education specialist would provide technical assistance to principals and sexuality education teachers.

Implementation Workshops

It is recommended that special workshops be provided for administrators to assist them with implementation of sexuality education. Such workshops could provide specific guidelines for implementation and would enhance principals' willingness and perceptions of their qualifications to carry out specific plans.

Course Content

Although the 1981 recommendation for sexuality education in public schools was founded primarily on concern about teenage pregnancy, data from this study indicate that contraception was one of the most frequently excluded topics in existing courses. Contraception need not be the focus of any sexuality education course, but neither should it be excluded. It is thus recommended that course content of existing sexuality education programs be evaluated, especially as it relates to the primary concern behind the 1981 recommendation. Programs lacking in comprehensiveness could then be broadened.

Recommendations for Future Research

A study similar in design to this one with an expanded subject pool might provide a much broader perspective about the status of sexuality education in Montana public high schools, including issues related to implementation. Potential subjects for such a study might include teachers, students, parents and/or school board members. Since these pools of subjects might provide a different perspective, it is possible that such studies would provide data applicable to the generation of a resource center to assist teachers in developing more comprehensive sexuality education courses.

A study that assesses the extent of sexuality education in primary and middle schools would also be useful. Because the 1981 recommendation was for sexuality education in grades K-12, such a study would address implementation of sexuality education at the lower levels.

Epilogue

Justification for sexuality education is often founded on need for the reduction of unwanted teen pregnancy. While this may be an acceptable basis, there are more critical needs that justify sexuality education than reduction of unwanted pregnancy. These needs are components of the broad concept of personal growth; they include:

- self-identification and acceptance
- clarification of values
- interpersonal communication
- setting and achieving goals
- decision-making skills

- tolerance of individual differences
- understanding the implications of behavior

These personal growth needs must be merged with discussions and classroom activities directly focused on topics of sexuality (e.g., topics listed in Tables 7 and 8, pages 39 and 40) to provide students with comprehensive knowledge and understanding of their sexuality. Furthermore, this combination of personal growth and knowledge will promote acquisition of skills and attitudes needed to address the complex problems of human sexuality and to enhance personal fulfillment of social responsibility.

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APPENDICES

APPENDIX A
LIST OF EXPERTS

LIST OF EXPERTS

| <u>Name</u> | <u>Position</u> |
|-------------------------|---|
| George Bowland | Health Instructor Billings High School |
| Mary McAulay | Home Economist Department of Vocational Education Services, Office of Public Instruction |
| Clayton McCracken, M.D. | Medical Director Planned Parenthood of Billings, Montana |
| Joan McCracken | Executive Director Planned Parenthood of Billings, Montana |
| Harriett Meloy | Chairperson State Board of Public Instruction |
| Jean Omelchuck | Human Sexuality Instructor Eastern Montana State College |
| Judy Petersen | District 2 Health Education Committee Member, Billings Schools and Public Affairs Director for Planned Parenthood of Billings, Montana |
| Gary Prohaska, M.D. | President, Board of Directors Planned Parenthood of Portland, Oregon |
| Spenser Sartorius | Health and Physical Education Specialist Office of Public Instruction |

APPENDIX B
COVER LETTER TO POTENTIAL SUBJECTS
RESEARCH INSTRUMENTS

COVER LETTER TO POTENTIAL SUBJECTS

Box 311
Bridger, MT 59014
May 9, 1984

Dear Principal:

I am requesting your assistance in a Master-level research study. I realize this is a busy time for you, but due to my short deadline, I would appreciate your prompt attention. Filling out this short instrument should only take a few minutes of your time. It is designed to determine circumstances surrounding the implementation or lack of implementation of human sexuality courses.

If your high school is not presently offering sexuality education, please complete Questionnaire #1. If your high school is presently offering sexuality education, please complete Questionnaire #2. A stamped, self-addressed envelope is enclosed to return the completed questionnaire.

Thank you for your consideration.

Sincerely,

Bonnie S. Wagner

BSW:cag
Encl.

QUESTIONNAIRE #1

FOR MONTANA HIGH SCHOOLS NOT PRESENTLY OFFERING SEXUALITY EDUCATION

For purposes of this survey, "sexuality education" is defined as a unit or course which provides sources of information and discussion on any elements of human sexuality, e.g., the physiological, psychological, social, and ethical aspects.

1. In your opinion how supportive would each of the following persons be of sexuality education in your high school? Very supportive, somewhat supportive, not too supportive, or not at all supportive (circle one number for each).

| | <u>Very</u> | <u>Somewhat</u> | <u>Not Too</u> | <u>Not At All</u> |
|-----------------------------|-------------|-----------------|----------------|-------------------|
| a. Teachers..... | 1 | 2 | 3 | 4 |
| b. Superintendent..... | 1 | 2 | 3 | 4 |
| c. School board member..... | 1 | 2 | 3 | 4 |
| d. Parents..... | 1 | 2 | 3 | 4 |
| e. Students..... | 1 | 2 | 3 | 4 |

2. Listed below are some possible obstacles to implementation of sexuality education courses. Please indicate how serious an obstacle each would be to implementation of these courses in your school, very serious, somewhat serious, not too serious or not an obstacle at all (circle one number for each).

| | <u>Very Serious</u> | <u>Somewhat Serious</u> | <u>Not Too Serious</u> | <u>Not An Obstacle</u> |
|---|---------------------|-------------------------|------------------------|------------------------|
| a. Concern over parental reaction..... | 1 | 2 | 3 | 4 |
| b. Concern over community reaction..... | 1 | 2 | 3 | 4 |
| c. Concern over church reaction..... | 1 | 2 | 3 | 4 |
| d. Concern over student reaction..... | 1 | 2 | 3 | 4 |
| e. Lack of competent teachers..... | 1 | 2 | 3 | 4 |
| f. Lack of funds..... | 1 | 2 | 3 | 4 |
| g. Lack of curriculum guides..... | 1 | 2 | 3 | 4 |
| h. Lack of technical assistance..... | 1 | 2 | 3 | 4 |
| i. Lack of time available. | 1 | 2 | 3 | 4 |

3. Would you be willing to assume a leadership role in developing and implementing a sexuality education program at your school? (circle one number)

1. NO 2. YES 3. DON'T KNOW

4. At the present time how qualified do you think you are to implement this type of program? (circle one number)

1. VERY QUALIFIED 2. SOMEWHAT QUALIFIED 3. NOT TOO QUALIFIED
4. NOT QUALIFIED AT ALL 5. DON'T KNOW

5. From what you know, is there any individual or group within your school system with a commitment to sexuality education? (circle one number)

1. YES 2. NO 3. DON'T KNOW

6. Please indicate whether or not you have received requests for sexuality education from any of the following. (Circle one number for each)

| | <u>Yes, Have Requested</u> | <u>No, Have Not Requested</u> |
|---------------------------|----------------------------|-------------------------------|
| a. Teachers..... | 1 | 2 |
| b. Students..... | 1 | 2 |
| c. Community leaders..... | 1 | 2 |
| d. Other (Specify)_____ | 1 | 2 |

7. Please indicate whether or not your school has carried out any of the following concerning sexuality education. (Circle one number for each)

| | <u>Yes, Has Done</u> | <u>No, Has Not Done</u> |
|--|----------------------|-------------------------|
| a. Carried out a needs assessment for sexuality courses... | 1 | 2 |
| b. Established an advisory board for sexuality education..... | 1 | 2 |
| c. Surveyed parental attitudes toward sexuality education..... | 1 | 2 |

8. Is there anything else you would like to say about sexuality education at your school?

QUESTIONNAIRE #2

FOR MONTANA HIGH SCHOOLS PRESENTLY OFFERING SEXUALITY EDUCATION

For purposes of this survey, "sexuality education" is defined as a unit or course which provides sources of information and discussion on any elements of human sexuality, e.g., the physiological, psychological, social, and ethical aspects.

1. In your opinion how supportive are each of the following persons of sexuality education in your high school? Very supportive, somewhat supportive, not too supportive, or not at all supportive (circle one number for each).

| | <u>Very</u> | <u>Somewhat</u> | <u>Not Too</u> | <u>Not At All</u> |
|------------------------------|-------------|-----------------|----------------|-------------------|
| a. Teachers..... | 1 | 2 | 3 | 4 |
| b. Superintendent..... | 1 | 2 | 3 | 4 |
| c. School board members..... | 1 | 2 | 3 | 4 |
| d. Parents..... | 1 | 2 | 3 | 4 |
| e. Students..... | 1 | 2 | 3 | 4 |

2. Please provide the following information about the sexuality education courses offered in your high school: the course name, the department offering the course, the number of students enrolled, the number of sexuality-related instructional hours within the course, whether it is elective or required and the year the course was implemented.

| <u>Course Name</u> | <u>Department</u> | <u># Students</u> <u>83/84</u> | <u>Inst.</u> <u>Hours</u> | <u>Elect.</u> <u>/Req.</u> | <u>Impl.</u> <u>(yr)</u> |
|--------------------|-------------------|-----------------------------------|------------------------------|-------------------------------|-----------------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

3. Please indicate whether or not each of the following topics is included in the courses offered in your school.

| | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| a. Anatomy and physiology of human reproduction..... | 1 | 2 |
| b. Sexually transmissible diseases..... | 1 | 2 |
| c. Adolescent emotional needs..... | 1 | 2 |
| d. Adolescent pregnancy..... | 1 | 2 |
| e. Physical changes at puberty..... | 1 | 2 |

| | <u>Yes</u> | <u>No</u> |
|--------------------------------------|------------|-----------|
| f. Meaning of love..... | 1 | 2 |
| g. Meaning of healthy sexuality..... | 1 | 2 |
| h. Managing sexual feelings..... | 1 | 2 |
| i. Abstinence..... | 1 | 2 |
| j. Decision-making techniques..... | 1 | 2 |
| k. Birth control..... | 1 | 2 |
| l. Feminity and masculinity..... | 1 | 2 |
| m. Childbirth..... | 1 | 2 |
| n. Rape..... | 1 | 2 |
| o. Homosexuality..... | 1 | 2 |
| p. Masturbation..... | 1 | 2 |
| q. Menstruation..... | 1 | 2 |
| r. Petting..... | 1 | 2 |
| s. Nocturnal emissions..... | 1 | 2 |
| t. Sexual myths..... | 1 | 2 |
| u. Abortion..... | 1 | 2 |
| v. Adoption..... | 1 | 2 |
| w. Incest..... | 1 | 2 |

4. Prior to implementation had you received requests for sexuality education courses from any of the following? (circle one number for each)

| | <u>Yes, Had Requested</u> | <u>Not Had Not Requested</u> |
|---------------------------|---------------------------|------------------------------|
| a. Teachers..... | 1 | 2 |
| b. Students..... | 1 | 2 |
| c. Community leaders..... | 1 | 2 |
| d. Other (specify) _____ | 1 | 2 |

5. Prior to implementation, had your school carried out any of the following concerning sexuality education? (Circle one number for each)

| | <u>Yes, Had Done</u> | <u>No Had Not Done</u> |
|--|----------------------|------------------------|
| a. Carried out a needs assessment for sexuality education..... | 1 | 2 |
| b. Established an advisory board for sexuality education..... | 1 | 2 |
| c. Surveyed parental attitudes toward sexuality education..... | 1 | 2 |
| d. Established administrative responsibilities..... | 1 | 2 |
| e. Built and maintained school board support..... | 1 | 2 |
| f. Built and maintained faculty support.... | 1 | 2 |

| | <u>Yes, Had Done</u> | <u>No Had Not Done</u> |
|---|--------------------------|----------------------------|
| g. Built and maintained administrative support..... | 1 | 2 |
| h. Held open house to preview materials... | 1 | 2 |
| i. Provided pre-service training for staff..... | 1 | 2 |
| j. Used curriculum guides for planning your curriculum..... | 1 | 2 |
| k. Established a procedure for handling complaints..... | 1 | 2 |
| l. Offered corresponding sexuality education courses for parents..... | 1 | 2 |
| m. Provided in-service training for staff. | 1 | 2 |

6. Is there anything else you would like to say about sexuality education at your school?