

ELEMENTARY TEACHERS' ATTITUDES TOWARD HUMAN GROWTH,  
DEVELOPMENT, AND SEXUALITY

---

A DISSERTATION

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS  
FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

IN THE GRADUATE SCHOOL OF THE  
TEXAS WOMAN'S UNIVERSITY

COLLEGE OF HEALTH SCIENCES

BY

MARSHA D. PROPHET, A.A., B.A., M.Ed.

---

DENTON, TEXAS

MAY 1992

COLLEGE OF HEALTH SCIENCES  
TEXAS WOMAN'S UNIVERSITY  
DENTON, TEXAS

April 2, 1992  
Date

To the Dean for Graduate Studies and Research:

I am submitting herewith a dissertation written by Marsha Denise Prophet entitled "Elementary Teachers' Attitudes Toward Human Growth, Development, and Sexuality." I have examined the final copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy with a major in Health Education.

Dr. Susan Ward  
Dr. Susan Ward  
Major Professor

We have read this dissertation  
and recommend its acceptance:

W. B. Cissell  
William B. Cissell  
Howard L. Stone  
William B. Cissell  
Department Chairman

Ann Uhlir  
Dean, College of Health  
Sciences

Leslie M. Thompson  
Dean for Graduate Studies  
and Research

Copyright © Marsha Denise Prophet, 1992  
All rights reserved

## ACKNOWLEDGEMENTS

To the many people who have contributed their support and encouragement for the completion of this dissertation, I extend my sincere gratitude. Dr. Susan Ward, the chair of my dissertation committee, provided the final push for completion of this project. Always supportive, enthusiastic, and generous with her knowledge and time; she was a wonderful example of all that a mentor should be. I feel honored to have worked under her expert direction.

I am most grateful to the members of my committee especially Dr. Roger Shipley who graciously guided me from the beginning of my doctoral program and who always provided me with encouraging words. To Dr. William Cissell who believed in me, supported me, and encouraged me not to give up when times got hard. My thanks also go to Dr. Howard Stone who stepped in and offered his expert advice. Thanks again for graciously contributing your valuable input, time, and support.

It is difficult to find words of appreciation for the people to whom I am most indebted.

...to my mother, Helen G. Prophet of St. Louis, Missouri who always took time to encourage me to persevere with my studies. Thanks mom for your love and support

...to the memory of my father Edward Daniel Prophet, who instilled the values of faith, education, compassion,



and a sense of humor

...to my sisters Hattie Hornaday, Elvira Fisher, Rose Blanks, and my brothers, Edward Prophet Jr. and Joseph Prophet for believing in me

...to my nieces and nephews for your support

...to my cousin Joyce Dardar for staying up until the wee hours of the night to assist me with typing

...thank you.

Special thanks to other family members and friends. In particular I would like to thank Linda Prophet, Emelda Dardar, Betty Cherry, Dr. Betty Smith, Clifford Logan, Dr. Phyllis Simpson, Dr. Judith Baker, Louise Smith, Dr. Geraldine Dews, Dr. Jesse McNeil, Edward Morgan, Jim Bochum, and Patti Herring for their continuous support. I would also like to thank everyone who participated in this study.

Finally, I would like to dedicate this project to my fiance' Norman Hall. The pursuit and completion of my doctoral studies would not have become a reality without his support. His consistent encouragement, advice, and assistance made life easier while going through this challenging task. Thanks for being my best friend. I extend my love and gratitude for your patience, flexibility, and good natured endurance.

TEACHERS' ATTITUDES TOWARD HUMAN GROWTH,  
DEVELOPMENT, AND SEXUALITY

ABSTRACT

MARSHA DENISE PROPHET, A.A., B.A., M.Ed.

COMPLETED RESEARCH IN HEALTH SCIENCES  
TEXAS WOMAN'S UNIVERSITY, DENTON, TEXAS

A. Uhler  
Institutional Representative

Prophet, M.D. Elementary Teachers' Attitudes Toward Human Growth, Development, and Sexuality. Ph.D. in Health Studies, 1992, 124 pp. (S. Ward)

This descriptive study was conducted in a large urban school district to determine elementary teachers' attitudes toward human growth, development, and sexuality. The "Attitudes Toward Teaching Human Sexuality" (Schultz & Boyd, 1984) instrument was completed by 125 full time elementary school teachers. The teachers taught in grades 4 through 6. The ethnic groups represented were African-American (74), Anglo-American (46), Mexican-American (2), Asian-American (1), and Native-American (2). The majority of the respondents were between the ages of 31 and 50. Seventy-five respondents were married, widowed, or separated. Seventy-one respondents had over 8 years of teaching experience.

The hypotheses were tested at the .05 level of

significance. The findings indicated that there was no significant difference in teachers' attitudes about school and community influence that may be attributable to years of experience, school assignment, or age range. There was no significant difference in community and school influence between those teachers' who taught sexuality education and those who did not teach sexuality education. There was no significant difference in teachers' attitudes about personal readiness that may be attributable to years of experience, school assignment, or age range. There was, however, a small significant relationship ( $p \leq .05$ ) between sexuality topics actually taught and teachers' personal readiness attitudes.

## TABLE OF CONTENTS

ACKNOWLEDGEMENTS . . . . .	iv
ABSTRACT . . . . .	vi
LIST OF TABLES . . . . .	x
Chapter	
I. INTRODUCTION . . . . .	1
Problem of the study . . . . .	2
Justification of the Problem . . . . .	3
Theoretical Framework . . . . .	6
Assumptions . . . . .	8
Hypotheses . . . . .	9
Definition of Terms . . . . .	10
Limitations . . . . .	11
Delimitations . . . . .	12
Summary . . . . .	12
II. REVIEW OF LITERATURE . . . . .	14
The Historical Emphasis . . . . .	14
Human Sexuality of The Teacher . . . . .	23
Teacher Attitudes About Sexuality . . . . .	26
Values in Human Sexuality . . . . .	33
Summary . . . . .	35
III. PROCEDURE FOR COLLECTION AND TREATMENT OF DATA . . . . .	37
Setting . . . . .	37
Population and Sample . . . . .	38
Protection of Human Subjects . . . . .	39
Data Collection . . . . .	40
Instrumentation . . . . .	41
Validity and Reliability . . . . .	46
Pilot Study . . . . .	47
Treatment of Data . . . . .	47
Summary . . . . .	48
IV. ANALYSIS OF DATA . . . . .	49
Description of the Sample . . . . .	49
Hypotheses . . . . .	65
Hypothesis 1 . . . . .	65

Hypothesis 2 . . . . .	66
Hypothesis 3 . . . . .	67
Hypothesis 4 . . . . .	68
Hypothesis 5 . . . . .	69
Hypothesis 6 . . . . .	70
Hypothesis 7 . . . . .	70
Hypothesis 8 . . . . .	71
Hypothesis 9 . . . . .	72
Summary of Findings . . . . .	75
V. SUMMARY OF THE STUDY . . . . .	79
Summary . . . . .	80
Discussion of the Findings . . . . .	82
Conclusions . . . . .	85
Recommendations . . . . .	86
REFERENCES . . . . .	87
APPENDICES . . . . .	92
A. Letters of Permission to Conduct Study . . . . .	93
B. Letter of Permission to Use Instrument . . . . .	96
C. Letter of Permission from Instrument Author. . . . .	98
D. Instrument . . . . .	100
E. Letters of Permission to Use Tables . . . . .	108
F. Letter To Principals . . . . .	112

# LIST OF TABLES

Table		Page
1	Sexuality Topic Mean Scores and Significant Correlations between Topics and Attitudinal Factor Scores . . . . .	31
2	"Values and Human Sexuality" Course Outline . . . . .	35
3	Teacher Characteristics . . . . .	38
4	Frequency Table of Teachers' Ages . . . . .	50
5	Respondents Marital Status . . . . .	50
6	Years of Experience . . . . .	51
7	Grade Levels . . . . .	51
8	Ethnic Breakdown . . . . .	52
9	Frequencies of Schools Involved In The Study . . . . .	53
10	Conscious of Values Frequency Table . . . . .	54
11	Informed About Female Reproductive System . . . . .	55
12	Informed About Male Reproductive System . . . . .	55
13	Embarrassed About Sexuality Talk Frequency Table . . . . .	56
14	Slang Terms . . . . .	57
15	Correct Sexuality Terms . . . . .	59
16	Sexuality Humor . . . . .	59
17	Knowledge About Sexually Transmitted Diseases . . . . .	60
18	Knowledge About Birth Control . . . . .	61

Table		Page
19	Support for Sexuality Education . . . . .	63
20	Feels Comfortable As A Facilitator . . . . .	63
21	Feels Comfortable About Advising On Health Care . . . . .	64
22	ANOVA of School and Community Influence and Years of Experience . . . . .	66
23	ANOVA of Personal Readiness and Years of Experience . . . . .	67
24	ANOVA of School Community Influence and School Assignment . . . . .	68
25	ANOVA for Personal Readiness and School Assignment . . . . .	69
26	ANOVA of Personal Readiness and Age Range . . . . .	71
27	School and Community Influence and Age Range . . . . .	72
28	Mean Emphasis Scores and Correlations Between Topics and Personal Readiness Scores . . . . .	73
29	Disposition of Hypotheses . . . . .	77

## CHAPTER 1

### INTRODUCTION

Some elementary school teachers may not view sexuality education as a priority subject. Some believe that it is the responsibility of parents to educate their children about sexuality. Other instructors believe the responsibilities of increasing achievement test scores, maintaining a safe school climate, and finding enough time in the day to teach reading, writing and arithmetic necessitates that sexuality education be placed last on the priority list.

With a large number of teen births by girls 17 and under and with the reported growing number of Acquired Immune Deficiency Syndrome (AIDS) cases among youth, one might think that sexuality education would be assigned priority at the same level as core subjects. Students in the large urban school district in this study are first officially introduced to human growth, development, and sexuality classes in the 5th grade. Although 5th grade teachers must be trained before teaching the course, some teachers do not feel comfortable with the content of the subject. For many, the subject matter offers new information about sexuality and the reproductive system to which they had not been previously



introduced. Some teachers view sexuality as a very private subject that should be kept "under cover," while others question how much sexuality information should be given and when.

There are some, however, who are distraught about the continued problems of pregnancies and sexually transmitted diseases among adolescents. They sometimes question the magnitude of the problems despite the availability of birth control information.

#### Problem of the Study

Teachers are surrounded by students who are curious about human sexuality and are undergoing major body development. Some students become interested in intimate relationships. The availability of sexuality instruction in school is causing students to inquire more about this topic. Teacher attitudes about sexuality may reflect how a student views his or her own sexuality experience; therefore, the problem of this study was to assess elementary teachers' attitudes toward sexuality education and to identify the effects of the demographic factors: age, years of experience, and school where teachers are employed, on those attitudes.

### Purpose of the Study

The purpose of this study was to:

1. Assess elementary teachers' attitudes about personal readiness to teach sexuality education.
2. Determine teachers' perceptions in regard to the school and community influence on sexuality education in schools.
3. Assess the influence of demographic variables on teachers' attitudes about sexuality education.
4. Compare the attitudes of those teachers who do teach sexuality and those who do not teach sexuality.
5. Determine the relationships between human sexuality topics actually taught and teachers' personal readiness attitudes toward sexuality.

### Justification of the Problem

Every individual is a sexual person whose sexuality is expressed in many ways (Anderson, 1980; Moran, 1979). According to Moran (1979) sexuality "may or may not relate to sex per se, but it does definitely relate to a person's conception of himself, his masculinity or femininity, his 'place' in the universe," (Moran, 1979, p. 14).

The attitudes of teachers concerning sexuality education must be addressed before teachers can be expected to discuss sexuality issues with students. According to

White (1977) "attitudes can be defined as the affective and cognitive responses which we have for an object or stimulus. They can be described as responses which reflect attraction or repulsion" (p. 16).

Attitudes are not permanent and are learned; personal experience and/or new knowledge may cause them to change (White, 1977). Attitudes that have strong prejudicial undertones can have an impact on the delivery of quality sexuality education by interfering with the objectivity needed for a nonjudgemental approach. Effective communication is enhanced and biases are limited when personal attitudes toward sexuality are understood (Payne, 1975).

School districts are becoming more involved with human growth, development, and sexuality (i.e. sexuality education) for the school age child. The role of the school teacher is being redefined with more emphasis being placed on the classroom teacher's ability to provide effective sexuality instruction.

Teacher attitudes concerning sexuality impact the seriousness with which students regard sexuality education. One very important quality of an effective sexuality educator is that of personal readiness to deal with the material (Schultz & Boyd, 1984). A teacher may be highly knowledgeable about sexuality topics, but lack a sense of

security with the content. No sexuality educator can be effective if the subject matter is considered embarrassing or if, on the other hand, personal belief about the subject matter lends itself to off-color jokes in the classroom.

Some teachers believe that sexuality education should be limited to certain topical areas. According to the 1985 Gallup Poll, a majority of the teachers surveyed (70%) believed that the only topic that should be discussed at the elementary school level is reproduction. In order for sexuality education to be beneficial, teachers must consider other areas (i.e., child sexual abuse, assault, rape, incest, and sexually transmitted diseases) as inclusive topics of sexuality education (Gendel, 1987)..

Age and the number of years of teaching experience may also significantly contribute to the attitudes about certain topics being discussed in a sexuality education class (Lawlor et al., 1990). Older teachers, or teachers with more years of service, are usually less tolerant of some topics. Attitudes involving sexuality are based on one's moral values (Lawler et al., 1990). The attitudes older teachers developed during their upbringing may be responsible for causing them to be restrictive about sexuality being taught in school. This may be due to their moral belief that sexuality education should be discussed in private with only a limited amount of information given.

It is important that school districts provide students with holistic health programs. Such programs address a child's physical, emotional, and social growth. Sexuality education must be included in this approach.

### Theoretical Framework

Festinger's (1957) theory of cognitive dissonance was used for the foundation of this study. According to this theory, the presence of dissonance creates psychological discomfort and will motivate an individual's attempt to reduce dissonance and achieve consonance. Festinger (1957) referred to dissonance as the state of discord or inconsistency and consonance as a state of stability, harmony, and consistency.

In the theory of cognitive dissonance, two assumptions are made. Festinger (1957) hypothesized that:

- (1) The existence of dissonance, being psychologically uncomfortable, will motivate the person to try to reduce the dissonance and achieve consonance.
- (2) When dissonance is present, in addition to trying to reduce it, the individual will actively avoid situations and information which would increase dissonance. (p. 3)

In addition, Rokeach (1972) defined attitude as "a relatively enduring organization of beliefs around an object or situation predisposing one to respond in some preferential manner" (p. 112). Attitudes are made up of three elements: cognitive, affective, and behavioral, and are learned through the developmental process (Rokeach, 1972).

The cognitive element consists of a person's knowledge "about what is true or false, good or bad, desirable or undesirable" (Rokeach, 1972, p. 112). The affective element examines the negative or positive emotions that can be aroused or influenced under proper conditions which are centered around the attitude. The behavioral element addresses how a person reacts to the knowledge and feelings of an attitude (Rokeach, 1972).

An individual should try to maintain a balance of these three elements (Festinger, 1957). Maintaining a balance is not always possible, therefore causing inconsistency between the cognitive, affective, and behavioral elements.

Festinger (1957) referred to inconsistency as dissonance and consistency as consonance.

"Attitudes have been expressed to influence significantly our response to ideas, situations, and other people" (Berger, 1979, p. 231). Teachers who have negative attitudes toward sexuality being taught in school will

experience dissonance when assigned to teach it to students. That dissonance will be shown behaviorally to the students, and may result in a barrier to effective sexuality education. Teachers are confronted with answering a growing number of questions from students about human sexuality. If teachers' attitudes toward human sexuality issues are dissonant, that dissonance will be expressed consciously or unconsciously in behavior related to the cognitive and affective elements of the attitudes (Rokeach, 1972). That behavior could impact the students perception about human sexuality in a positive or negative way.

Receiving knowledge about a particular subject is important to the process of reducing dissonance. Accurate information about a subject can help an individual's perception of a dissonant situation so that logical problem solving and decision making can be used to decrease the dissonance (Festinger, 1957).

### Assumptions

The following assumptions were made for the purposes of this study:

1. Attitudes can be measured.
2. Each teacher has certain attitudes toward sexuality

education based upon life experiences or formal training.

3. Sexuality education is a valid concept in sexuality education.

4. Teachers respond to the data-gathering instrument candidly.

#### Hypotheses

The following null hypotheses were tested at the .05 level of significance:

1. There will be no significant difference in teachers' attitudes about school and community influence that may be attributable to years of experience.

2. There will be no significant difference in teachers' attitudes about personal readiness that may be attributable to years of experience.

3. There will be no significant difference in teachers' attitudes about community and school influence that may be attributable to school assignment.

4. There will be no significant difference in teachers' attitudes about personal readiness that may be attributable to school assignment.

5. There will be no significant difference in teachers' attitudes about personal readiness between those teachers who teach sexuality and those who do not teach sexuality.



6. There will be no significant difference in teachers' attitudes about community and school influence between those teachers' who teach sexuality and those who do not teach sexuality.

7. There will be no significant difference in teachers' attitudes about personal readiness to teach sexuality that may be attributable to age range.

8. There will be no significant difference in teachers' attitudes about the influences of the community and school that may be attributable to age range.

9. There will be no significant relationship between sexuality topics actually taught and teachers' personal readiness attitudes.

#### Definition of Terms

The following terms were used in this study:

1. Attitude. "The affective and cognitive responses which we have for an object or stimulus. They can be described as responses which reflect attraction or repulsion" (White, 1977, p. 16).

2. Personal Readiness. The teachers' personal assessment of their competency to teach sexuality education in elementary school as measured by the "Attitudes Toward Human Sexuality" scale (Schultz, Boyd, & Fanslow, 1983).

3. School and Community Influences. "A teacher's

perceptions of school administrators, colleagues, and community as supporters or impeters of sexuality education," as measured by the "Attitudes Toward Human Sexuality" scale (Schultz, Boyd, & Fanslow, 1983, p. 4).

4. Sexuality. "A pervasive component of personality, specifically an individual's attitudes and behaviors as a sexual being and as a male and female" (Schultz, Boyd, & Fanslow, 1983, p. 4).

5. Sexuality Education. "Learning about human physiology related to sexual function and reproduction, about what it means to be a male or a female, how gender relates to one's physical, social, intellectual, emotional and spiritual development, and understanding self, family and society" (Schultz, Boyd, & Fanslow, 1983, p. 4). Sexuality education is synonymous with Human Growth, Development and Sexuality Education.

6. Teacher. A full time educator hired by a school district to instruct students in one or more content areas.

#### Limitations

This study was subject to the following limitations:

1. A sample of convenience was used: therefore, the results of the study were only generalized to the participants of this study.

2. The following variables were described, but were

not controlled: a. age, b. if the respondent teaches sexuality education, c. level of current teaching assignment, d. marital status, e. total years of teaching experience.

#### Delimitations

The following variables were controlled:

1. The subjects were currently employed elementary teachers within a large urban school district.
2. Only teachers of grades 4 through 6 were used.

#### Summary

The past decade has brought about many changes in the traditional role of the classroom teacher. Teachers are now being asked to answer questions about human sexuality, partially because of the spiral of AIDS cases affecting people in the media and those that they know personally. The availability of programs such as the human growth, development, and sexuality training that are offered through this large urban school district enhance a teacher's personal readiness level to answer such questions.

A limited number of studies have been done in the area of measuring teachers' attitudes toward sexuality education. This investigation determined if differences in the

attitudes were attributable to demographic variables.

## REVIEW OF LITERATURE

The review of literature is organized into three main sections. The first section discusses the historical context of the study, including the role of the family in society and the impact of cultural values on family structure. The second section focuses on the theoretical framework, exploring the relationship between family structure and individual well-being. The third section reviews empirical research on the topic, highlighting key findings and methodological approaches.

### The Historical Context

The historical context of the study is crucial for understanding the current research. The review begins by examining the evolution of family structures over time, from traditional extended families to modern nuclear families. It then discusses the impact of social and cultural changes on family dynamics, including the role of women in the workforce and the influence of technology on family communication. The review also explores the historical role of the family in providing social support and economic stability, and how these roles have changed in contemporary society.

## CHAPTER 2

### REVIEW OF LITERATURE

The attitudes of teachers toward human sexuality may impact the subject matter being presented to students. Attitudes concerning sexuality are influenced by education, social norms, and personal experiences.

A review of literature shows the varying attitudes of sexuality throughout history. This chapter includes historic events of human sexuality, human sexuality and the teacher, and teachers' attitudes and values in human sexuality.

#### The Historical Emphasis

Stone Age paintings depicted male and female poses symbolizing magical qualities attributed to sex (Hogan, 1980). The Sumerians (around 3000 - 2000 B.C.), recorded their attitudes toward sexuality in their legal codes. Their laws reflected the assumption that women were considered the property of men. This inequity allowed husbands the freedom to fornicate, but wives could be put to death for the same act. Marriage was for procreation purposes, not for companionship. The wife's main duty was to rear the children. Sex was equated with fertility, therefore, a

sterile marriage was essentially grounds for divorce. Drawings from this time demonstrated that homosexuality was practiced and accepted (Bullough, 1976b).

Egyptian males viewed sexual relationships with young men as the ultimate sexual experience. Nudity, youth, and sex among men is depicted throughout their history. Egypt was considered a man-centered culture so that most of the information about sexual practices is from a male perspective, resulting in little information about the female sex life (Cole, 1959). Although their law provided for concubines, essentially Egyptians were monogamous. Females caught in acts of adultery would be divorced or burned at the stake. Male circumcision was practiced for hygiene purposes. Girls were circumcised for the purpose of the resectioning the clitoris and labia minora to make it almost impossible to experience orgasms and erotic stimulation (Bullough, 1976b). Basically, the Egyptians were fairly permissive, as evidenced by tomb pictures depicting heterosexual and homosexual prostitution, oral-genital, anal, and bestial sex (Bullough, 1976b; Hogan, 1980).

Western sexual attitudes were more directly influenced by the founders of Judaism, the ancient Hebrews (Bullough, 1976a). Social control of sexual activity which placed a negative value on sex outside of marriage was stressed. The

primary purpose of sex was for procreation and adultery was punishable by death. Homosexuality was outlawed. The Jews, however, recognized that sex was more than duty and could coexist with pleasure (Bullough, 1976a; Hogan, 1980; Schulz, 1979). While Jewish law never excluded pre-marital relations, a virgin bride was prized (Bullough, 1976b).

The Greeks valued sexuality and beauty. They were also proponents of Western morality. According to Liecht (1953), Greeks showed an exultant creed of naked sensuality. This was reflected in their art and music. Gods were shown as being seductive and flirtatious. To prevent sexual ailments, suicide, and illegitimate motherhood, masturbation was acceptable. Bisexuality and homosexuality were acceptable because young men were equated with religious and physical beauty (Lewinsohn, 1958; Liecht, 1953). While lesbianism was not characteristic of Greeks, both male and female prostitution were common. The term Lesbianism was derived from the Greek female poet Sappho who lived with other women on the island of Lesbos (Hogan, 1980). Women's societal functions were considered to be for procreation and keeping the house and finances.

The Romans demonstrated a pragmatic emphasis about sex. The Romans practiced homosexuality, along with pederasty, oral intercourse, and transvestism (Cole, 1959; Hogan, 1980). Although the Romans believed nudity was improper,

they were collectors of naked sculpture (Kiefer, 1953). Prostitution was considered an old custom.

Early Christians thought of sexuality in a negative manner. They downgraded it and strived for perfection through renunciation of the world and advocacy of asceticism. Christians focused more on celibacy because Jesus said little in the Bible about sex except when talking about divorce and remarriage. Sex was considered unacceptable except for procreation in marriage (Bullough, 1976b; Cole, 1959; Schulz, 1979).

The Christians during the Middle Ages were more concerned about modifying ways and forms of sexual behavior. Chastity and ascetic ideals were still upheld. Marriage and procreation were acceptable, but all other sex was considered sinful and against nature (Hogan, 1980). Both contraception and abortion were discouraged. To prevent lustful ideas, the body was seen as shameful and was sometimes distorted in art work to prevent lust by the beholder (Lewinsohn, 1958; Sorokin, 1956). Women were considered inferior. Galen, a noted physician, believed that the female was less perfect than the male because she was colder and therefore as a fetus could not project her sexual body parts to the outside. Menstruation was known as a cleansing process for the additional digestive by-products women accumulated during their sedentary lifestyle. Women



were kept under control because of their somatic sexual differences. It was believed that if women received a greater degree of equality that they might change somatic sex and challenge men for control. During the late Middle Ages sexuality attitudes became contradictory. Although sexual deviation was feared, it was encouraged by many during this time (Bullough, 1976b).

The human body was portrayed in erotic activities during the Renaissance (Lewinsohn, 1958). During this time literature became less religious. The Ranters, who were an English religious sect, accepted erotic love making as a form of worship (Schulz, 1979). Prostitution and homosexuality were accepted.

As the 17th and 18th centuries evolved, the Bible became less important as the answer to all questions. Newton, Descartes, and other scientific discoverers created the Age of Reason and certain sexual activities decreased. Passion was not expressed openly and emotions and feelings were repressed. Homosexuality was punishable by death. Reformation leaders, such as Martin Luther and John Calvin, expressed more positive views regarding sex and marriage (Lyons & Petrucelli, 1987). Both believed that sexuality was a fact of life and believed that God ordained that men should marry. They believed that families were the foundation of a religious community (Cole, 1955; Schulz,

1979).

During the early 1800s sexual restraints had evolved. Tissot, a Swiss physician, purported that sexual activity was dangerous. He taught that it caused blood to rush to the brain, which starved the nerves, making them more likely to be damaged and resulting in the chance of becoming insane. It was also believed that masturbation caused mental illness (Bullough, 1976a).

The Romantic Era emphasized emotion and instinct as characterized by music and art. Marriage was viewed as a relationship for sex and emotional satisfaction. Women were no longer possessions of men or second class citizens. Some feared that female virtue would disappear (Hogan, 1980). The Victorians, however, created sexual restraints by denial and suppression of sex drives. Masturbation was seen as having a lack of self control. Although there was extreme reticence about sex, Victorian sexuality was that of a highly developed sexual underworld of pornography and prostitution (Mims & Swenson, 1980; Schulz, 1979; Smith, 1975).

Sexuality in Colonial America was viewed with less inhibition. While discretion was practiced, premarital sex was rampant. Despite the higher number of males, homosexuality was not prevalent and adultery by either partner was considered punishable (Bullough, 1976b).

During the 20th century, sex and sexuality began to emerge even more to the forefront. This resulted from Sigmund Freud's psychoanalytic theory emphasizing sex as a determinant in human development, as well as the changes in political views. Freud's theory also stated that sex was a major factor in personality development (Hogan, 1980).

It is believed that the sexuality education movement was first started with the efforts of Dr. Prince A. Morrow around the late 1800s. As Bigelow (1936) found, Dr. Morrow was in 1902 and later in 1904 the American representative to international conferences to plan a world wide attack on the "venereal peril." The term "social diseases" was used, rather than "venereal disease," to emphasize the idea that sexual contact might cause diseases that would seriously influence the family and society. Later during World War I, which caused many people to be transported overseas, sexuality education programs became necessary. During this time a rejection of Puritan beliefs and more relaxed attitudes towards sexuality had surfaced (Hogan, 1980). Parker (1921) noted that:

The great world-war has opened the eyes of all thinking persons in our country to the tremendous importance of giving the rising generation adequate and correct information concerning sex matters, and our chief tasks now are to find out

what are the best methods of imparting this knowledge. (p. 5).

Women were allowed to vote in 1920, which ended the sheltered social positions they previously occupied (Hogan, 1980; Mims & Swenson, 1980; Schulz, 1976).

Extensive research on sexuality began during the early 1940s with the work of Alfred Kinsey. Kinsey and his colleagues at the University of Indiana researched social-psychological sexual behavior. The results of this research were published in Sexual Behavior of the Human Male (1948) and Sexual Behavior of the Human Female (1953). "Kinsey's work paved the way for scientific study of sexuality and greater comfort with discussion of sexuality as a bio-psycho-social phenomenon" (Hogan, 1980, p. 12). Masters and Johnson started systematic study of human sexual responses of the male and female in the early 1960s. They were the first to elicit facts about the physiology of the human sexual response (Hogan, 1980). Hogan (1980) noted that their books, Human Sexual Response (1966) and Human Sexual Inadequacy (1970), which were written as reports of scientific research, received much attention from the general public.

The advent of sex therapy and intrauterine devices caused sexuality to be viewed more liberally. Perhaps the single most influential event related to contemporary human

sexuality was the development of oral contraceptives, "The Pill" (Montague, 1969). The availability of an inexpensive, reliable, and convenient method of birth control allowed for more realistic family planning and greater sexual freedom (Boston Women's Collective, 1976). Sex was not being seen as merely procreational, but recreational as well. Women were more comfortable in demanding a satisfying sex life. During this time the Women's Liberation Movement began. Women began demanding a greater role in all societal sectors. Their attitudes towards sexuality were changing as, for the first time, women of all socioeconomic levels could enjoy sexual relationships without the fear of pregnancy (Montague, 1969).

Attitudes in general toward sexuality began to change. Homosexuals publicly acknowledged their sexual preference. Married couples exchanged sex partners, and young people were engaging in sex. It was a Sexual Revolution in which the motto was "enjoy sex for its own sake" (Montague, 1969, p. 15).

The media capitalized on the public's interest in obtaining more information about sexuality (Kolodny, Masters, Johnson, and Biggs, 1979). Movies began showing more explicit sex, eventually causing a rating system for movies to be developed to indicate the degree of sex and/or violence in a particular movie. "How-To" books, such as

Comfort's book, The Joy of Sex, became popular (Hogan, 1980).

Attitudes of Americans toward human sexuality have changed significantly in recent years. A greater recognition and acceptance of an individual's choice of his or her own sexual standards is being shown. The widespread media coverage of various health care issues may be attributable to this change in attitude (Barrineau, 1989). Matters of social policy such as abortion, contraception, and sexually transmitted diseases relate to sexual behavior. Sex therapy and counseling for sexual problems have been made available and much more acceptable than prior to 1960 (Kolodny, Masters, Johnson, and Biggs, 1979). The arrival of Acquired Immune Deficiency Syndrome (AIDS) has caused many to become cautious and knowledgeable about the disease (Quinn, 1990).

#### Human Sexuality and the Teacher

The success of any sexuality education program depends on the attitude and approach of the teacher (Hoch, 1971). The attitude held by a teacher when educating about human sexuality may determine whether or not the students take the issue of sexuality education seriously. It is important that teachers are prepared for teaching sexuality (Schultz & Boyd, 1984). Although it could be very difficult to teach

sexuality because of the sensitive and personal issues that it entails, Manley (1986) believes that a sexuality educator must have some very basic qualities. According to Manley (1986):

A sexuality educator must be enthusiastic about and comfortable with the subject, knowledgeable and well-trained in human sexuality, truly like and respect adolescents, possess clarity of own values and be accepting of differing value systems, and have well-developed group facilitation skills. (p. 10)

These characteristics are very important to a teacher. If a student perceives a teacher as not being personally ready, friction and confusion may occur.

According to Rienzo (1987), there are many variables that can assure a successful sexuality program. Such variables include clarity of policy and specificity of standards, monitoring presence of an enforcement agency, enforcer commitment, commitment of enforcer's superiors, attitudes of those who benefit from the policy, administrative coordination, cost and benefits, and direct federal involvement. Rienzo (1987) suggests that a clarity of policy be included so that the students, parents, school faculty, and staff become familiar with exactly what is included in a sexuality education class. This preventive

measure helps to avoid any confusion that may arise about the content. Program monitoring assures that everything that is expected to be taught does get taught. Commitment from the teacher to make every attempt to provide students with a quality program is very important. The teacher must be careful not to include personal feelings about sexuality in the classroom (Ward & Taylor, 1991). There must be a commitment from the administration of the school. The administration should provide support to both teachers and students. The administration can also act as a public relations contact to the media and other concerned parties about the program content. Students must see human sexuality instruction as being beneficial. This perception is critical if students are to view human sexuality seriously (Selverstone, 1991). Administrative coordination must be utilized so that the proper time frame can be set and so that parents may have the opportunity to view materials. Financial incentives and other benefits sometimes help to sell the program to teachers. The large urban school district being examined in this study, for example, encourages teacher training by offering a \$100.00 stipend or staff development credit to teachers who take the Human Growth, Development and Sexuality course, a prerequisite to sexuality instruction. This concept helps to motivate teachers to participate in human sexuality



instruction. The federal government also offers information about sexuality, such as nationwide statistics, which can help to sell the program to both parents and students (Rienzo, 1987). The government also offers free pamphlets and other materials.

### Teacher Attitudes about Sexuality

For many teachers, learning and teaching about sexuality has a positive impact on their attitude about their own sexuality (AASECT, 1973). The attitude of the teacher is important because it impacts which sexuality topics are to be taught. The question that may arise is whether teachers with certain identified demographic characteristics such as age, sex, and race, are more likely to be effective sexuality educators (Manley, 1986). For example there are some who believe that a younger teacher would be a better sexuality education instructor and more tolerant of its content (Greenburg, 1970).

While sexuality education may be placed last on the priority list for some, others believe that an attempt should be made to prevent various diseases such as AIDS through education (Quinn et al., 1990). The school is considered the perfect place for this to happen. Teachers already have a captive audience, and on many occasions, students share the information they receive in school with

their family members. That is why it is important when working within the context of the public school, not to present one's own religion or ethics. According to Sol Gordon (1990), "this does not mean that we cannot present a controversial view..." (p. 5).

For some teachers, the content offers new information. If a teacher lacks a "strong academic training experience, a hinderance for widespread implementation may occur" (Smith et al., 1984). It is this very issue that causes concern among some teachers when sexuality education is proposed or when a particular topic within the content is discussed.

In recent studies it was found that although students of all ages are becoming sexually active at younger ages, some teachers and school administrators are feeling nervous about sexuality education courses for fear that a possible adverse reaction from the community may be created (Hayes, 1988; Davey, 1990). The success of a course in human sexuality depends on how the teacher sees its place in the classroom. In a nearby large suburban school district, parents, teachers, and administrators argued over condom demonstrations being done in the classroom (Lee, 1992). Many parents felt uncomfortable about the actual demonstrations.

Teachers who are proponents of school sexuality education believe that sexuality education programs do work.

One example of success is in the Netherlands, which experiences one of the lowest teenage pregnancy rates, the lowest number of rapes, and the lowest number of child sexual abuse cases in the world. This may be due to the fact that birth control and sexuality education are available in the schools (Welbourne-Moglia & Edwards, 1986). While most educators support sexuality education in public schools, the disagreement involves questions of appropriate content, sequence of content, and who should teach it. Schultz and Boyd (1984) surveyed 191 home economic secondary teachers to examine: 1) their attitudes toward teaching sexuality education and toward human sexuality, and 2) relationships among these attitudes, selected demographic variables, and the degree to which 25 sexuality topics were taught by teachers. The inventory that was used included five factors:

1. Personal Readiness (PR). This factor examined one's perceived personal competency to teach sexuality education in schools.

2. School Community Influences (SCI). This factor focused on how an individual handled school administration, colleagues, and community supporters and/or opponents of sexuality education.

3. Personal Sexuality Feelings (PSF). This factor allowed the individual to examine personal attitudes toward

his/her own sexuality, sexual health maintenance, and personal intimate sexual practices.

4. Sexual Behavior Code (SBC). This factor focused on what is perceived as acceptable sexual behavior for others and for the individual.

5. Body Image (BI). This factor highlighted one's feelings about his/her own body and that of others.

The average item scores for each factor gave information about secondary teachers' attitudes toward teaching sexuality education and toward human sexuality. The scores had a range from 1 to 9 with 1 being disagree completely and 9 being agree completely. The high Personal Readiness factor score of 7.7 indicated that teachers saw themselves as having much competence in teaching sexuality education. The low average item score of 3.8 on the School and Community Influence factor showed that teachers saw that only a small amount of support from administration, colleagues, and community was expressed for including sexuality education in their schools. A score of 8.1 calculated for the Personal Sexuality Feelings indicated that teachers viewed their own sexuality positively. On the factor of Sexual Behavior Codes, teachers in the sample were more liberal than traditional teachers as reflected by the 3.3 mean score. The score of 5.8 for the factor of Body Image, indicated that teachers were individualistic in

perceptions of desirable body shape, physical condition, dress, and grooming.

Most of the teachers stated that the sexuality topics that were taught in their school were within the area of family relations and child development courses. On the other hand, they stated that some sexuality topics to a lesser extent were included in comprehensive home economics, independent living, and parent education courses.

Table 1 lists the mean scores for the 25 topics that were taught by the teachers. These scores were based on a 0-4 point response scale, with 4 meaning a great deal of teaching emphasis was placed in the area. Most teachers applied much of their emphasis on sexual values with a mean score of 3.3. This suggests that they perceived sexuality education as being made up of more than just physiological areas of human reproduction. Prenatal care received a score of 3.1, birth control received a score of 3.1 and child birth decisions a mean score of 2.8. This indicated that teachers felt the decision-making process should be incorporated in sexuality instruction.

Table 1

Sexuality Topic Mean Scores and Significant Correlations  
between Topics and Attitudinal Factor Scores

Topics	Mean Scores (a)	PR	SCI	PSF	SBC	BI
Sexual values	3.3	.24*				
Prenatal care	3.1	.37*	.21*			
Adolescent social development	3.0	.22*				
Birth control	3.0	.21*	.39*	.19		
Adolescent psychological/ emotional development	2.9	.28*		.24*		
Conception	2.9	.42*	.34*			
Adolescent physical development	2.9	.25*				
Female reproductive system	2.8	.30*	.27*			-.25*
Childbirth decisions	2.8	.21*				
Male reproductive system	2.7	.30*	.29*			-.25*
Pregnancy decisions	2.6	.31*	.30*			
Sex role socialization	2.6	.22*				
Expectant fathers' participation	2.5	.23*	.27*			
Developmental tasks of adolescents	2.5	.21*				
Sexually transmitted diseases	2.4	.27*	.37*			
Adolescent cognitive development	2.4	.25*				
Intimate sexual relationships	2.1	.29*	.28*	.20*		-.15
Alcohol, drugs, and sexual behavior	2.2	.20*	.23*			
Sexual lifestyles	1.9	.20*	.21*			-.19
Intercourse	1.9	.28*	.25*			-.23*
Diversity of sexual expression	1.7		.18			
Rape	1.5	.24*	.24*			-.18
Homosexuality	1.2	.27*	.24*			
Self-examination of breasts and testicles	1.2	.27*	.20*			-.22*
Masturbation	1.1	.33*	.26*			-.29*

\*p < .01.

(a) A 0-4 point response pattern was used with 4 indicating a great deal of teaching emphasis.

\*\*\*Source: Schultz, J. & Boyd, J. (1984).

Teachers gave little emphasis to masturbation ( $\bar{X}=1.1$ ), self-examination of breasts and testicles ( $\bar{X}=1.2$ ), homosexuality ( $\bar{X}=1.2$ ), and rape ( $\bar{X}=1.5$ ). This could be because teachers perceived a limited amount of support from administration, colleagues and the community. Respondents may also have considered these areas as being less important because of subject discomfort or because they were told not to teach them.

Two statistically significant relationships were documented in this study. The more positive teachers felt about their own sexuality, the more prepared they felt to teach within the area of sexuality. Secondly when dealing with sexual behavior codes, the more teachers viewed their values as traditional, the less they felt prepared to teach human sexuality.

Demographic data did not appear to be related to the teachers attitudes towards teaching sexuality or toward their attitudes toward human sexuality. A significant relationship between the Personal Readiness factor and their own sexuality education appeared. They perceived themselves as being less competent in being able to teach human sexuality as they applied an extensive assessment of their own sexuality education.

Teachers gave some attention to most of the topics as they felt competent to teach sexuality, and if they got

support from the community, administration, and colleagues. When teachers viewed their own sexuality as being positive, they included such topics as intimate sexual relationships and adolescent psychological/ emotional development. Teachers who viewed themselves as having more traditional sexual behavior codes, taught topics such as the male and female reproductive systems, sexual lifestyles, intercourse, and masturbation infrequently. There were no significant correlations between topics and the body image factor.

Schultz and Boyd's study shows that there is a need for various topics to be included in a comprehensive sexuality program. Teachers who feel comfortable about their own sexuality tend to have no problem exploring the many areas of human sexuality in the classroom.

### Values in Human Sexuality

Some teachers wish to include values education when talking about human sexuality. Many ask if a common set of values can be taught to meet the development of responsible sexual practices, without promoting the moral attitudes held by the teachers (Lawlor, et al., 1990). Lawlor clarifies this notion by stating that:

It is difficult to dispute the notion that attitudes and behaviors involving sexuality are inextricably linked to moral values. Religious and secular values



have traditionally played a strong and vital role in guiding sexual attitudes and behaviors-whether deliberately included, excluded, or ignored. It may be concluded, therefore that values will, and should, continue to play an important role in sexuality education. (p. 4)

Those teachers who have conflicting views toward human sexuality being taught in the public schools are those who often bring up the issue of morality. Although this concern exists, there still is hope for basic values to be included in a human sexuality program. According to the Quebec Ministry of Education (1985), sexuality programs with values are possible. A sample course outline in Values and Human Sexuality is listed in Table 2.

Table 2

"Values and Human Sexuality" Course Outline

1. Sexual Values in Historical Perspective	Value perspectives that have shaped Western views of human sexuality.
2. Discussing Sexual Ethics and Defining Values	Drawing on the work of ethicist Daniel Maguire, outlines a method of discussing ethics and offers reflections on the nature of values.
3. Sexuality, Relationships and the Life Cycle	How sexual values are constructed throughout the life cycle. Valuing is presented as relational phenomenon.
4. The Sexually Disenfranchised	Students are challenged to reflect critically on the stereotype that disabled, ill, or elderly people are asexual or nonsexual.
5. Touch, Tenderness, and Sexuality	Explores the role of touch and tenderness in humanizing sexual relations.
6. Homosexuality: Moral Problem or Meaningless Ethical Category?	What does the term "homosexuality" really mean? Should we speak of homosexual acts or of gay and lesbian persons and lifestyles?
7. Pornography	Explores different attitudes, feelings, and value perspectives on pornography. What is pornography? Is the distinction between erotica and pornography useful? What ethical criteria should guide our reflection?
8. Sexual Abuse and the Rape Paradigm	Examines how different forms of sexual abuse are governed by what Kathleen Barry calls "the rape paradigm."
9. Dying and Living with AIDS	Focuses more fully on the personal and social implications of AIDS. What is the human response to people with AIDS?
10. The Crisis of Married Love	Explores perceptions and expectations of marriage.

\*\*\*Source (Lawlor et al., 1990)

## Summary

Diorio (1985) believes that sexuality education has been a curricular tool in dealing with societal problems

such as adolescent pregnancy. According to Pocs (1992), 462,312 teenagers gave birth in 1987, which translates to 51.1 births per 1,000 females 19 or younger. In 1957 the birth rate for this group was 97.3. Thornburg (1985) states that proper education is the key to maintaining a balance between the understanding of sexual concepts and potential behavior. According to Barrineau (1989) it is important to note that as children ask questions about sexuality, they should be given honest information appropriate to the child's age.

The role of the teacher in terms of human sexuality is dependent on the personal attitude of the teacher. In order to effectively meet students' needs, teachers must first assess their own attitudes and values regarding sexuality and toward discussing sexuality information with students.

## CHAPTER 3

### PROCEDURE FOR COLLECTION AND TREATMENT OF DATA

A descriptive survey was used as the research methodology for this study (Windsor, 1984). According to Polit and Hungler (1983), "survey research is that branch of research that examines the characteristics, behavior, attitudes, and intentions of a group of people by asking individuals belonging to that group ... to answer a series of questions" (p. 216). This method of investigation was used to determine teachers' attitudes regarding sexuality education.

#### Setting

This study was conducted in a large urban school district that is located in the southwestern part of the United States. It encompasses an area of 351 square miles. Eight of the 137 elementary schools were represented in this study. The schools represented the north, south, east, and west areas of the district.

### Population and Sample

The population in this study consisted of the elementary teachers in a large urban school district. A sample of convenience was used. The sample consisted of teachers from 8 out of 137 elementary schools with a total of 125 teachers participating. Only teachers of grades 4 through 6 were used because the primary grades begin their curriculum with disease prevention (i.e. learning proper hand washing techniques etc.). The schools were selected by the researcher based on the principals' willingness to allow the research to take place in their schools. Table 3 includes demographic data on elementary teachers involved in this study.

Table 3

#### Teacher Characteristics

Teacher Variables	1990-91
	% in District
Number of Teachers	5075
Male	11
Female	89
Ethnicity	
Anglo-American	55

Table 3 (continued)  
Teacher Characteristics

---

Teacher Variables	1990-91 % in District
<hr/>	
African-American	35
Hispanic-American	9
Experience Within Educational Level	
Bachelor's	59
0 - 5	42
6 - 15	39
16 - 40	19
Master's	39
0 - 5	8
6 - 15	35
16 - 40	57
Doctorate	1
0 - 5	9
6 - 15	18
16 - 40	73
Median Years of Experience	11

---

#### Protection of Human Subjects

This study met the current regulations for exemption

for review by the Human Subjects Review Committee of Texas Woman's University. Participants were assured of anonymity as no names or individual identifying codes were used. Individual subjects were not identified but were only classified. This classification was made by utilizing the demographic profile.

Participants were also advised that they could opt not to participate in the study. Participants were told that they were protected from penalty by the school district should they choose not to participate in the study. The survey distribution process used allowed for immediate collection, thereby increasing the return rate.

#### Data Collection

Principals were first contacted by telephone. Letters of request which outlined the purpose and procedure for data collection were sent to the principals of the selected schools (Appendix F). Written permission to conduct the study using their teachers as subjects was granted.

Arrangements were made with the principals concerning procedures for questionnaire distribution. So that all groups were handled in the same manner, the investigator or the designated proctor issued the questionnaires during a faculty meeting.

The surveys were administered to the teachers by the

investigator (with the exception of school H) and were completed by each teacher in the same setting. School H's principal offered to administer the survey because another activity had been scheduled on the same day that the investigation was to take place. The principal was given thorough instructions as to the proper way to administer and collect the responses.

### Instrumentation

Sexuality attitudes were assessed by an instrument entitled "Attitudes Toward Teaching Human Sexuality" (Appendix D) that measured attitudes toward teaching sexuality education in public schools (Schultz, & Boyd, 1984). Permission to use the instrument was granted by the original author (Appendix C). The inventory used a 9-point Likert scale on items other than those intended for topics taught ratings and demographic data collection. It included a range of responses from 1 to 9, with 1 being disagree completely and 9 being agree completely. The topics taught section used responses based on a Likert scale that ranged from 0-4, with 0 meaning no emphasis was placed at all on the topic and 4 meaning a great deal of emphasis was given. The inventory included two attitude data collection components Personal Readiness and School and Community Influence. The Personal Readiness (PR) component assessed



an individuals personal ability to teach sexuality education in a public school. It examined one's self-esteem, values, and goals. School and Community Influence (SCI) component assessed the individuals attitude toward how the community, school administration objects or supports a sexuality education program. It examined the sexuality beliefs of others.

A personal readiness score and a school and community influence score was calculated for each participant. The personal readiness score was a mean calculated from the responses to the personal readiness items on the survey. The following items were considered personal readiness items:

1. I can explain the developmental tasks of youths.
3. I can talk objectively about sexual lifestyles that differ from my own.
6. I'm conscious of my values when discussing sexual behavior with students.
7. I'm adequately informed about the female reproductive system.
9. I'm informed about the effects of drugs on sexual behavior.
10. I prefer to keep discussion of sexual values out of my classroom.
12. I can describe the decisions that may need to be made during pregnancy.
13. I feel comfortable talking about sexual behavior with youths.

14. I'm inadequately informed about the male reproductive system.
16. I can explain variations in sexual orientation.
17. I'm embarrassed listening to my students talk about intimate sexual behavior.
18. I feel confident about advising on health care during pregnancy.
20. I know the slang terms used to describe sexuality.
22. I am informed about medically induced abortion procedures.
24. I know the correct pronunciation of sexuality terminology.
26. I am knowledgeable about the factors involved in the decision to parent.
27. I cannot bring myself to use a slang sexuality terms in class.
28. I'm knowledgeable sexually transmitted diseases.
31. I can explain factors affecting fetal development.
32. I can respond comfortably when a student asks a question using a slang sexuality term.
33. I am knowledgeable about methods of birth control.
35. I don't have a command of sexuality vocabulary.
36. I'm apprehensive about raising certain sexuality topics in the classroom.
38. I am knowledgeable about sexual health care.

39. My job is to help youths establish guidelines for sexual decision making.
40. I cannot describe sexual response cycles.
44. I can handle classroom humor related to sexuality.
45. I can explain the fertility cycle.
46. I'd rather teach sexuality to students of my own sex.
48. I cannot handle students' questions about explicit sexual behavior.
50. I can relate well with my students while discussing sensitive sexuality topics.
52. I can empathize with the sexual pressure faced by youths.
53. I'm comfortable as a facilitator in discussions on sexuality.
55. I'm knowledgeable about sex role socialization.

The school and community influence score was a mean score calculated from the responses to the school and community influence items on the survey. The items listed below were considered School and Community Influence items:

2. Sexuality education should be taught in public schools.
4. Written parental permission is needed before presenting sensitive sexuality education topics.
5. "Territorial claims" from different subject matter areas hinder sexuality programming at my school.
8. School administration is hesitant about possible adverse community reaction to sexuality education.

11. School sexuality programs do not promote responsible sexual behavior.
15. School restrictions imposed on sexuality education limit the content which can be presented.
19. Schools should confine themselves to teaching physiological facts related to sexuality.
21. An advisory committee facilitates the implementation of sexuality education in the school.
23. Community attitudes prevent me from meeting the sexuality education needs of students.
25. Colleagues think sexuality education should be left to parents.
29. Different sexual lifestyles could not be included in a sexuality education program in my community.
30. If I didn't teach sexuality education it would not exist in my school.
34. School administration prefers that sexuality education be integrated into existing courses.
37. Sexuality education in schools encourages teenagers to become sexually active.
41. Birth control can be a part of a sexuality education program in my community.
42. Peer interaction in school sexuality education enhances learning.
43. My school is committed to providing sexuality education.

47. Health professionals should present portions of sexuality education programs.
49. Elementary students need sexuality education.
51. Teaching sexuality education in school is acceptable if parents have the opportunity to review topics.
54. Colleagues from other subject matter areas are cooperative in planning sexuality education.

The topics taught score was computed by measuring the relationships among teachers attitudes and the degree to which 25 sexuality topics were taught by the teacher. The mean scores for the 25 topics were calculated. These scores were based on a 0 - 4 point response scale, with 4 representing a great deal of teaching emphasis was placed on the area. Demographic data including age range, marital status, years of teaching experience, grade or grades currently teaching, and school where employed. Sexuality education background was also identified.

#### Validity and Reliability

Post Hoc tests were computed. Crombach's Alpha was computed on the Personal Readiness scale and the School and Community Influence scale. The Personal Readiness reliability score was (.77) and the School and Community Influence reliability score was (.47). In the study done by

Schultz, & Boyd (1984) an even higher reliability score of (.90) on the Personal Readiness scale signified a strong belief in self competency, while School and Community Influence received a similar reliability score of (.42).

### Pilot Study

For the purpose of testing the data collection methodology of the instrument, a pilot study was conducted utilizing 10 consenting teachers. The pilot study revealed necessary changes in the questions used in the instrument. Some questions were either excluded from the survey or rewritten based on the pilot study.

The author of the instrument had already tested for usability and validity by using a panel of four judges, two with sexuality education expertise and two with expertise in measurement to examine the items.

### Treatment of Data

Descriptive statistics were used to profile the demographic variables and the human sexuality topics actually taught. To obtain a general evaluation of teachers' attitudes toward teaching sexuality education, average item scores were computed for each factor. Mean scores were calculated to culminate the degree to which teachers address the 25 sexuality topics. Demographic

variables were tallied. An Analysis of Variance was used to compute the differences in mean attitude scores for null hypotheses one, two, three, four, seven, and eight. T-tests were used to analyze null hypotheses five and six. Pearson Product-Moment Correlations were used to test null hypothesis nine.

### Summary

The attitudes of elementary teachers in this large urban school district toward teaching human sexuality were surveyed. The "Attitudes Toward Teaching Human Sexuality" questionnaire, was the research instrument used. The survey was completed by 125 full time teachers of grades 4 through 6. Data were analyzed using descriptive and inferential statistics.

## CHAPTER 4

### ANALYSIS OF DATA

This descriptive study was conducted to determine existing attitudes of elementary school teachers in a large urban school district toward human growth, development, and sexuality. The following chapter contains the analysis of the data obtained from the returned 125 completed surveys about sexuality. SPSS-X (1988) statistical computer package was used to analyze the data.

#### Description of the Sample

The sample for this study consisted of 125 elementary school teachers from a large urban school district located in the southwestern part of the United States. One hundred twenty-five surveys were completed and used in data analysis. Of the 125 study participants, 106 (84%) were female and 19 (15.2%) were male.

The age ranges of the respondents are shown in Table 4. Most respondents (N=61) were between 31 and 50 years of age.



Table 4

Frequency Table of Teachers' Ages

Age Groups	Frequency	Percent	Cum Percent
under 30	18	14.4	14.4
31-50	61	48.8	92.8
51-60	37	29.6	44.0
over 61	9	7.2	100.0

The marital status of the respondents are shown in Table 5. Seventy-five (60%) respondents, reported their marital status as married, and 30 (24%) listed their status as being widowed, separated, or divorced.

Table 5

Respondents Marital Status

Status	Frequency	Percent	Cum Percent
Single	20	16.0	16.0
Married	75	60.0	76.0
Widowed, Separated, Divorced	30	24.0	100.0

The respondents' years of experience are shown in Table 6.

Fifty-seven percent (N=71) of the respondents had 13 or more years of experience.

Table 6

Years of Experience

Years	Frequency	Percent	Cum Percent
1-2 years	11	8.8	8.8
3-4 years	21	16.8	25.6
5-8 years	22	17.6	43.2
over 8 years	71	56.8	100.0

Fifty respondents (40%) taught multi-grades within the 4 through 6 grade levels. The multi-grades included any grade combination within the 4 through 6 grade levels. Table 7 shows the frequencies with which the grades were taught by the respondents.

Table 7

Grade Levels

Grade Levels	Frequency	Percent	Cum Percent
Grade 4	28	22.4	22.4

Table 7 (continued)

Grade Levels

Grade Levels	Frequency	Percent	Cum Percent
Grade 5	23	18.4	40.8
Grade 6	24	19.2	60.0
Multi-Grades	50	40.0	100.0

Seventy-four (59.2%) were African-American. The ethnic group least represented was Asian-American with only one participant. Table 8 shows the breakdown of ethnic groups involved in the study.

Table 8

Ethnic Breakdown

Ethnicity	Frequency	Percent	Cum Percent
African-American	74	59.2	59.2
Anglo-American	46	36.8	96.0
Mexican-American	2	1.6	97.6
Asian-American	1	.8	98.4
Native-American	2	1.6	100.0

Table 9 shows the schools involved in the study. School E had the most people responding. They had twenty-nine (23.2%) responding to the survey.

Table 9

Frequencies of Schools Involved in the Study

Schools	Frequency	Percent	Cum Percent
School A	19	15.2	15.2
School B	12	9.6	24.8
School C	16	12.8	37.6
School D	10	8.0	45.6
School E	29	23.2	68.8
School F	16	12.8	81.6
School G	13	10.4	92.0
School H	10	8.0	100.0

Descriptions of Teacher Attitudes

Teacher attitudes were measured on items 1-55 of the "Attitudes Toward Teaching Human Sexuality" survey. Table 10 shows that 65 respondents reported that they were conscious of their values when discussing sexual behavior with students. Ten people neither agreed or disagreed with

this item.

Table 10

Conscious of Values Frequency Table

Item #6

---

Value Label	Value	Frequency	Percent
Disagree Completely	1	1	.8
	2	1	.8
Neither	5	10	8.0
	6	8	6.4
	7	12	9.6
	8	28	22.4
Agree Completely	9	65	52.0

---

Seventy respondents felt adequately informed about the female reproductive system (Table 11). Thirty-one respondents felt adequately informed about the male reproductive system (Table 12).

Table 11

Informed About Female Reproductive System

Item #7

Value Label	Value	Frequency	Percent
Disagree Completely	1	1	.8
	2	1	.8
	4	1	.8
Neither	5	5	4.0
	6	7	5.6
	7	18	14.4
	8	22	17.6
Agree Completely	9	70	56.0

Table 12

Informed About Male Reproductive System

Item #14

Value Label	Value	Frequency	Percent
Disagree Completely	1	31	24.8
	2	9	7.2
	3	7	5.6

Table 12 (continued)

Informed About Male Reproductive System

Item #14

Value Label	Value	Frequency	Percent
	4	5	4.0
Neither	5	15	12.0
	6	15	12.0
	7	11	8.8
	8	10	8.0
Agree Completely	9	22	17.6

Table 13 shows that the majority of respondents (N=45) did not feel embarrassed listening to students talk about intimate sexual behavior.

Table 13

Embarrassed About Sexuality Talk Frequency Table

Item #17

Value Label	Value	Frequency	Percent
Disagree Completely	1	45	36.0
	2	20	16.0

Table 13 (continued)

Embarrassed About Sexuality Talk Frequency Table

Item #17

Value Label	Value	Frequency	Percent
	3	4	3.2
	4	5	4.0
Neither	5	27	21.6
	6	5	4.0
	7	9	7.2
	8	5	4.0
Agree Completely	9	5	4.0

Thirty-three respondents said that they knew the slang terms used to describe sexuality (Table 14).

Table 14

Slang Terms

Item #20

Value Labels	Value	Frequency	Percent
Disagree Completely	1	2	1.6



Table 14 (continued)

Slang Terms

Item #20

Value Labels	Value	Frequency	Percent
	2	5	4.0
	3	5	4.0
	4	5	4.0
Neither	5	18	14.4
	6	14	11.2
	7	19	15.2
	8	24	19.2
Agree Completely	9	33	26.4

Forty-five people knew the correct pronunciation of sexuality terms (Table 15). Table 16 shows that most respondents (38) believed that they could handle classroom humor related to sexuality.

Table 15 (continued)

Correct Sexuality Terms

Item #24

Value Labels	Value	Frequency	Percent
Disagree Completely	1	1	.8
	2	2	1.6
	3	2	1.6
	4	3	2.4
Neither	5	12	9.6
	6	9	7.2
	7	24	19.2
	8	27	21.6
Agree Completely	9	45	36.0

Table 16

Sexuality Humor

Item #44

Value Label	Value	Frequency	Percent
Disagree Completely	1	3	2.4
	2	2	1.6

Table 16 (continued)

Sexuality Humor

Item #44

Value Label	Value	Frequency	Percent
	3	4	3.2
	4	2	1.6
Neither	5	25	20.0
	6	7	5.6
	7	22	17.6
	8	22	17.6
Agree Completely	9	38	30.4

Table 17 shows that 57 respondents considered themselves knowledgeable about sexually transmitted diseases.

Table 17

Knowledge About Sexually Transmitted Diseases

Item #28

Value Label	Value	Frequency	Percent
Disagree Completely	1	1	.8

Table 17 (continued)

Knowledge About Sexually Transmitted Diseases

Item #28

Value Label	Value	Frequency	Percent
	2	2	1.6
	3	4	3.2
	4	2	1.6
Neither	5	5	4.0
	6	10	8.0
	7	19	15.2
	8	25	20.0
Agree Completely	9	57	45.6

Sixty people felt knowledgeable about methods of birth control (Table 18).

Table 18

Knowledge About Birth Control

Item #33

Value Label	Value	Frequency	Percent
Disagree Completely	1	4	3.2

Table 18 (continued)

Knowledge About Birth Control

Item #33

Value Label	Value	Frequency	Percent
	2	1	.8
	4	3	2.4
Neither	5	7	5.6
	6	5	4.0
	7	15	12.0
	8	30	24.0
Agree Completely	9	60	48.0

Table 19 shows that 62 respondents felt that elementary students needed sexuality education. The majority of the respondents (42) in Table 20 felt comfortable as a facilitator in sexuality instruction and 47 responding in Table 21 felt confident about advising on health care during pregnancy.

Table 19 (continued)

Support for Sexuality Education

Item #49

Value Label	Value	Frequency	Percent
Disagree Completely	1	2	1.6
	2	4	3.2
	4	3	2.4
Neither	5	11	8.8
	6	7	5.6
	7	18	14.4
	8	18	14.4
Agree Completely	9	62	49.6

Table 20

Feels Comfortable As A Facilitator

Item #53

Value Label	Value	Frequency	Percent
Disagree Completely	1	3	2.4
	2	4	3.2
	3	1	.8

Table 20 (continued)

Feels Comfortable As A Facilitator

Item #53

Value Label	Value	Frequency	Percent
Neither	4	4	3.2
	5	28	22.4
	6	10	8.0
	7	13	10.4
	8	20	16.0
Agree Completely	9	42	33.6

Table 21

Feels Comfortable About Advising On Health Care

Item #38

Value Label	Value	Frequency	Percent
Disagree Completely	1	6	4.8
	2	6	4.8
	3	4	3.2
	4	3	2.4
Neither	5	18	14.4

Table 21 (continued)

Feels Comfortable About Advising On Health Care

Item #38

Value Label	Value	Frequency	Percent
	6	15	12.0
	7	9	7.2
	8	17	13.6
Agree Completely	9	47	37.6

Hypotheses

## Hypothesis 1:

There is no significant difference in teachers' attitudes about school and community influence that may be attributable to years of experience. An Analysis of Variance (ANOVA) was used to analyze the data for this hypothesis. In this analysis the dependent variable was the school and community influence score. The independent variable was the total years of experience grouping. Hypothesis one was accepted. Table 22 shows that no two groups differed significantly at the .05 level,  $F(3, 121) = .261$ .



Table 22

ANOVA of School and Community Influence and  
Years of Experience

Source of Variation	Sum of Squares	DF	Mean Square	F	p
Main Effects	.362	3	.121	.261	.854
Years	.362	3	.121	.261	.854
Explained	.362	3	.121	.261	.854
Residual	56.033	121	.463		
Total	56.395	124	.455		

Hypothesis 2:

There will be no significant difference in teachers' attitudes about personal readiness that may be attributable to years of experience. An Analysis of Variance (ANOVA) was used to test this hypothesis. The dependent variable was the teachers' personal readiness level while the independent variable was the total years of experience. No two groups differed significantly at the .05 level,  $F(3,121)=.412$ . Hypothesis two was accepted (Table 23).

Table 23

ANOVA of Personal Readiness and Years of Experience

Source of Variation	Sum of Squares	DF	Mean Square	F	p
Main Effects	.765	3	.255	.412	.745
Years	.765	3	.255	.412	.745
Explained	.765	3	.255	.412	.745
Residual	74.920	121	.619		
Total	75.686	124	.610		

## Hypothesis 3:

There will be no significant difference in teachers attitudes about school and community influences that may be attributable to school assignment. An Analysis of Variance was used to analyze this hypothesis. The dependent variable school and community influence and the independent variable school assignment were utilized. This hypothesis was accepted based on the conclusion that there were no significant differences between the two groups at the .05 level,  $F(7, 117) = .560$  (Table 24).

Table 24

ANOVA of School Community Influence and School Assignment

Source of Variation	Sum of Squares	DF	Mean Square	F	p
Main Effects	1.828	7	.261	.560	.787
School	1.828	7	.261	.560	.787
Explained	1.828	7	.261	.560	.787
Residual	54.567	117	.466		
Total	56.395	124	.455		

## Hypothesis 4:

There will be no significant difference in teachers' attitudes about personal readiness that may be attributable to school assignment. An Analysis of Variance (ANOVA) was also used to analyze this hypothesis. The dependent variable was the personal readiness of teachers and the independent variable was school assignment. There was no significant difference between the two groups at the .05 level,  $F(7, 117)=1.703$  (Table 25).

Table 25 Hypothesis 5:

ANOVA for Personal Readiness and School Assignment

Source of Variation	Sum of Squares	DF	Mean Square	F	p
Main Effects	6.999	7	1.000	1.703	.115
School	6.999	7	1.000	1.703	.115
Explained	6.999	7	1.000	1.703	.115
Residual	68.687	117	.587		
Total	75.686	124	.610		

## Hypothesis 5:

There will be no significant difference in teachers' attitudes about personal readiness between those teachers who teach sexuality education and those who do not teach sexuality education. A t-test was used to test this hypothesis. The mean for teachers who did not teach sexuality education was 6.2614 with a standard deviation of .727. The mean for teachers who taught sexuality education was 6.3173 with a standard deviation of .864. The groups were not significantly different at the  $p \leq .05$  level. This hypothesis was accepted.

#### Hypothesis 6:

Hypothesis 6 states that there will be no significant difference in teachers' attitudes about community and school influence between those teachers' who teach sexuality education and those who do not teach sexuality education. A t-test was utilized to test this hypothesis. There was no significant difference noted. The mean for teachers who did not teach sexuality education was 5.7500 with a standard deviation of .555. The mean for the teachers who taught sexuality education was 5.7509 with a standard deviation of .821. Hypothesis 6 was accepted because the groups were not significantly different at the  $p \leq .05$  level.

#### Hypothesis 7:

There will be no significant difference in teachers' attitudes about personal readiness to teach sexuality education that may be attributable to age range. An analysis of variance was conducted to test this hypothesis. In this analysis the dependent variable was personal readiness and the independent variable was age range groupings. No two groups differed significantly at the .05 level,  $F(3, 123) = .957$  (Table 26). This hypothesis was accepted.

Table 26

ANOVA of Personal Readiness and Age Range

Source of Variation	Sum of Squares	DF	Mean Square	F	p
Main Effects	1.755	3	.585	.957	.415
Age	1.755	3	.585	.957	.415
Explained	1.755	3	.585	.957	.415
Residual	73.931	123	.611		
Total	75.686	124	.610		

## Hypothesis 8:

There will be no significant difference in teachers' attitudes about the influences of the community and school that may be attributable to age range. An Analysis of Variance was utilized for this hypothesis. The dependent variable was school and community influences and the independent variable was age. No two groups differed significantly at the .05 level,  $F = (3, 121) = .233$  (Table 27). Hypothesis eight was accepted.

Table 27

School and Community Influence and Age Range

Source of Variation	Sum of Squares	DF	Mean Square	F	p
Main Effects	.324	3	.108	.233	.873
Age	.324	3	.108	.233	.873
Explained	.324	3	.108	.233	.873
Residual	56.070	121	.463		
Total	56.395	124	.455		

## Hypothesis 9:

There will be no significant relationship between sexuality topics actually taught and teachers' personal readiness attitudes. A Pearson's Product Moment Correlation was calculated. Results indicated that there was a significant correlation between personal readiness scores and subjects taught rating scores. This hypothesis was rejected.

The Personal Readiness scores gave information about elementary teachers' attitudes toward teaching sexuality education. The range of scores were from 1 to 9 with 1 being disagree completely and 9 being agree completely. Most of the teachers believed that they had competence in

teaching sexuality as reflected by their personal readiness scores. The subjects taught scores gave information on the amount of emphasis placed on sexuality topics. The item responses were based on a 0-4 point response scale, with 4 representing a great deal of emphasis and 0 meaning no emphasis.

Table 28 shows significant Pearson Product Correlation Coefficients between personal readiness scores and emphasis placed on topic ratings for the 25 topics that were listed.

Table 28

Mean Emphasis Scores and Correlations Between Topics  
and Personal Readiness Scores

Topics	Personal Readiness Score	Correlation
Social	1.072	.0577
Cognitive	.968	.1470
Physical	.928	.2439**
Psychological/Emotional	.920	.1329
Developmental Tasks	.896	.1671
Values Clarification	.872	.0796
Alcohol, Drugs, and Sexual Behavior	.680	.2235*
Female Human Reproductive System	.560	.2687**



Table 28 (continued)

Mean Emphasis Scores and Correlations Between Topics and  
Personal Readiness Scores

Topic	Personal Readiness Score	Correlation
Sex Role Socialization	.544	.2858**
Sexually Transmitted Diseases	.512	.1997*
Male Human Reproductive System	.496	.2633**
Sexual Lifestyles, Including Abstinence	.440	.1513
Intimate Sexual Relationships	.424	.2489**
Diversity of Sexual Expression Including Cultural Socioeconomic Differences	.416	.1814*
Birth Control	.360	.2189*
Intercourse	.352	.1573
Conception	.328	.2916**
Prenatal Care	.328	.2666**
Decisions upon Confirmation of Pregnancy	.320	.2786**
Childbirth Decisions	.288	.1378
Expectant Father's Participation in Pregnancy and Childbirth	.280	.0570
Rape	.280	.0871
Homosexuality	.224	-.0144

Table 28 (continued)  
Mean Emphasis Scores and Correlations Between Topics and  
Personal Readiness Scores

Topic	Personal Readiness Score	Correlations
Self-Examination of Breasts and Testicles	.208	.1724
Masturbation	.200	.0234

\* indicates .05

\*\* indicates .01  
 (two-tailed)

Correlations were highest between personal readiness score and social development. Low correlations were seen between personal readiness and masturbation.

#### Summary

The teachers' attitudes were measured using the instrument entitled "Attitudes Toward Teaching Human Sexuality" by Jerelyn B. Schultz and Jillian R. Boyd. The majority of the respondents were African-American and married. Most of the respondents had over eight years of experience and taught multi-grade combinations within grades 4 through 6.

Only teachers of grades 4 through 6 were surveyed. This sample was chosen because the human growth,

development, and sexuality curriculum starts at the 4th grade level.

Analysis of Variance tests were utilized to analyze: teachers' attitudes about school and community influence that may be attributable to years of experience, teachers' attitudes about personal readiness that may be attributable to years of experience, teachers' attitudes about community and school influence that may be attributable to school assignment, teachers' attitudes about personal readiness to teach sexuality education that may be attributable to age range, and teachers attitudes about the influence of the community and school that may be attributable to age range.

Additionally t-tests were used to examine teachers attitudes about personal readiness between those teachers who do teach sexuality education and those who do not teach sexuality education; and teachers attitudes about school and community influence between those teachers' who teach sexuality education and those who do not teach sexuality education. Pearson Product Moment Correlations were used to determine the relationship between human sexuality topics actually taught and teachers' personal readiness attitudes. A disposition of hypotheses is shown in Table 29.

Table 29 (continued)

Disposition of Hypotheses

Hypotheses	Disposition
1. There will be no significant difference in teachers' attitudes about school and community influence that may be attributable to years of experience.	Accepted
2. There will be no significant difference in teachers' attitudes about personal readiness that may be attributable to years of experience.	Accepted
3. There will be no significant difference in teachers' attitudes about school and community influence that may be attributable to school assignment.	Accepted
4. There will be no significant difference in teachers' attitudes about personal readiness that may be attributable to school assignment.	Accepted
5. There will be no significant difference in teachers' attitudes about personal readiness between those teachers who teach sexuality education and those who do not teach sexuality education.	Accepted
6. There will be no significant difference in teachers' attitudes about community and school influence between those teachers' who teach sexuality education and those who do not teach sexuality education.	Accepted

Table 29 (continued)

Disposition of Hypotheses

Hypotheses	Disposition
7. There will be no significant difference in teachers' attitudes about personal readiness to teach sexuality education that may be attributable to age range.	Accepted
8. There will be no significant difference in teachers' attitudes about the influence of the community and school that may be attributable to age range.	Accepted
9. There will be no significant relationship between human sexuality topics actually taught and teachers' personal readiness attitudes.	Rejected

The investigator combined marital status groups from 4 to 3 cells, age groups from 5 to 4 cells, and years of teaching groups from 6 to 3 cells because of unequal cell sizes among the groups. The data found in this chapter shows that overall the elementary teachers in this large urban school district who teach grades 4 through 6 have similar views about sexuality education.

## Chapter 5

### SUMMARY OF THE STUDY

It's inevitable: every teacher is a sexuality educator. In every classroom teachers give sexual messages as students learn how the teacher acts as a male or female; how the teacher responds to sex-related behaviors, comments, innuendos, jokes; and what is expected of them because they are male or female. But while every teacher influences students' sexual learning, few teachers acknowledge this role-or make the most of it. (Brick, 1991, p. 51)

Comprehensive sexuality education goes beyond the cognitive domain. It includes areas that affect feelings, values, and attitudes. Students are able to develop communication skills necessary to express clear assertive feelings and to practice good listening. They also learn to make responsible sexual behavior decisions (Selverstone, 1991). In keeping with the comprehensive school health focus, teachers regardless of their specialties should be prepared to answer questions about sexuality or be able to refer students to a resource that will assist with answering sexuality questions. Teachers may experience

dissonance when they are required to give information about sexuality to students whose attitudes and values differ from their own.

The purpose of this study was to examine the attitudes of elementary teachers who teach in grades 4 through 6 toward human growth, development, and sexuality. Attitudes toward school and community influences and personal readiness were measured using the instrument entitled "Attitudes Toward Teaching Human Sexuality" developed by Jerelyn B. Schultz and Jillian R. Boyd. The instrument consisted of 25 attitude measurement items, eight teacher demographic characteristic questions, and 25 teaching topic ratings.

The study was also designed to explore certain relationships between respondent demographic variables and attitudes toward sexuality education. This chapter presents a summary of the investigation and a discussion of the study findings. Conclusions based on the findings and recommendations for further study comprise the concluding portion of the chapter.

#### Summary

Analyses of Variance (ANOVA), t-tests, and Pearson Product Moment Correlations were used to investigate teachers' attitudes toward human growth, development, and



sexuality. The sample of convenience consisted of 125 teachers from a large urban school district. The questionnaire was administered and collected in one setting at each school by the investigator. Teachers returned the questionnaire to the investigator immediately after completing it. The return rate for the questionnaire was 100 percent.

All of the participants were teachers of upper elementary grades (4th, 5th, 6th grade or a combination within these grade levels). Seventy-four respondents were African-American, 46 were Anglo-American, two were Mexican-American, one was Asian-American and two were Native-American. There were 106 females and 19 males. Most of the respondents were between 31 and 50 years of age. Seventy-five of the respondents were either married, widowed, or separated. Thirty respondents reported being divorced while 20 were single.

Seventy-one subjects had over eight years of teaching experience. Twenty-two reported having 5 to 8 years of experience and 11 reported 1 to 2 years of experience. Fifty respondents taught multiple grades. Twenty-eight subjects taught grade 4, 24 taught grade 6, and 23 respondents taught grade 5.

"Among the eight schools surveyed, School E had the highest response rate with 29 people responding to the



survey. School A had 19 responding to the survey. School C and School F had sixteen responding to the instrument. School G had 13 responding, while School B had 12 people completing the instrument. Both School D and School H had 10 respondents to the survey.

### Discussion of Findings

An analysis of the descriptive data documented that as a group, teachers surveyed possessed similar attitudes concerning human sexuality. Overall, the teachers felt personally ready to teach sexuality education and felt little pressure from school and community influences. The mean score for the Personal Readiness scale was (6.285) with a standard deviation of (.781), while the mean for School Community Influence was (5.754) with a standard deviation of (.674).

The inferential statistical analysis revealed that:

1. There was no significant difference in teachers' attitudes about school and community influence that may be attributable to years of experience.

2. There was no significant difference in teachers' attitudes about school and community influences that may be attributable to school assignment.

3. There was no significant difference in teachers' attitudes about school and community influences that may

be attributable to school assignment.

4. There was no significant difference in teachers' attitudes about personal readiness that may be attributable to school assignment.

5. There was no significant difference in teachers' attitudes about personal readiness between those teachers who teach sexuality education and those who do not teach sexuality education.

6. There was no significant difference in teachers' attitudes about personal readiness to teach sexuality education that may be attributable to age range.

7. There was no significant difference in teachers' attitudes about the influences of the community and school that may be attributable to age range.

9. There was however, a significant albeit small relationship between sexuality topics actually taught and teachers' personal readiness attitudes.

Teacher attitudes toward sexuality may be similar because of school personnel and environmental influence on personal perceptions. According to the American Medical Association (1972), a sexual attitude is still decided on social and moral grounds, rather than on scientific and medical evidence. This may be the reason for such low topic emphasis means in the topics: self-examination of breasts and testicles (.208) and masturbation (.200). A

review of literature revealed that attitudes concerning a subject will affect the manner in which the subject is taught or not taught (Smith et al., 1984).

According to White (1977) attitudes include affective and cognitive responses to a stimulus. Attitudes are not permanent. An attitude is a complex aspect of the personality because it involves a certain way of perceiving something, specific expectations, emotional reactions, and previous behavior or experiences.

This study had many similarities to the study done by Schultz and Boyd (1984). In both studies, teachers felt that they had much competence in teaching sexuality education. Both samples felt less comfortable discussing masturbation and breasts and testicular self-examinations. Values clarification also had a high emphasis score in both groups of respondents. The teachers surveyed appeared to be more interested in the youth development topics such as social (1.072), cognitive (.968), physical (.928), and psychological/emotional (.920).

"Questions such as how being male or female defines one's sexual options, how sexual options and values vary across time and culture, why masturbation is considered less desirable than sexual intercourse, and how one distinguishes the "gays" from the "straights" are never asked, never encouraged, never addressed" (Sears, 1991, p.

54). Teachers must handle certain sexuality preferences with care. Sexual identities such as bisexuality, and being gay may cause students to attempt suicide, abuse drugs, or create academic problems if they do not have anyone to turn to when questions about sexuality arise (Brown 1987; Gibson 1989; Martin & Hetrick 1988; Remafedi 1987; Sears 1989).

### Conclusions

The following conclusions seem justified based on the results of this study:

1. Many teachers in this sample may have become educated about human sexuality.
2. The willingness to teach human sexuality is not related to the age of the teacher in this study.
3. The willingness of the teacher to teach human sexuality is not related to grades that are taught by the teachers'.
4. The willingness to teach human sexuality is not related to the marital status of the teachers'.
5. The willingness to teach human sexuality is not related to the teacher's years of experience.
6. In this sample, school and community influence has some impact on what is being taught in a human sexuality class.

7. Most teachers in this sample are ready personally to discuss various sexuality topics.

8. In this sample teachers' values reflect what they teach in a human sexuality class.

### Recommendations

Based upon the findings of this study, the following recommendations for research are presented:

1. Inservice programs need to be designed to meet the needs of teachers dealing with certain sexual issues that they feel uncomfortable discussing.

2. A similar study should be conducted in other school districts locally and in other geographic areas to determine which attitudes about human sexuality teachers have in common.

3. A study should be conducted with students to determine if they need assistance in dealing with certain human sexuality issues.

## References

- American Association of Sex Educators, Counselors and Therapists. (1973). The professional training and Preparation of sex educators. Washington, DC: Author.
- American Medical Association Committee on Human Sexuality. (1972). Human sexuality. New York: American Medical Association.
- Anderson, M., (1980). Talking about sex--with less anxiety. Journal of Psychosocial Nursing and Mental Health Services, 18 (6), 10 - 15.
- Barrineau, M. (1989, September, 24). Children and sexuality. The Dallas Times Herald, pp. F1, F5.
- Berger, J. (1979). The relationship of age to nurses' attitudes toward abortion. Journal of Obstetric Gynecologic Neonatal Nursing, 8 (4), 231 - 233.
- Bigelow, M. (1936). Sex education. New York: American Social Hygiene Association.
- Boston Women's Health Book Collective, The. (1976). Our bodies, ourselves (2nd ed.). New York: Simon & Schuster.
- Brick, P. (1991). Fostering positive sexuality. Educational Leadership, 49 (1), 51 - 53.
- Brown, L. (1987). Lesbians, weight, and eating: New analyses and perspectives. In Lesbian Psychologies: Explorations and Challenges, Boston Lesbian Psychologies Collective. Urbana: University of Illinois Press.
- Bullough, V. (1976 a). Sex, society and history. New York: Science History Publications.
- Bullough, V. (1976 b). Sexual variance in society and history. New York: John Wiley & Son.



- Cole, W. (1959). Sex and love in the Bible. New York: Association Press.
- Davey, M. (1990). Public school sex education instruction time. Health Education, 21, 30-32.
- Diorio, J. (1985). Contraception, copulation domination, and the theoretical barrenness of sex education literature. Educational Theory, 35, 239-254.
- Festinger, L. (1957). A theory of cognitive dissonance. New York: Harper & Row Publishers.
- Gallup, A., (1985). The gallup poll of teachers' attitudes toward the public schools, part 2. Phi Delta Kappan, 66, 323 -330.
- Gendel, E., (1987). Avoiding controversy and criticism in health teaching. In M. Pollock (Ed.), Planning and implementing health education in schools. Mountain View, CA: Mayfield Publishing Company.
- Gibson, P. (1989). Gay male and lesbian youth suicide. Report of the Secretary's Task Force on Youth Suicide, Vol 3: Prevention and Interventions in Youth Suicide, Washington D.C.: U.S. Department of Health and Human Services.
- Gordon, S. (1990). Sexuality education in the 1990's. Health Education, 21, 4-5.
- Gouvernement du Quebec. (1985). Sex education. Bibliothèque National du Quebec, 103.
- Greenburg, J. (1970). Attitudes of Connecticut educators toward specific issues in the area of sex education. (Doctoral dissertation, University of Connecticut, 1970). Dissertation Abstracts International, 31, 928-A.
- Hayes, L. (1988). Critics agree sex education poor, clash over remedy. Guidepost, 22, 3-5.
- Hoch, L. (1971). Attitude change as a result of sex education. Journal of Research in Science Teaching, 8, 363-367.
- Hogan, R. (1980). Human sexuality: A nursing perspective. New York: Appleton-Century-Crofts.

- Kiefer, O. (1953). Sexual life in ancient Rome. London: Routledge & Kegan Paul Ltd.
- Kolody, R., Masters, W., Johnson, V., & Biggs, M. (1979). Textbook of human sexuality for nurses. Boston: Little, Brown, & Company.
- Lawlor, W., Morris, R., McKay, A., Purcell, L., and Comeau, L., (1990). Human sexuality education and the search for values. SEICUS Report, 18, 4 - 9.
- Lee, C., (1992, January 22). Plano board tackles condom issue. The Dallas Morning News. pp. 21A, 24A..
- Leedy, P., (1989). Practical research. New York: Macmillan Publishing Company.
- Lewinsohn, R. (1958). A history of sexual customs. New York: Harper & Bros.
- Liecht, H. (1953). Sexual life in ancient Greece. London: Lund Humphries.
- Lyons, A. & Petrucelli, R. (1987). Medicine an illustrated history. Abradale Press: Harry N. Abrams, Inc.: New York.
- Manley, J. (1986). Teacher selection for sex education. SIECUS Report, 15, 10-11.
- Martin, A. & Hetrick, E. (1988). The stigmatization of gay and lesbian adolescents. Journal of Homosexuality, 15, (1-2), 163 - 185.
- Mims, F. & Swenson, M. (1980). Sexuality: A nursing perspective. New York: McGraw-Hill Book Co.
- Moglia-Welbourne, A. & Edwards, S. (1986). Sex education must be stopped. SIECUS Report, 15, 1-3.
- Montague, A. (1969). Sex, man, and society. New York: G.P. Putnam's Sons.
- Moran, J. (1979). Sexuality: An ageless quality, a basic need. Journal of Gerontological Nursing, 5 (5), 13 - 16.



- Parker, C. (1921). Social hygiene in the schools. Journal of Proceedings and Addresses and Proceedings of the National Education Association. Washington D.C. : National Education Association.
- Payne, T. (1976). Sexuality of nurses: Correlations of knowledge, attitudes, and behavior. Nursing Research, 25 (4), 286 - 292.
- Pocs, O. (1992). Human sexuality. Connecticut: The Dushkin Publishing Group, Inc.
- Polit, D., & Hungler, B. (1983). Nursing research: Principles and methods. Philadelphia: J.B. Lippincott.
- Quinn, S., Thomas, S., & Smith, Becky. (1990). Are health educators being prepared to provide HIV/AIDS education? A survey of selected health education professional preparation programs. Journal of School Health, 60, 92-95.
- Remafedi, G. (1987). Adolescent homosexuality: Psychological and medical implications. Pediatrics, 79 (3), 331 - 337.
- Rienzo, B. (1987). What can be learned from controversial sex education programs. Journal of Sex Education and Therapy, 13, 58-61.
- Rokeach, M. (1972). Beliefs, attitudes, and values. San Francisco: Jossey, Bass, Inc.
- Rubinson, L., & Neutens, J. (1987). Research techniques for the health sciences. New York: Macmillan Publishing Company.
- Schultz, J., & Boyd, J. (1984). Sexuality attitudes of secondary teachers. Family Relations, 10, 537 - 541.
- Schultz, J., Boyd, J., & Fanslow, A., (1983). Sexuality inventories for secondary home economics teachers. Journal of Vocational Home Economics Education, 1, 3 - 16.
- Schulz, D. (1979). Human sexuality. New Jersey: Prentice-Hall, Inc.

- Sears, J. (1991). Helping students understand and accept sexual diversity. Educational Leadership, 49 (1), 54 - 56.
- Sears, J. (1989). The impact of gender and race on growing up lesbian and gay in the south. National Women's Studies Association Journal, 1 (3), 422 - 457.
- Silverstone, R. (1991). Sexuality education can strengthen democracy. Educational Leadership, 49 (1), 58 - 60.
- Smith, M. (1975). Sex and society. London: Hodder & Stoughton.
- Smith, P., Flaherty, C., Webb, L., & Mumford, D. (1984). The long-term effect of human sexuality training programs for public school teachers. Journal of School Health, 54, 157-159.
- Sorokin, P. (1956). The American sex revolution. Boston: Porter Sargent Publisher.
- Statistical Packages for the Social Sciences: 3rd edition (1988). [Computer Program] Chicago: SPSS-X
- Thornburg, H. (1985). Sex information as primary prevention. Journal of Sex Education and Therapy, 11, 22-26.
- Ward, J. & Taylor, J. (1991). Sexuality education in a multicultural society. Educational Leadership, 49 (1), 62 - 64.
- White, C. (1977). The nurse-patient encounter: Attitudes and behaviors in action. Journal of Gerontological Nursing, 3 (3), 16 - 20.
- Windsor, R., Baranowski, T., Clark, N., & Cutter, G., (1984). Evaluation of health promotion and education programs. Mountain View, CA: Mayfield Publishing Company.
- Winkleman, T., & McKaig, C. (1983). Parental expectations of school health services. Journal of School Health, 53, 400 - 403.

## APPENDICES

### APPENDIX A

#### PERMISSION TO CONDUCT STUDY

December 4, 1991

34

Dr. Harsho Prophet  
 1000 Capital, 1000  
 Dallas, TX 75201

Dear Dr. Prophet:

Your departmental chairman has notified this office that you have successfully completed your doctoral dissertation. Consequently, we are now able to certify your nomination to candidacy for the doctorate as of the date of this letter. You now have five years from that date to complete your work for receipt of the degree.

We congratulate you upon this achievement, and best wishes to you for the successful completion of your research and dissertation.

# APPENDIX A

## PERMISSION TO CONDUCT STUDY

Sincerely yours,

William R. Thompson  
 Dean for Graduate Studies  
 and Research

Dr. Byron Ward  
 Dr. William Cissell  
 Dr. Ann Goble

In Testimony Whereof, I have signed this letter



December 4, 1991

94

Ms. Marsha Prophet  
12610 Jupiter, #1407  
Dallas, TX 75238

Dear Ms. Prophet:

Your departmental chairman has notified this office that you have successfully completed your doctoral qualifying examination. Consequently, we are now able to certify your Admission to Candidacy for the doctorate as of the date of this letter. You now have five years from that date to complete your work for receipt of the degree.

Congratulations upon this attainment, and best wishes to you for the successful completion of your research and dissertation.

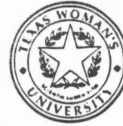
Sincerely yours,

*Leslie M. Thompson*

Leslie M. Thompson  
Dean for Graduate Studies  
and Research

dl

cc Dr. Susan Ward  
Dr. William Cissell  
Dr. Ann Uhler



December 4, 1991

95

Ms. Marsha Prophet  
12610 Jupiter, #1407  
Dallas, TX 75238

Dear Ms. Prophet:

Thank you for providing the materials necessary for the final approval of your prospectus in the Graduate Office. I am pleased to approve the prospectus, and I look forward to seeing the results of your study.

If I can be of further assistance, please let me know.

Sincerely yours,

*Leslie M Thompson*

Leslie M. Thompson  
Dean for Graduate Studies  
and Research

dl

cc Dr. Susan Ward  
Dr. William Cissell  
Dr. Ann Uhler

## LETTER OF PERMISSION TO USE INSTRUMENT

July 19, 1991  
Marsha Prophet  
12610 Jupiter #1407  
Dallas, Texas 75238

Dr. Jerelyn B. Schultz  
University of Arizona  
FCR  
Building 33  
Tucson, Arizona 85721

Dear Dr. Schultz:

I am a doctoral candidate in School Health Education at Texas Woman's University in Denton, Texas. I am writing to obtain a copy of the instrument that was used in your October 1984 Family Relations article entitled: Sexuality Attitudes of Secondary Teachers. I found the information in the article to be quite interesting.

Will you also grant me written permission to use the instrument and to possibly alter it (to fit my sample) if I can use it in my study?

I hope to survey a group of elementary teachers in the XYZ area about their attitudes toward the content and timing of sex education in schools. I will be looking forward to your speedy response. Thank you very much.

Respectfully,  
Marsha Prophet  
TWU doctoral candidate



ARIZONA

July 31, 1981

Barbara Prophet  
13618 Jupiter #1407  
Dallas TX 75245

Dear Ms. Prophet:

You requested information of the instruments that we  
use to assess sexual behavior of secondary students. I am  
including copies of the two instruments that we use. The  
Letter of Permission from Instrument Author


APPENDIX C

Letter of Permission from Instrument Author

I am also sending you a copy of an article that was published in  
the Journal of Research on Education. This article  
describes the instruments themselves and the process that we used  
in developing and validating the instruments. You will have in-  
formation that were retained as a result of these studies. This  
may be useful to you as you begin your own study.

You have my permission to use the instruments and to modify them  
as necessary for your particular study. All that I ask is that  
appropriate reference citations be given. I would also  
appreciate a summary results of your study when it has been  
completed. Good luck as you begin work in this very important  
area.

Sincerely,

  
Elaine A. Schultz, Director  
Bureau of Family and Consumer Resources

ELS/lre  
lre

College of Agriculture  
School of Family and Consumer Resources

THE UNIVERSITY OF  
**ARIZONA**  
TUCSON ARIZONA

Family and Consumer Resources Bldg.  
Tucson, Arizona 85721  
Telephone: (602) 621-1075  
FAX: (602) 621-9445

July 31, 1991

Marsha Prophet  
12610 Jupiter #1407  
Dallas TX 75238

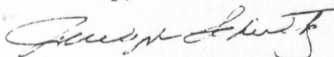
Dear Ms. Prophet:

You requested information and copies of the instruments that we use to assess sexuality attitudes of secondary teachers. I am including copies of the two instruments that we've used. The first is entitled "Attitudes Towards Teaching Human Sexuality" and the second "The Human Sexuality Questionnaire."

I am also sending you a copy of an article that was published in the Journal of Vocational Home Economics Education. This article describes the instruments themselves and the process that we used in developing and validating the instruments. You will note the items that were retained as a result of factor analysis. These may be useful to you as you begin your own study.

You have my permission to use the instruments and to modify them as necessary for your particular study. All that I ask is that appropriate reference citations be given. I would also appreciate a summary results of your study when it has been completed. Good luck as you begin work in this very important area.

Sincerely,



Jerelyn B. Schultz, Director  
School of Family and Consumer Resources

JBS/jaw  
Enc.

APPENDIX D  
INSTRUMENT

ATTITUDES TOWARD TEACHING HUMAN SEXUALITY  
 Jerelyn B. Schultz and Jillian R. Boyd  
 Home Economics Education  
 Iowa State University

**PART A: TEACHING SEXUALITY EDUCATION**

**Directions:** You are asked to respond to each of the following statements in terms of your feelings about presenting sexuality education in your classroom. Please respond to each statement by placing a number from 1 to 9 in the blank to the right.

Write 9 in the blank if you agree completely  
 Write 1 in the blank if you disagree completely.  
 Write 5 if you neither agree or disagree.  
 Write 6 to 9 if you agree to some degree.  
 Write 1 to 4 if you disagree to some degree.

The general scale is shown below:

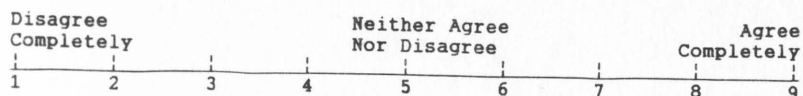
Disagree									Agree
Completely				Neither Agree					Completely
				Nor Disagree					
1	2	3	4	5	6	7	8	9	

**Definitions:** Sexuality relates to a pervasive component of personality, specifically an individual's attitudes and behaviors as a sexual being and as a male or female.

Sexuality Education involves learning about human physiology related to sexual function and reproduction, about what it means to be a male or a female, how gender relates to one's physical, social, intellectual, emotional and spiritual development, and understanding self, family and society.

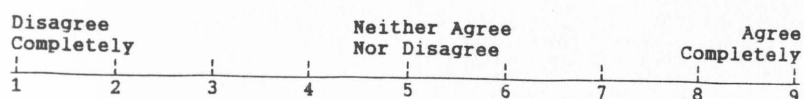
- |  |         |
|--|---------|
| 1. I can explain the developmental tasks of youths.  | 1. ____ |
| 2. Sexuality education should be taught in public schools.                                       | 2. ____ |
| 3. I can talk objectively about sexual lifestyles that differ from my own.                       | 3. ____ |
| 4. Written parental permission is needed before presenting sensitive sexuality education topics. | 4. ____ |

The general scale is shown below:



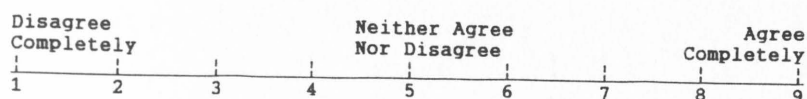
- |  |           |
|--|-----------|
| 5. "Territorial claims" from different subject matter areas hinder sexuality programming at my school. | 5. _____  |
| 6. I'm conscious of my values when discussing sexual behavior with students.                           | 6. _____  |
| 7. I'm adequately informed about the female and reproductive system.                                   | 7. _____  |
| 8. School administration is hesitant about possible adverse community reaction to sexuality education. | 8. _____  |
| 9. I'm informed about the effects of drugs on sexual behavior.   | 9. _____  |
| 10. I prefer to keep discussion of sexual values out of my classroom.                                  | 10. _____ |
| 11. School sexuality programs do not promote responsible sexual behavior.                              | 11. _____ |
| 12. I can describe the decisions that may need to be made during pregnancy.                            | 12. _____ |
| 13. I feel comfortable talking about sexual behavior with youths.                                      | 13. _____ |
| 14. I'm inadequately informed about the male reproductive system.                                      | 14. _____ |
| 15. School restrictions imposed on sexuality education limit the content which can be presented.       | 15. _____ |
| 16. I can explain variations in sexual orientation.  | 16. _____ |
| 17. I'm embarrassed listening to my students talk about intimate sexual behavior.                      | 17. _____ |
| 18. I feel confident about advising on health care during pregnancy.                                   | 18. _____ |
| 19. Schools should confine themselves to teaching physiological facts related to sexuality.            | 19. _____ |
| 20. I know the slang terms used to describe sexuality.   | 20. _____ |

The general scale is shown below:



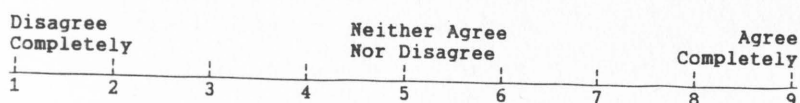
- |   |          |
|---|----------|
| 21. An advisory committee facilitates the implementation of sexuality education in the school.          | 21. ____ |
| 22. I am informed about medically induced abortion procedures.  | 22. ____ |
| 23. Community attitudes prevent me from meeting the sexuality education needs of students.              | 23. ____ |
| 24. I know the correct pronunciation of sexuality terminology.  | 24. ____ |
| 25. Colleagues think sexuality education should be left to parents.                                     | 25. ____ |
| 26. I am knowledgeable about the factors involved in the decision to parent.                            | 26. ____ |
| 27. I cannot bring myself to use a slang sexuality term in class.                                       | 27. ____ |
| 28. I'm knowledgeable about sexually transmitted diseases.  | 28. ____ |
| 29. Different sexual lifestyles could not be included in a sexuality education program in my community. | 29. ____ |
| 30. If I didn't teach sexuality education it would not exist in my school.                              | 30. ____ |
| 31. I can explain factors affecting fetal development.  | 31. ____ |
| 32. I can respond comfortably when a student asks a question using a slang sexuality term.              | 32. ____ |
| 33. I am knowledgeable about methods of birth control.  | 33. ____ |
| 34. School administration prefers that sexuality education be integrated into existing courses.         | 34. ____ |
| 35. I don't have a command of sexuality vocabulary.   | 35. ____ |
| 36. I'm apprehensive about raising certain sexuality topics in the classroom.                           | 36. ____ |
| 37. Sexuality education in schools encourages teenagers to become sexually active.                      | 37. ____ |

The general scale is shown below:



- |  |          |
|--|----------|
| 38. I am knowledgeable about sexual health care.   | 38. ____ |
| 39. My job is to help youths establish guidelines for sexual decision making.                              | 39. ____ |
| 40. I cannot describe sexual response cycles.  | 40. ____ |
| 41. Birth control can be a part of a sexuality education program in my community.                          | 41. ____ |
| 42. Peer interaction in school sexuality education enhances learning.                                      | 42. ____ |
| 43. My school is committed to providing sexuality education.   | 43. ____ |
| 44. I can handle classroom humor related to sexuality.   | 44. ____ |
| 45. I can explain the fertility cycle.   | 45. ____ |
| 46. I'd rather teach sexuality to students of my own sex.  | 46. ____ |
| 47. Health professionals should present portions of sexuality education programs.                          | 47. ____ |
| 48. I cannot handle students' questions about explicit sexual behavior.                                    | 48. ____ |
| 49. Elementary students need sexuality education.  | 49. ____ |
| 50. I can relate well with my students while discussing sensitive sexuality topics.                        | 50. ____ |
| 51. Teaching sexuality education in school is acceptable if parents have the opportunity to review topics. | 51. ____ |
| 52. I can empathize with the sexual pressure faced by youths.  | 52. ____ |
| 53. I'm comfortable as a facilitator in discussion on sexuality.   | 53. ____ |

The general scale is shown below:



54. Colleagues from other subject matter areas are cooperative in planning sexuality education.

54. \_\_\_\_\_

55. I'm knowledgeable about sex role socialization.

55. \_\_\_\_\_

#### PART B: TEACHER CHARACTERISTICS

Directions: Please complete each of the following items. Check one blank for each item unless otherwise instructed.

1. Current marital status:

- \_\_\_\_\_ 1. single, never married
- \_\_\_\_\_ 2. married
- \_\_\_\_\_ 3. widowed
- \_\_\_\_\_ 4. separated
- \_\_\_\_\_ 5. divorced

2. Your age range:

- \_\_\_\_\_ 1. under 30 years
- \_\_\_\_\_ 2. 31-40 years
- \_\_\_\_\_ 3. 41-50 years
- \_\_\_\_\_ 4. 51-60 years
- \_\_\_\_\_ 5. 61- years and over

3. How many years of teaching experience do you have?

- \_\_\_\_\_ 1. first year
- \_\_\_\_\_ 2. 1-2 years
- \_\_\_\_\_ 3. 3-4 years
- \_\_\_\_\_ 4. 5-8 years
- \_\_\_\_\_ 5. 9-12 years
- \_\_\_\_\_ 6. 13 or more years

4. What grade do you teach?

- \_\_\_\_\_ 1. Grade 4
- \_\_\_\_\_ 2. Grade 5
- \_\_\_\_\_ 3. Grade 6
- \_\_\_\_\_ 4. Other (please list) \_\_\_\_\_

5. What is your gender?

- \_\_\_\_\_ 1. Male
- \_\_\_\_\_ 2. Female

6. What is your ethnicity?

- \_\_\_\_\_ 1. African American
- \_\_\_\_\_ 2. Anglo American
- \_\_\_\_\_ 3. Mexican American
- \_\_\_\_\_ 4. Asian American
- \_\_\_\_\_ 5. Other (please list) \_\_\_\_\_



7. What school are you employed?

- \_\_\_\_\_ 1. School A
- \_\_\_\_\_ 2. School B
- \_\_\_\_\_ 3. School C
- \_\_\_\_\_ 4. School D
- \_\_\_\_\_ 5. School E
- \_\_\_\_\_ 6. School F
- \_\_\_\_\_ 7. School G
- \_\_\_\_\_ 8. School H
- \_\_\_\_\_ 9. Other (please list) \_\_\_\_\_

8. Do you teach Human Growth, Development, and Sexuality Education?

- \_\_\_\_\_ 1. no (No further response is needed)
- \_\_\_\_\_ 2. yes

9. Indicate the degree to which each of the following topics are included in your teaching. Select a number between 0 and 4. Place the number in the blank. Use the following scale:

- 4 - a great deal of emphasis
- 3 - much emphasis
- 2 - some emphasis
- 1 - little emphasis
- 0 - no emphasis at all

- \_\_\_\_\_ 1. birth control
- \_\_\_\_\_ 2. sex role socialization
- \_\_\_\_\_ 3. female human reproductive system
- \_\_\_\_\_ 4. male human reproductive system
- \_\_\_\_\_ 5. sexually transmitted diseases
- \_\_\_\_\_ 6. self-examination of breasts and testicles
- \_\_\_\_\_ 7. conception
- \_\_\_\_\_ 8. decisions upon confirmation of pregnancy
- \_\_\_\_\_ 9. prenatal care
- \_\_\_\_\_ 10. childbirth decisions
- \_\_\_\_\_ 11. expectant father's participation in pregnancy and childbirth
- \_\_\_\_\_ 12. diversity of sexual expression, including cultural and socioeconomic differences
- \_\_\_\_\_ 13. homosexuality
- \_\_\_\_\_ 14. masturbation
- \_\_\_\_\_ 15. intercourse
- \_\_\_\_\_ 16. rape
- \_\_\_\_\_ 17. sexual lifestyles, including abstinence
- \_\_\_\_\_ 18. alcohol, drugs and sexual behavior

Use the following scale:

- 4 - a great deal of emphasis
- 3 - much emphasis
- 2 - some emphasis
- 1 - little emphasis
- 0 - no emphasis at all

- \_\_\_\_\_ 19. values clarification
- \_\_\_\_\_ 20. intimate sexual relationships

Youth Development

- \_\_\_\_\_ 21. social
- \_\_\_\_\_ 22. cognitive
- \_\_\_\_\_ 23. psychological/emotional
- \_\_\_\_\_ 24. physical
- \_\_\_\_\_ 25. developmental tasks

Thank you for your response.

APPENDIX E

LETTERS OF PERMISSION TO USE TABLES

College of Agriculture  
School of Family and Consumer Resources

THE UNIVERSITY OF  
**ARIZONA**  
TUCSON ARIZONA

Family and Consumer Resources Bldg.  
Tucson, Arizona 85721  
Telephone: (602) 621-1075  
FAX: (602) 621-9445

February 11, 1992

Marcia Prophet  
12610 Jupiter Rd. #1407  
Dallas, TX 75238

Dear Marcia:

You have my permission to reprint Table 1 from the article, "Sexuality Attitudes of Secondary Teachers," found in the October 1984 issue of Family Relations. The title of this table is "Sexuality Topic Mean Scores and Significant Correlations Between Topics and Attitudinal Factor Scores."

I look forward to seeing the results of the study that you are conducting for your dissertation. Good luck as you complete your work and move ahead in this important area.

Sincerely,



Jerelyn B. Schultz, Director  
School of Family and Consumer Resources

b:table.yes



McGill

Faculty of Education  
McGill University  
3700 McTavish Street  
Montreal, PQ, Canada H3A1Y2

Faculté des sciences de l'éducation  
Université McGill  
3700, rue McTavish  
Montréal, PQ, Canada H3A1Y2

Facsimile/Telecopier:  
(514) 398-4679

February 11, 1992

Ms. Marsha Prophet  
12010 Jupiter Road  
1407 Dallas Texas  
75228

Dear Ms. Prophet

This is to confirm that I have given you permission to use my course outline that was published in the SIECUS article entitled "Human sexuality education and the search for values." The course is called "Curriculum and Instruction in Sex Education." You may also use my other outline from the course "Values and Human Sexuality."

I wish you the best of luck in the completion of your dissertation.

Sincerely,

Ronald Morris

FEB 21 '92 9:03 FROM MCGILL-EDUCATION

PAGE.002

**McGill**

Faculty of Education  
McGill University  
3700, rue McTavish  
Montreal, PQ, Canada H3A 1Y2

Faculté des sciences de l'éducation  
Université McGill  
3700, rue McTavish  
Montreal, PQ, Canada H3A 1Y2

Facsimile/Telecopier:  
(514) 398-4679

February 20, 1992

FAX NO.: (214)565-6508

Ms. Marsha Prophet  
12610 Jupiter Road  
Apt. 1407  
Dallas, Texas 75238  
U.S.A.

Dear Ms. Prophet:

Permission is hereby granted for you to use the table on Values and Human Sexuality as an example of a course outline for your thesis. It is understood that you will grant the authors the appropriate credit.

Good luck.

Sincerely,

William Lawlor, Ph.D.  
Associate Dean (Professional Development)

APPENDIX F

Letter to Principals

October 2, 1991  
Marsha Prophet  
12610 Jupiter #1407  
Dallas, Texas 75238

Dear Principal,

I am a Ph.D. candidate in the Department of Health Studies at Texas Woman's University. I am in the process of completing my graduate work and would like your written permission to survey the teachers in your school about human sexuality.

While the pregnancy rate among adolescents continues to escalate and the number of Acquired Immune Deficiency (AIDS) cases continues to grow, I find it necessary to evaluate just how teachers feel about human sexuality being taught in schools.

This process may be conducted during a faculty meeting and the identity of the teachers will remain anonymous. A copy of the instrument that I will be using during my investigation is enclosed. I will be calling you in the next few days to answer any questions that you might have and to schedule a visit to your school. Thank you in advance for your cooperation.

Respectfully,

  
Marsha Prophet