

ATTITUDES TOWARD SEX EDUCATION IN
PUBLIC SCHOOLS

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DEDICATED TO MY MOTHER AND FATHER

who fostered my desire for an education
and whose love and encouragement has
helped make that desire a reality.

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CHAPTER I

INTRODUCTION TO THE STUDY

Background and Development of Sex Education in the United States

Few controversies in American life have lasted so long, or been argued so vehemently, as the argument over teaching sex education in the public schools.¹ The controversy and resistance stem from a deeply rooted Judeo-Christian culture. From the beginning of colonial times, America's sexual attitudes, behaviors, and values were governed by the teachings in the Bible. This has been the most significant single influence on our sexual mores.²

The Puritans, believing the sole purpose for sex was procreation, brought their strict moral doctrines to America. "Loyalty to God was consistent with a negative attitude toward human sexuality."³ This Puritanical code influenced the enactment of colonial laws and was visible in

¹John Tebbel. "Sex Education: Yesterday, Today, and Tomorrow," Education Digest 41 (March 1976): 45.

²Patricia Schiller. Creative Approach to Sex Education and Counseling (New York: Association Press, 1973) p. 20.

³Ibid., p. 21.

statute books throughout the United States.¹ The 1873 Comstock laws reflected the moral teaching about sex within the church and the community. The laws, named after Anthony Comstock, Secretary of the New York Society for the Suppression of Vice, banned "anything remotely touching upon sex" as obscene.² At this time in history, sex education was considered a militant action because it involved breaking the law.³

In the early 1900's numerous factors weakened this strict moral code. Immigrants brought new cultural and religious attitudes toward sexuality to the United States. The invention of the automobile provided Americans with a new mobility and the possibility of privacy. One of the most significant factors bringing about change in sexual attitudes and behavior was the influx of women into the labor market. Women moved to the cities and were hired to work in factories. "Over the long run probably no single factor did more to change the sexual behavior of unmarried women than their entrance into the labor market."⁴

¹Ibid., p. 22.

²Ibid., p. 22.

³Linda Gordon, Woman's Body, Woman's Right (New York: Grossman Publishers, 1976) p. 212.

⁴Ibid., p. 203.

World War I is considered to be the turning point for a lessening in the strict moral code in the United States. The United States Army recognized the prevalence of venereal disease and initiated a venereal disease education program. In an attempt to prevent venereal disease, condoms were made available to the military. The end of the war brought an increase in the civilian market for condoms.¹

World War I brought with it relaxation in the strict standards of morality.² The idea of "eat, drink and be merry for tomorrow you may die" carried over into the 1920's.

The "Roaring Twenties" were a manifestation of the change in American attitudes. The new sexuality was evidenced by an increase in premarital sex, divorce, and illegitimate children.³ Increased openness about sex made it possible for people to obtain more information on sexual matters, particularly contraception.⁴ The birth control movement began during this period and its leaders began to focus some of their efforts on sex education for women.

¹Ibid., p. 206.

²Ibid., p. 207.

³Patricia Schiller. Creative Approach to Sex Education and Counseling. (New York: Association Press, 1973) p. 23.

⁴Linda Gordon. Woman's Body, Woman's Right (New York: Grossman Publishers, 1976) p. 201.

Margaret Sanger, leader of the birth control movement in the United States, published a series of articles, "What Every Girl Should Know," in which female sexuality was discussed and the "procreative act" was labelled as healthy and clean.¹ Although Sanger met with great resistance, being at one point indicted under the Comstock laws, she made a significant contribution to the development of new sexual attitudes and to the beginnings of sex education.

Sex education in public schools began receiving support in the mid-twenties when the Child Study Association and the National Congress of Parents and Teachers advocated sex education programs in schools.² Additional support for sex education came from numerous other organizations. In 1941, the American Association of School Administrators recommended that sex education be included in the curriculum. In 1948, the National Conference on Education of Teachers recommended sex education as a part of the curriculum for all teachers. In 1960, the White House Conference on Children and Youth recommended that "family life courses, including preparation for marriage and parenthood, be instituted as an

¹Ibid., p. 214.

²John Tebbel, "Sex Education: Yesterday, Today and Tomorrow," Education Digest 41 (March 1976): 45.

integral and major part of public education from elementary school through high school."¹

In the early 1960's the United States Office of Education presented its policy on sex education. The Office of Education recognized that each community must determine the role local schools should play with regard to sex education. The Office of Education went further, though, by encouraging and fully supporting family life and sex education "as an integral part of the curriculum from the pre-school to the college and adult levels."² Additional support has come from the following organizations: National Congress of Parents and Teachers, National Council of Churches, American Academy of Pediatrics, American School Health Association, National Medical Association, National Education Association, and the American Public Health Association.³

It was not until the 1960's that any significant effort was made to implement "comprehensive " sex education

¹Pat Powers and Wade Baskin, Sex Education: Issues and Directives (New York: Philosophical Library, 1969) p. 84.

²Patricia Schiller, Creative Approach to Sex Education and Counseling (New York: Association Press, 1974) p. 28.

³Ibid., p. 27.

programs in the nation's schools.¹ Programs received a big boost in 1964 when the National Education Agency and the American Medical Association jointly endorsed the principle that health education "including full information on sex education and 'family life'" should be offered from kindergarten through high school.² As a direct result of this endorsement, the Sex Information and Education Council for the United States (SIECUS) was established. The SIECUS Board of Directors consists of representatives from the fields of psychiatry, obstetrics, education, law, and home economics. The purpose of SIECUS is "to establish man's sexuality as a health entity."³ SIECUS is a non-profit organization that serves as a clearinghouse for sex information regarding materials, training opportunities, and research, and offers consultant services related to the many aspects of sex education to professional groups.⁴

¹Patricia Schiller, Creative Approach to Sex Education and Counseling (New York: Association Press, 1974).

²Pat Powers and Wade Baskin, Sex Education: Issues and Directives (New York: Philosophical Library, 1969) p. 84.

³Ibid., p. 84.

⁴Harold Minor, Joseph Muyskens and Margaret Alexander, Sex Education: The Schools and The Churches (U.S.A.: John Knox Press, 1971) p. 38.

The establishment of SIECUS has provided great impetus for public school sex education programs. In advocating total community-wide sex education programs, SIECUS makes its information available to any state or community that is attempting to develop a program in sex education. Working on an invitation basis SIECUS assists academic institutions and state health and education departments with teacher preparation in the area of human sexuality. As a consulting service SIECUS assists in interpreting content, suggesting a range of educational materials from which a school may make appropriate choices and developing standards for evaluation of sex education programs. Finally, SIECUS provides speakers for appearances at schools, colleges, church and civic groups in the community for the purpose of promoting sex education programs.

Additional support for sex education programs was obtained in 1966, when the United States Office of Education began offering federal grants to schools, communities, and state agencies for the purpose of establishing or improving programs in family life and sex education. The sex education programs attempted to address problems centering around teenage sexuality. Research in the area of adolescents' sexual knowledge and behavior was published by Schofield and the statistics were alarming. He reported that, in his

random sample of 1,873 students, 69 percent of the boys and girls received no sex education. Over half of the sample of teenagers knew nothing about the symptoms of syphilis and gonorrhea. Furthermore, eight out of every ten girls who had intercourse were risking pregnancy because of ignorance about contraception.¹

The "sexual revolution" of the sixties manifested itself in a relaxation of restrictions on newsstands, in bookstores, in the cinema and, to some extent, on television.² Kirkendall stated that "publicity about a 'sexual revolution' and 'declining moral standards' . . . had considerable influence in bringing some parents to favor sex education."³ In an attempt to address the many social changes taking place at this time, school districts throughout the United States began developing sex education programs or policy statements regarding such programs.

Then in 1968-69, sex education in the United States came to an abrupt halt. Led by a small, well organized,

¹Michael Schofield, The Sexual Behavior of Young People. (Gretna, Louisiana: Pelican Books, 1968) p. 120.

²The Report of the Commission on Obscenity and Pornography, p. 312.

³Lester Kirkendall, Roger Libby, "Trends in Sex Education", The Individual, Sex and Society. (Baltimore: John Hopkins Press, 1969) p. 12.

anti-sex education force, a successful attack on sex education was launched. The publication of Dr. Gordon Drake's book, Blackboard Power by the Christian Crusade of Tulsa, Oklahoma, initiated the campaign against sex education. Drake charged that sex education was a scheme to "demoralize" our youth.¹ Drake accused sex education of being a communist plot. He described sex education as a "subversive monstrosity."² Robert Welch, founder of the John Birch Society supported Drake's campaign. It was also charged that sex education was a threat to the family which was said to be the primary source of information about sex.³

The opponents of sex education expressed the concern that teaching sex education would increase curiosity and encourage students to experiment with sexual activities. Some critics went further, claiming that sex education was emotionally damaging to boys and girls.⁴

The strongest argument against sex education was the lack of qualified teachers. Sex was considered a private

¹Harold Minor, et al. p. 34.

²Ibid., p. 36.

³Lawrence Haims, Sex Education and the Public Schools. (Massachusetts: Lexington Press, 1973) p. 34.

⁴Ibid., p. 36.

subject and one with moral and religious overtones. Teachers were not adequately prepared to handle such a delicate topic. Rumors of sexual activity in classrooms, and teacher and student nudity, added to parent alarm and the strength of the campaign against sex education.¹

The John Birch Society had approximately 4,000 chapters in the country. In 1969, the Movement to Restore Decency (MOTORCEDE) was formed by the Birch Society and chapters of MOTORCEDE sprung up in communities all over the country. Numerous other local groups were organized to fight sex education. These included: SOS--Society on Sex, PAUSE--People Against Unconstitutional Sex Education, POSE--Parents Opposed to Sex Education, MOMS--Mothers Organized for Moral Stability and ACRE--Associate Citizens for Responsible Education.

By summer, 1969, sex education battles had taken place in thirty states. By spring, 1970, at least sixteen additional states found themselves involved in the controversy.² Professional consultants, who had been in great

¹"Why the Furor Over Sex Education", U. S. News and World Report 67 (August 4, 1969): 45.

²Joseph Dardin, "Down But Not Out." School Health Review 5 (November/December 1974): 3.

demand for advising school districts across the country in the development of sex education programs, suddenly found themselves "maligned, reviled, defamed, and ostracized."¹ The National Press, a major contributor to the drive for sex education, reversed its stand and began to feature more negative than positive articles on sex education.²

In many instances, the attacks were successful. The opponents were vocal and persistent. In Indiana, school administrators received threats on their lives. New Jersey declared a moratorium on sex education, and all material distributed by SIECUS was banned. In Nashville, Tennessee, the major evening newspaper ran front page editorials using material taken directly from John Birch publications, to condemn the proposed program there.³

Perhaps the program hardest hit by the attack was the Anaheim program. In 1965, the Anaheim Union High School District in Anaheim, California had begun what was probably the most comprehensive program in sex education in this country.⁴

¹Ibid., p. 3.

² Ibid., p. 5.

³R. M. Bjork, "An International Perspective on Various Issues in Sex Education As An Aspect of Health Education," Journal of School Health 29 (October 1969): 527.

⁴Ibid., p. 3.

Following a public survey and over 28,000 written requests the Anaheim School District had implemented a six year program, beginning in the seventh grade and continuing through the twelfth grade. From the beginning of the program, students had the option of not participating and parents had the option of not allowing their children to participate. In less than three years the voluntary program had reached over 50,000 students, with only one percent of the students electing not to participate.¹

In August, 1968, a small number of people representing the John Birch Society attended a school board meeting and violently attacked the program. The attacks continued throughout the year and received strong support from a local newspaper. At the time of school board elections, the right wing radicals were successful in removing two school board members who supported the program and replacing them with two of their own people. By fall, 1969, the Anaheim sex education program was completely removed and teachers were forbidden to teach any controversial topics.

Ten years later, sex education is still feeling the effects of this 1968-69 campaign. Although some states and local school districts have developed sex education programs,

¹Paul Cook, "A Great Experiment in Sex Education--The Anaheim Story," Journal of School Health 42 (January 1972): 7.

the 1968 controversy seriously thwarted any significant expansion of sex education programs in the United States.¹

Only six states in the United States mandate the teaching of some form of family life or sex education and the topic of birth control is least likely to be covered--it is forbidden in many schools.² Other states specify that such courses are a local option. Hundreds of localities have opted to forbid sex education and/or birth control education altogether.³

Despite a well documented need, little is being done in the public schools to establish sex education programs. School administrators know there is potential opposition to such a program and any such development would require a great deal of time and effort. In addition, school administrators know that inclusion of instruction in sex education makes them vulnerable to the vocal opposition. Many school districts are not willing to exert the effort necessary to begin such a

¹Haims, p, 8.

²"11 Million Teenagers: What Can Be Done About the Epidemic of Adolescent Pregnancies in the United States?" (New York: The Alan Guttmacher Institute, 1976) p. 34.

³Ibid., p. 34.

⁴David Holcomb and Arthur Garner, "Sex Education in Texas Public Schools," Journal of School Health 40 (December 1970): 565.

program. Present day emphasis and concern is directed toward the teaching of the "basics" and sex education is not considered basic. Past experiences with heated school board meetings, unfavorable publicity, rumors, and myths, add to the school district's hesitancy to begin any sex education programs.

A 1977 Gallup Poll indicated that the general public has increased its support of sex education since the sixties with seventy-seven percent favoring sex education in public schools.¹ However, no attempt has been made to assess the present day attitudes of individual communities toward sex education. Knowledge of community attitudes and support for such a program is necessary in order to overcome the hesitancy of school administrators to initiate sex education programs.

Purpose of the Study

The general purpose of this study was to determine the public's attitudes toward sex education in the high school in a large urban school district.

The specific problem entailed a survey of a random sample of the adult population in the Dallas Independent School District to determine: (1) the attitude toward the

¹Dallas Morning News, January 22, 1978.

inclusion of a unit in sex education in the high school health education course; (2) the stipulations placed on the content of such a unit; (3) the segments of the sample providing the most support for and opposition to sex education.

Hypotheses

The basic hypotheses of this study based on the review of literature, were as follows:

- A. The majority of the population will favor sex education as a part of the high school health education course
- B. The majority of the population will favor the classes being coeducational
- C. The majority of the population will favor the discussion of venereal disease in the sex education unit
- D. The majority of the population will favor the discussion of birth control in the sex education unit
- E. The majority of the population will favor the discussion of premarital sexual standards in the sex education unit
- F. The majority of the population will favor the discussion of alternative lifestyles in the sex education unit
- G. The majority of the population will favor the discussion of abortion in the sex education unit
- H. The majority of the population will favor the discussion of homosexuality in the sex education unit
- I. Age will be a significant factor in differentiating between those who support and those who oppose sex education

- J. Level of education will be a significant factor in differentiating between those who support and those who oppose sex education
- K. Religious affiliation will be a significant factor in differentiating between those who support and those who oppose sex education
- L. Marital status will not be a significant factor in differentiating between those who support and those who oppose sex education
- M. Ethnicity will not be a significant factor in differentiating between those who support and those who oppose sex education
- N. Parental status will not be a significant factor in differentiating between those who support and those who oppose sex education

Delimitations

The study was subject to the following delimitations:

- A. To those persons eighteen years and older residing within the boundaries of the Dallas Independent School District
- B. To those persons who were willing to participate in the survey
- C. To those persons who were home at the time of attempted contact

Definition of Terms

For the purpose of clarification, the following definitions were established for use in the study:

- A. Sex education consists of instruction which will develop an understanding of the physical mental, emotional, social, economic, and psychological phases of human relationships as they are affected by male and female interactions.¹
- B. Adult population refers to anyone eighteen years of age and older.
- C. High School refers to classes of ninth, tenth, eleventh, and twelfth grade students.
- D. Sex Education Unit refers to a set of lessons, approximately two weeks in length addressing specific topics related to human sexuality. The lessons include films, student discussions and activities addressing specified objectives. The overall objective of the sex education unit is to develop a positive attitude toward and acceptance of one's sexuality.
- E. Parental status refers to whether or not the participant is the parent of a school age child.

¹American School Health Association. Committee on Health Guidance in Sex Education. Growth Patterns and Sex Education. (Kent, Ohio, 1967) p. 1.

Rationale for the Study

Present studies and statistics indicate that the need to establish sex education programs is greater now than it was in the sixties. The Sorenson Report, based on a national probability sample of 411 adolescents, found that 52 percent of all American adolescents have had sexual intercourse. Seventy-four percent of the girls whose partners were between the ages of thirteen and sixteen did not practice birth control; 89 percent of the girls who did not take any pregnancy precautions said they did not know where to get any kind of contraceptive.¹

Needle and Knott reported that teenagers account for one-fifth of all abortions in New York and 3.1 million unmarried American teens are in need of contraceptive services.² About one-third of all abortions in the United States each year are obtained by teenagers. More than four million teenage women and seven million teenage men in the United States are sexually active. Over one million teenage girls get pregnant and 600,000 give birth each year. Two-thirds of the pregnancies and half of births are unintended due to teenagers'

¹Robert Sorenson, Adolescent Sexuality in Contemporary America (New York: World Publishing Company, 1973) p. 326.

²Paul Knott and Richard Needle, "Contraception and the College Freshman," Health Education 8 (March/April): 23.

ignorance and misinformation.¹ Among younger teenagers, illegitimate births went up 75 percent from 1961 to 1974.²

The United States' teenage childbearing rates are among the highest in the world and yet very little is being done to provide preventive information for teens. The federal government provides assistance once a woman gets pregnant but does little or nothing to provide education to prevent the pregnancy.

The School Health Education Study, a survey of 18,000 elementary and high school students across the country, revealed many distorted ideas and a general lack of knowledge about health. The survey indicated the students lacked confidence that either their parents or the schools could help them gain more information on matters concerning sexuality.³

Studies indicate that adolescents obtain the majority of their sexual information from their peers.⁴ The greatest

¹Linda Ambrose, "Misinforming Pregnant Teenagers," Family Planning Perspectives 10 (January/February 1978): 51.

²Grace Naismith, "Too Many Pregnancies, Too Early", Readers Digest (February 1978) p. 150.

³Paul Friggs, "Shameful Neglect of Sex Education," Marriage, Sex Education, Human Sexuality (1972) p. 109.

⁴Lester Kirkendall and Deryck Calderwood, "The Family, the School, and Peer Groups; Sources of Information About Sex," The Journal of School Health, 35 (September 1965): 290.

vocal support for sex education in the public schools is provided by the youth in this country. A March 1970, Harris Poll indicated that 93 percent of American school children want factual information about sexual contact.¹ Ruth Byler found this to be true in the Connecticut survey on health interests and concerns of 5,000 students in kindergarten through twelfth grade. She reported that, almost without exception, students felt that sex education should be taught in school.²

The need for sex education in public schools is well established. However, programs in public schools do not reflect this need. Sex education programs are either very narrow in scope or nonexistent. Before right wing organizations began their campaign against sex education, it had been apparent that one of the major barriers to the development of public high school sex education was a presumed lack of parental support.³ The Johnson and Schutt study showed that administrators and school board members recognized a need for sex education, but were hesitant to move ahead with

¹Lawrence Haims, Sex Education and the Public Schools, p. 33.

²Ruth Byler (ed) Teach Us What We Want to Know (New York: Mental Health Materials Center, 1969) p. 75.

³Roger Libby, "Parental Attitudes Toward High School Sex Education Programs." Family Coordinator 19 (July 1970): 234.

actual programs. Johnson and Schutt identified fear of public reaction as one of the most frequent responses given for this hesitancy.¹

A review of the literature indicates the importance of knowing the local community's attitudes before beginning a sex education program. There have been surveys of the attitudes of teachers, administrators, and school board members as well as Gallup Poll surveys of the general public; however, there is an insufficient amount of published research concerning attitudes of adults in the local communities to sex education.² Barbara Levin emphasized the need to continue research concerned with sex education in public schools to determine what the particular public attitudes are for "without question these attitudes vary from state to state, city to city and even within local school districts."³ In the few studies that have been done regarding community attitudes, the recommendation that "each community or

¹Warren Johnson and Margaret Schutt, "Sex Education Attitudes of School Administrators and School Board Members," Journal of School Health 36 (November 1965): 67.

²Libby, p. 234.

³Barbara Levin, Joel Levin and William Looft, "A Peek at Sex Education in a Midwestern Community," Journal of School Health 42 (October 1972): 462.

district should conduct its own study since attitudes and opinions may very considerably"¹ appears consistently.

The Dallas Independent School District is the major public school system in the metropolitan area. The City of Dallas lies in North Central Texas and covers an area of 350 square miles. The population estimated for 1977 was 873,000, making Dallas the eighth largest city in the United States. The median age of Dallas residents is 27.2. Approximately 66 percent of the population are white, 25 percent Black, and 8 percent Spanish. Fifty-two percent of the population are female and 48 percent male. In 1970 the median school years completed was 12.2. Forty-two percent of the population are employed. Of this group, 15 percent are professional or technical workers, 22 percent are clerical workers, and 22 percent are craftsmen and service workers. The 1969 median income of families was \$7,984.00, the mean, \$10,374.00.²

Statistics regarding teenage sexual behavior in Dallas are similar to national figures. Of the estimated 31,882 sexually active female teenagers in Dallas, 23 percent

¹John Conley and Robert Haff, "The Generation Gap in Sex Education: Is There One?" Journal of School Health 44 (October 1974): 437.

²Population and Housing Characteristics of Cities in Dallas County, Lewisville and Plano, and Census Tracts in City of Dallas; 1970 and Estimates of Total Population and Housing Stock, 1974-1976. Research Report No. 76-4 (Dallas Chamber of Commerce, April 1976).

are between the ages of 13 and 15, 52 percent are 16 to 18 years and 25 percent are 19 years old. Furthermore, the sexual activity in the younger than 13 age group is evidenced by 5 births to 11 and 12 year olds in the City of Dallas in 1976.¹ In 1976, one-third of all births to teenagers in the United States were illegitimate while in Dallas over one-half were illegitimate. In the City of Dallas there were 1,961 illegitimate births and 1,544 legitimate births to girls between the ages of 11 and 19. Only one in five sexually active teenage women uses contraception consistently.² Present statistics indicate the need for addressing the problems of the sexually active teenager.

Dallas, like many other school districts first met resistance to its sex education program in 1969. In June, 1969, the school board released its statement on sex education. They stated that Dallas teachers would "put sexuality in broad concepts and not venture into the particulars" of such subjects as venereal disease and contraception.³ In early August of that same year a petition carrying 1,900

¹"Dallas County Estimates", Division of Maternal Health and Family Planning, Department of Obstetrics and Gynecology, University of Texas Health Science Center--Dallas, p. 2-3.

²Ibid., pp. 2-3.

³The Dallas Morning News, June 1969.

signatures was presented to the school district by a parent organization called Citizens United for Education. The petition expressed concern over the sex education program, saying it violated the constitutional rights of every parent. Within one week the sex education guidelines were revised, the program was eliminated in elementary grades and made optional in other grades.

In 1970, the Dallas School Board appointed a Home and Family Life Education Committee to study sex education and make recommendations for its inclusion in the curriculum. The "Curriculum and Administrative Guidelines for Education in Human Growth and Reproduction" was developed by this committee and adopted by the school board as the district's sex education policy. (See Appendix)¹ The guidelines define sex education strictly in terms of anatomy and physiology with restrictions on content, courses to include the topic and class composition. The school district is operating under this same policy in 1978. Sex education curriculum and materials are not available in the district. Attempts to introduce new materials have been unsuccessful. It was hoped that a survey of community attitudes toward a sex education program would provide an indication of exactly what the Dallas public will support regarding sex education and provide a basis for initiating a program.

¹Appendix A.

Conclusion

A review of the history of sex education revealed that sex education in the public schools has suffered from a very vocal opposition and school administrators who are hesitant to begin programs that might cause community unrest. Sex education programs are non-existent in most school districts and very limited in scope in those schools with a sex education program.

Today, decisions about personal sexual behavior are being made at a much younger age. Young people are making these decisions without a sufficient amount of factual information and with misinformation. Their decisions are strongly influenced by the media and by their peers. The schools are missing an opportunity to assist young people in obtaining factual information and the skills necessary to make responsible decisions.

The Dallas schools have not responded to the apparent changing times and attitudes toward sex education. Nor have they responded to the evidence of a serious student need for more information regarding sexuality. Each year more girls, and girls at younger ages, drop out of school because of pregnancy. However, the administration continues to operate under 1970 guidelines for sex education which were established during an organized campaign against sex education.

Although professional organizations in the community have offered assistance, efforts to add sex education related materials to the curriculum have been unsuccessful. At present no attempt has been made to determine what the Dallas community wants or would support in a sex education program.

With an apparent renewed interest among educators, community groups, and the federal government in sex education, an assessment of the community's attitudes is an imperative first step in initiating a program. Every community is different. By identifying the basis of support for sex education within a given community, and the stipulations placed upon including such a course in the curriculum perhaps the problems faced with sex education in the past can be avoided.

CHAPTER II

SURVEY OF RELATED LITERATURE

A comprehensive review of the available literature related to attitudes toward sex education in the public school disclosed that studies related to attitudes toward sex education have been completed; however, the investigator did not duplicate any previous study. No study has been conducted in a large urban school district to determine specifically what the public accepts regarding sex education in schools. This chapter describes the studies relating to the public's attitudes toward sex education and the studies relating to the attitudes of public school personnel toward sex education.

Studies Related Specifically to the Public's Attitudes Toward Sex Education

In 1951, in a New Jersey poll, residents across the State of New Jersey were surveyed to determine their opinion of sex education. A cross section of the population was asked, "Do you think sex education should be taught in your local school?" Results indicated that four out of every five adults responded favorably. Those persons who

had children in public schools favored sex education courses, outnumbering those opposed by a margin of six to one. Another finding revealed that the higher the education level of the respondent the more inclined he was to favor sex education programs. Six out of every seven persons with a partial or complete college education supported sex education. At least three out of every four in all population groups measured in the survey, thought sex education should be in the schools.

A second question, "At what grade do you think the course should be started?" was asked of those persons responding "yes" to the first question. The median named grade by the respondents was the seventh grade; however, every grade from kindergarten through twelve received some mention.¹ This was the first published report of an assessment of public attitudes toward sex education. No other studies were found in the literature until the late sixties.

McIntire and Eaton conducted a study in 1968 in an attempt to determine the true base of support for family life education in the community of Enfield, Connecticut. A

¹Kenneth Fink, "Public Thinks Sex Education Courses Should be Taught in the Schools," Journal of Social Hygiene 37 (February 1951): 62.

questionnaire was sent to parents via students in grades three, six, and eight in the public schools in this community of 40,000. Based on the total enrollment of 2,832 students a return rate of 40 percent was reported. The return rate decreased as the grade level increased. The return rate was not an accurate reflection of the actual participation in the survey since neither the presence of siblings in the classes nor student attendance on the day the questionnaire was distributed were controlled.

Parents were asked to respond to six attitudinal statements regarding family life education. Analysis of responses indicated only minor differences in the attitudes of parents of third, sixth, and eighth grade pupils. Eighty-eight percent of the respondents believed that the schools should teach family life education. Seventy-six percent of the parents strongly supported the idea that family life education should not be limited to biological facts. Forty-five percent agreed to coeducational classes with 33 percent objecting and 22 percent neutral. Only 21 percent of responding parents felt that parents were adequately prepared to provide the sex education that children need.

The data further indicated a strong support for concurrent programs in family life education for parents and the community in general. Seventy-four percent of the

respondents expressed a desire for such a program. The results of the study provided the researchers with the information needed to begin curriculum development in the area of family life education.

Based on the information received from parents, the investigators concluded that if schools did not offer family life education programs the young people would not have the information and exposure to ideas that are necessary for the development of the next generation of educated parents. The investigators further concluded that the community in which this study was conducted may not be typical of other communities. McIntire and Eaton stressed the fact that such an assessment of community attitude was a basic step in beginning a sex or family life education program.¹

Harter and Parrish conducted a study of mothers in Northern Louisiana in an attempt to determine the extent of the parental concern that other social institutions were infringing upon the rights of the parents when teaching sex education. The specific purpose of their study was to determine what social agent(s) mothers felt should be responsible for the sex education of their children. The sample was drawn from a population of 2,360 women who had given

¹Walter MacIntire and Robert Eaton, "Parental Attitudes Toward Family Life Education", The Journal of School Health 39 (November 1969): 666.

birth at least once during the period of January, 1960 through December, 1964, and who lived in Lincoln Parish, Louisiana. The sample consisted of 144 mothers, 60 of whom were white, 84 nonwhite. Ninety-seven percent of the whites and 100 percent of the nonwhites were Protestant.

Data were collected through personal interviews conducted by six trained female interviewers. Based on the information obtained through interviews, the researchers found that 90 percent of the women believed the primary responsibility for sex education belonged to the parent. However, when asked specifically if the schools should be entrusted with the responsibility of teaching reproductive physiology to children, over 90 percent agreed. Most mothers felt the school could and should take some responsibility in providing sex education. There was no indication that mothers felt their parental function was being infringed upon by the schools fulfilling this responsibility.

The investigators concluded that two hypotheses which needed further investigation had evolved from the study:

- (1) parents who were satisfied with their own sexual knowledge may wish to provide the child with general facts, but rely on schools for assistance in providing details; and (2)

parents without the adequate knowledge depend upon schools to conduct the total process of sex education.¹

In 1969, Libby studied parental attitudes toward both general and specific aspects of high school sex education programs. Using a 1961 census, the researcher selected parental couples living in Manchester, Connecticut. Manchester was chosen because of its heterogeneity of social class, age, religion, its proximity to the University of Connecticut and the availability of census information.

The Hollingshead Two-Factor Index was used to determine social class. The Hollingshead Two-Factor Index considers the combination of the level of education and the job position of the head of the household to determine one's social class level. Libby's sample was composed of 5.6 percent in the upper class, 24 percent in upper middle class, 40 percent in the lower middle class, and 30.4 percent in the upper-lower class. The sample was similar to the proportion of religious census, with 38 percent Catholic and 52 percent Protestant. The entire sample was Caucasian.

Couples were interviewed separately and together in order to identify similar and different attitudes. The interviewers were a male graduate student in his twenties and

¹Carl Harter and Vestal Parrish, "Maternal Preference of Socialization Agent for Sex Education", Journal of Marriage and Family 30 (August 1968): 418.

and a female graduate in her fifties. The interviewers interviewed an equal number of males and females to account for differences in sex and age. The parents were given a definition of sex education and then asked to respond to a nine-item, Likert-type Sex Education Liberalism Scale.

Libby found that 82 percent of the parents approved of sex education as defined in the study, while 15.2 percent partially approved, and 2.8 percent disapproved. Findings from the survey further indicated that parents wanted some control over the approach taken by the teachers. The majority of parents wanted teachers to "teach that sexual intercourse should only occur with God's blessing" and "connect sex exclusively with marriage and parenthood." Seventy-five percent of the parents felt their children should have contraception information, while one in four of both Catholics and Protestants would deny such information to their children.

Libby found that education level was positively related to more liberal attitudes toward sex education and concluded that communities with a higher proportion of lower social classes could be expected to have parents who are less supportive of sex education. Libby also found that the attitudes of parents with prepubescent children were more liberal than those of parents with adolescents. The age of

the parent did not affect liberalism until the sixty-six-eighty age group. Finally, Libby found that Catholics and Protestants were less liberal and less supportive of sex education than were Jews.

Libby stressed the importance of knowing the attitudes of the community before beginning a sex education program. He stated that an awareness of parental approval or opposition was crucial, especially in communities with active pressure groups. Libby found very little research published on parental attitudes toward sex education. Outside of opinion polls, little has been done to define specifically what parents of a given community would approve in a sex education program.¹

In an attempt to determine what the public would accept in terms of sex education, Levin and Lange conducted a 1970 survey of 600 residents of a middle sized midwestern city. A sample was obtained by drawing names from the city directory in a community with a population of about 175,000. The primary purpose of the study was to determine the efficacy of the "sex education" label. One-half of the sample was sent a questionnaire concerning their attitudes toward "sex education" while the other half was sent an

¹Roger Libby, "Parental Attitudes Toward High School Sex Education Programs." Family Coordinator 19 (July 1970): 234-47.

identical questionnaire but "sex education" was replaced with the term "family life education." The questionnaire consisted of eighteen items dealing with attitudes toward sex education in schools.

Of the 277 returned questionnaire forms no differences were found between the two forms of the questionnaire. Based on this finding, it was concluded that the label of the course was not a variable in the acceptance of a sex education program. In both the group with the questionnaire labelled "sex education" and the group with the "family life education" questionnaire, 85 percent of the respondents indicated that they would allow their child to take such a course if it was offered in their school. Over four-fifths of the respondents indicated that the schools should have a sex education program. Three-fourths of the respondents wanted the opportunity to review the content of the sex education curriculum before the material was used. The researchers emphasized the need for continued research concerned with sex education in public schools, especially in the area of adult attitudes as they exist in specific communities.¹

¹Barbara Levin and Donald Lange, "The Label Variable in Sex Education," Phi Delta Kappan 53 (June 1972): 664.

Conley and Haff conducted a study of ninth and twelfth grade students and their parents in the cities of Champaign and Urbana, Illinois, to determine attitudes toward various aspects of sex education. Fifty-one students were randomly selected from four high schools and five junior high schools. The total sample consisted of 24 ninth grade students and 46 ninth grade parents and 27 twelfth grade students and 46 twelfth grade parents.

The instrument used in the collection of data was developed by Conley and Haff and consisted of 144 items, divided into eight sections. Section one questioned the participants' attitudes concerning the grades at which sex education should be taught and the qualifications placed on the instructor. Section two consisted of 15 Likert-type statements concerning present-day attitudes toward sex education. Section three questioned the participants attitudes toward the ability of parents to teach their children sex education. Section four related to the school's role in providing sex education for unwed teenage mothers. Section five presented nine theories of sex education. Using a Likert-type scale, participants indicated their attitude toward each theory. Section six questioned the participants on their attitudes toward the inclusion of specific topics within sex education. Participants were asked to identify

at what grade level each topic should be discussed and whether or not the classes should be coeducational. Section seven obtained specific demographic information and section eight asked for the participant's evaluation of and reaction to the questionnaire.

The data were collected during an eight week period in the spring, 1972, by personal interviews in the homes of the participants. Interviewers worked as a team, interviewing parents and children separately. The data were placed in frequency distributions for demographic analysis. Percents and an analysis of variance were computed to determine differences between and within parent and students answers to all sections. A chi square test was administered to "yes-no" responses.

Results showed that all of the participants, both parents and students believed that family life education should be taught at some time in the school. Parents and students agreed that the most important characteristic of the teacher was "the ability to talk freely and naturally without embarrassment." They did not feel that the teacher's sex, marital status, and age were important, although students indicated a preference for the 25-35 age group.

Seventy percent of the parents, 63 percent of the twelfth graders, and 46 percent of the ninth graders felt that family life education should be required. Data analysis

indicated that both parents and students strongly supported the school in the role of providing family life education. Seventy-nine percent of the parents, 74 percent of the twelfth graders and 46 percent of the ninth graders agreed to the teaching of morals, values, and attitudes in the classroom.

Regarding parental involvement in family life education, the data indicated that parents strongly supported a well-planned program and students expected their parents to support the program. Seventy-two percent of the parents and 61 percent of the students felt that parents did not provide sufficient sex information to their children. Approximately 80 percent of the parents expressed an interest in being informed about school activities but only 31 percent indicated they would attend an adult education course in family life education.

With regard to coeducational classes, parents felt that the topics of growth and development, personality, and mate selection would be better taught in coeducational classes. Parents strongly favored separating the sexes during consideration of menstruation and premarital intercourse.

The authors expressed the concern that little research was available on the specific attitudes of parents. The researchers stated that it was their opinion that each

community or district conduct its own study since attitudes and opinions will vary from community to community. They stressed that the conclusions which were drawn could be applied only to their study.¹

Snyder and Spreitzer conducted a study to determine the social bases of support for sex education within the general population. The survey was composed of 1,484 personal interviews carried out in spring, 1974. The respondents were selected as a part of a national probability sample drawn from the General Social Survey conducted by the National Opinion Research Center. The participants were asked two questions: "Would you be for or against sex education in the public schools?" and "Do you think birth control information should be available to teenagers who want it?"

The data were analyzed in relation to ten demographic variables. The analysis revealed that sex, race, and level of income were not significantly associated with a person's attitude toward sex education. The politically conservative were found to be less favorable toward sex education than the liberals. Persons with no religious affiliation or who did not attend church regularly were slightly more favorable toward sex

¹John Conley and Robert Haff. "The Generation Gap in Sex Education: Is There One?" Journal of School Health 44 (October 1974): 528-437.

education. Widowed persons tended to be less favorable while those who never had been married were very supportive. Overall, 79 percent of the respondents expressed approval of sex education and 77 percent approved of birth control information being available to students who want it. The authors concluded with a recommendation that a similar study be done within individual communities to provide school administrators with specific data relevant to their locale.¹

Studies Related to the Attitudes of
Professional Personnel Toward Sex
Education in Public Schools

Baker and Darcy conducted a 1969 survey of family life and sex education programs in secondary schools in the State of Washington. The study was initiated as a result of pressures by right wing groups to discontinue the existing sex education programs. The intent of the study was to determine what was being taught, and how and by whom it was being taught. The procedures included: (1) a questionnaire survey of all secondary school principals in the state requesting a list of existing sex education programs and the teachers assigned to the task; (2) a questionnaire survey of the designated teachers to determine their qualifications,

¹Eldon Snyder and Elmer Spreitzer, "Social Correlates of Attitudes Toward Sex Education," Education 96 (Spring 1976): 222.

their concerns regarding the sex education program, and specifically what was being covered; and (3) site visits to four of the schools to interview school principals and teachers to assess attitudes about the expansion of sex education programs.

Questionnaires were mailed to the principals of all the secondary schools in the State of Washington. Of the 455 principals receiving questionnaires, 428 (94 percent) returned them. Fourteen hundred were surveyed with 902 (64 percent) responding. The 64 percent of returned questionnaires represented 85.5 percent or 389 of the 455 schools contacted. Analysis of the data indicated that little more than one-half of the health teachers in the state touched upon the subject of sex at all and less than two-thirds of the home economics teachers discussed the subject. Less than two-thirds of the girls attending secondary school in the State of Washington were receiving family life or sex instruction. Fewer than one-half of the boys were receiving such instruction.

An examination of the content of such courses further emphasized this inadequacy. Contraception, sex-social problems, parenthood, and childbearing were totally omitted from the curriculum. Most of the instruction was

handled by teachers who were poorly trained and unfamiliar with resources available to them.

Survey results indicated that both teachers and principals were overwhelmingly in favor of family life--sex education in the schools. More than half of the principals reported an intention to expand existing programs or initiate a program where none existed. The two concerns expressed most frequently were lack of adequate teacher preparation and a fear of community objection. Lack of community support was also a concern of teachers, however in schools where attempts were made to inform parents, support was generally strong.

The survey was conducted at the same time an organized effort to eliminate sex education was occurring. In a few districts, the teachers and administrators yielded to threats of a right winged group and eliminated or drastically curtailed their programs. In other districts, community polls indicated that a large majority of parents still wanted the school to teach sex education. These districts were able to continue their programs. The investigators suggested that public schools continue to develop comprehensive programs as well as make periodic assessments of the existing programs.¹

¹Baker, Luther, and James Darcy, "Survey of Family Life and Sex Education Programs in Washington Secondary Schools and Development of Guidelines for Statewide

In 1969, the State Department of Health, Topeka, Kansas, surveyed all principals in the public schools in Kansas and superintendents of unified school districts to determine the status of sex education in Kansas. Of the 2,361 school principals and 329 superintendents who received the survey, 93.5 percent responded. Seventy-seven percent of the administrators indicated that sex education was included in one or more curriculum areas, but not as a separate course in the curriculum and 21.2 percent had no program.

Participants were asked to indicate the acceptance of the program by teachers, students, and the community. Eighty-six percent of the community accepted the program, (31 percent "with enthusiasm"). In response to a question about how the program was initiated, the administrators ranked "combined PTA, teacher and administrator interest" first and "PTA interest" second on their list. The results of the study indicated that, despite an opposed vocal group a sex education program could be developed; however, parent and community involvement was essential.¹

Coordinated Programs," Family Coordinator 19 (July 1970): 228-232.

¹Evalyn Gendel and Pauline Green, "Sex Education Controversy--A Boost to New and Better Programs," The Journal of School Health 41 (January 1971): 24.

In 1970, Holcomb, Beatty, and Garner conducted a survey to determine how superintendents in the State of Texas felt about the sex education issue. The Texas school districts were categorized by their position within the interscholastic league classification. The classifications, based on student enrollment, were: B--120 students and below; A--120-129 students; AA--230-449 students; AAA--500-1,090 students; AAAA--1,100 students and above.

A questionnaire was developed and mailed to seventy randomly selected school districts from each of the five classifications. An original questionnaire was designed to assess the issues within the sex education problem. A total of 211 out of 350 (60 percent) participants responded to the questionnaire.

The study showed that superintendents from large school districts (AAA and AAAA) favored teaching sex education in the schools. The study revealed, however, that 78 percent of the Texas public schools did not include sex education in the curricula. Only nineteen class AAAA schools reported offering some sex education. According to the data, a majority of school administrators representing school districts that do not offer such a course had no specific plans to begin one. However, a majority of participants expressed a dissatisfaction in the way their students

received sex education. The study revealed that 75 percent of the participating superintendents preferred sex education classes be taught separately, rather than coeducational.

The primary reasons cited for discouraging schools from offering courses in sex education were public opposition and inadequate teacher preparation. However, 91 percent of the school districts offered no in-service programs to prepare teachers to teach sex education to alleviate the later situation. The investigators recommended that school administrators conduct a thorough study of community attitudes concerning sex education. They suggested a further assessment of student interest in sex education and the need for such a program. They also emphasized that this must be done at the local level to insure adequate knowledge of individual community attitudes.¹

Schuck conducted a 1972 study to determine the attitudes of Arizona Educators toward subject matter in sex education. "Arizona Educators" included administrators and teachers employed in the Arizona Public Schools at the time of the survey. The names of those surveyed were selected at random from the list of educators supplied by the Arizona

¹David Holcomb and Arthur Garner, "Sex Education in Texas Public Schools," Journal of School Health 40 (December 1970): 563.

Department of Education. A Sex Education Questionnaire was mailed to 250 persons, with 242 being returned--a return rate of 95.8 percent.

The Sex Education Questionnaire consisted of numerous content topics relevant to sex education. Using a Likert-type scale, respondents expressed their attitudes toward the inclusion of each topic in a public school sex education course. The percentage of respondents indicating each level of approval was computed for all the topics. Data indicated that eighteen of the twenty-two subject matter areas received support from at least 50 percent of the educators sampled. Divorce, venereal disease, and conception received the strongest support (93 percent) for inclusion in a sex education program.

The investigators concluded that Arizona educators provided a strong support for the concept of sex education. The support was broader than anticipated and included, heretofore, sensitive areas such as masturbation and homosexuality. The investigator concluded that, within the education community, there was a solid basis of support which could have a strong influence on beginning a sex education program in the public schools.¹

¹Robert Schuck, Ed.D. "Attitudes of Arizona Educators Toward Specific Content Areas in Sex Education," Journal of School Health 42 (February 1972): 122-124.

Summary

A review of related literature reveals that a variety of studies have been conducted in relation to attitudes toward sex education. Without exception, each study revealed a majority of its sample favored sex education. Several studies compared and found differences in religious preference, age, marital status, parental status, education, economic status, race, and sex and attitudes toward sex education. It is difficult to make generalizations in this area because individual values vary. Every study cited, with the exception of Harter and Parrish, recommended, and in some cases strongly advised, that local attitudinal surveys be conducted as a first step in developing a sex education program. The studies further indicated that it is essential to know where the basis of support within the local community is located before attempting to initiate a sex education program since such support varies considerably from community to community.

CHAPTER III

PROCEDURES FOR THE DEVELOPMENT OF THE STUDY

The purpose of this chapter is to describe in detail the procedures utilized by the investigator in the conduct of this study. The general purpose was to determine the attitudes of a community toward sex education in the public schools. The specific purpose was to survey a random sample of the adult population residing in the Dallas Independent School District, Dallas, Texas, to determine: (1) the attitudes toward the inclusion of a unit in sex education in the high school health education course; (2) the stipulations placed on the content of such a unit by those approving of its inclusion in the health class; and (3) those segments of the community providing the strongest support for and opposition to sex education.

This chapter is divided into the following areas: (1) Preliminary Procedures; (2) Selection of the Interview Technique; (3) Development of the Survey Instrument; (4) Procedures Followed in the Collection of the Data; (5) Statistical Procedures Used in the Treatment of the Data; (6) Procedures for Data Analysis and Interpretation; (7) Procedures Followed in Preparation of the Final Written Report; and (8) Summary.

Preliminary Procedures

In January, 1978, the figures of the latest Gallup Poll on attitudes toward sex education indicated that a large majority of the public favored sex education. However, sex education policies in the schools have, in the past, been dictated by an opposing minority. This publication led the investigator to conduct a thorough review of the literature to determine what further research had been done in the area of public attitudes toward sex education. Very few studies were available in this area and no study of a large urban community was available. Based on this finding and a knowledge of the status of sex education in the Dallas Independent School District, the investigator developed a study of the Dallas community's attitudes toward the inclusion of sex education in the high school health classes.

As part of the review of literature, the investigator sent letters to Dr. Mary Calderone, Director of Sex Information and Education Council of the United States (SIECUS) and Dr. Patricia Schiller, Executive Director of the American Association of Sex Educators and Counselors, requesting updated literature on sex education in the public schools. Dr. Calderone replied by sending numerous SIECUS publications. Dr. Schiller sent a letter expressing her pleasure to learn

of a dissertation being conducted "in a much needed field" and suggested several sources of current information.¹

Further preliminary work included a meeting with Jeanetta Sanders, Program Director of Planned Parenthood. As a result of this meeting, the investigator gained further support for the need for a community study of attitudes toward sex education. According to Ms. Sanders, Dallas is the only school district in the Northern region of Texas that does not allow Planned Parenthood resource personnel or materials in the schools. The staff at Planned Parenthood were very supportive of the investigator's study.

Interviews with Pam Jeffries, Health Educator for the City of Dallas Public Health Department, provided the investigator with further support. Ms. Jeffries works with health teachers in the Dallas school system and reported receiving regular requests for assistance in the area of sex education but was very restricted by the district in what she could do in this area. Ms. Jeffries was interested in working with the district in providing much needed assistance in sex education.

The investigator contacted the Bureau of Health Education in Atlanta, Georgia, to determine what was being done nationally regarding sex education. In a telephone

¹Appendix B.

conversation with William Riggs, Deputy Director of the Bureau of Health Education, the investigator found that the Bureau was beginning a study of sex education programs nationwide to determine how programs got started, how they were evaluated, and what contributed to their success. Mr. Riggs was most interested in receiving the results of the Dallas study.

The investigator also spoke with Madeline Pierce who is more directly involved with the sex education studies at the Bureau of Health Education. Ms. Pierce indicated that the findings from the nationwide study, would be published in the early part of 1979 in "Focal Points", the Bureau's monthly publication. Ms. Pierce requested additional information and the results of the study in Dallas to include in the "Focal Points" issue on sex education.

As a member of the Dallas Task Force on Teenage Pregnancy, the investigator participated in a task force meeting in January to obtain feedback from representatives of numerous Dallas agencies and government councils on a study of community attitudes toward sex education. At that time it was announced that 157 million dollars was being appropriated by the federal government for sex education. Since Dallas was being considered as a pilot city for the appropriation, members of the task force felt an assessment

of community attitudes toward sex education would be of utmost assistance in getting a program started in the Dallas schools. With this input the investigator began developing procedures for conducting a study of the attitudes of the Dallas community toward sex education.

Following a thorough study of the literature, it was determined that the investigator should: (1) determine the best method for obtaining the desired data; (2) select the procedure for interviewing a random sample of the adult population residing in the Dallas Independent School District; (3) develop a questionnaire to be used for collecting the data; (4) pilot test and revise the questionnaire; (5) collect the data; and (6) write the final report.

A tentative outline of the proposed study was developed and presented to the dissertation committee. Revisions and additions were made as recommended by the committee. The revised approved outline, in the form of a prospectus, was filed in the office of the Dean of the Graduate School, Texas Woman's University.

Selection of the Interview Technique

In selecting the procedure for interviewing a random sample of the adult population in Dallas, Texas, the investigator established the following criteria:

1. The interview technique must be feasible to contact 1,000 persons at random so as to insure a sample representative of the population.
2. The interview technique must be conducive to collecting information on attitudes related to sex education.
3. The interview technique must protect against publicity. It was important that complete confidentiality be maintained. If information reached the news media or organized anti-sex education groups, the study would risk being biased.
4. The interview technique must take no longer than two weeks to collect the data to further protect against bias.

In comparing techniques for the collection of data, the investigator found that personal interviews would not be feasible for a sample size of 1,000 persons. In addition, many people in the Dallas area might be reluctant to allow a stranger into their home to ask questions about sex education. In the past, sex has not been a topic people talk about openly. It was unlikely that the general public would respond to this topic in a person-to-person interview. In addition the time involved in collecting 1,000 personal interviews made this technique less feasible for the study.

Mailed questionnaires were considered as a technique for collecting the data. The return rate of a mailed

questionnaire would not insure a random sample nor a sample representative of the city of Dallas. More important, there was no way to prevent the questionnaire from getting publicity that would bias the results. As sex education is an explosive issue, anything related to sex education is often newsworthy. If a mailed questionnaire reached a newspaper or radio employee or a member of an anti-sex education group, the publicity that might follow would likely influence the other participants in the study. As there was no way to control this variable and still obtain a random sample, this method of surveying was considered not feasible for the proposed study.

A third technique considered for the collection of the data was a survey of persons in the shopping malls on Saturdays. This method appeared to be feasible so the investigator contacted the managers of each of Dallas' shopping malls. The large shopping malls have a policy against any type of surveying on the mall premises. Only one small neighborhood mall permitted surveying on the premises of the shopping mall. This would limit the random sample to such a degree that this method of interviewing was not deemed appropriate for this study.

In considering the telephone interview, the investigator determined that 98 percent of the residents in Dallas have telephones. The investigator then made numerous random

phone calls to determine if people would express their attitudes toward sex education over the telephone. The investigator found it possible to get the desired information over the telephone although the interviews were very unpolished. The investigator found it difficult, at times impossible, to keep personal biases from influencing or interfering with the interview. A mere alteration in voice tone or an inflection affected the way in which questions were asked and probably answered. The slightest hesitancy on the part of the investigator further affected the interview. At times when the interviewee was not sure of a response, a probe from the investigator tended to sway or influence the subsequent response. A review of the literature pertaining to interview techniques cited these specific problems as those capable of biasing the results of the study.¹ Although the telephone interview method met the established criteria for the survey technique, it was apparent to the investigator that the interviewer must be unbiased and totally detached from the study. It was also necessary that the interviewer be skilled in obtaining the specified information accurately and concisely. For these

¹General Interviewing Instructions, Southwest Research, Incorporated, p. 3.

reasons the investigator sought professional technical assistance in carrying out the project.

The investigator discussed the procedures for telephone interviews with Mr. Bob Judson, a research analyst at Southwest Research, Incorporated, a national market research company. According to Mr. Judson, five minutes was the maximum time for keeping an individual on the telephone. Mr. Judson confirmed that the telephone would be the best technique for collecting the data. Southwest Research, Incorporated, had the equipment and staff to conduct as many as fifteen interviews concurrently. This company also had professionally trained interviewers who were skilled at getting information from people before the people had an opportunity to refuse or hang up. Of most importance was the total detachment of the interviewers from the study, making it possible for them to maintain consistency throughout the interviews.

Southwest Research guaranteed total confidentiality so no one could obtain information concerning the source of the study. Furthermore, 1,000 interviews could be conducted in a two week time period thus limiting the possibility of publicity that would bias the results of the study. As it was of prime importance to insure that the data were accurate

and unbiased, the services of Southwest Research were employed for the purpose of conducting the telephone interviews. The investigator listened to the interviews on a monitoring system in the supervisor's office at Southwest Research.

Development of the Survey Instrument

A review of the literature revealed a number of survey instruments but none were suitable for testing the hypotheses of this study. The New Jersey study and Snyder-Spreitzer study used only two basic questions concerning sex education and birth control. The studies of Libby and McIntire-Eaton used Likert-scale attitudinal questions. Libby's questionnaire was based on a liberalism scale. Harter and Parrish's questionnaire was related to the school's role versus the parent's role in teaching sex education. Levin and Lange's questionnaire consisted of Likert-type attitudinal questions that compared the use of two labels for a sex education class. Conley and Haff's questionnaire was developed for a rather small sample and for personal interviews. This Likert-type questionnaire of attitudes on what should be taught, when and by whom, was too long for a telephone interview. The studies relating to the attitudes of public school personnel involved mailed questionnaires and included questions about what was being done in the schools,

what should be done, and how the programs were being received in the community. Since no suitable instrument was found, the investigator developed her own questionnaire for use in the Dallas study.

The criteria established for the development of a questionnaire to assess the public's attitudes toward sex education in the public schools stipulated that:

1. The questionnaire must take no longer than five minutes to administer and complete
2. The questionnaire must be easy to understand and administer through a telephone interview
3. The questions must be stated so a response of either "yes", "no" or "don't know/it depends" is solicited

To address the purposes of the study, it was necessary to include an initial question concerning approval or disapproval of a sex education unit in the high school health education classes. The participants were also asked to give a reason for their attitude. The investigator reviewed the literature and developed a list of reasons given by the public for either approving or disapproving of sex education in the public schools. After compiling two lists of reasons¹ the investigator conferred with Ms. Betsy

¹Appendix C.

McGee, the community relations advisor for Planned Parenthood of Dallas. Ms. McGee relayed the reasons she heard most frequently for approving or disapproving of sex education. Ms. McGee's list coincided with that of the investigator's without exception.

It was also necessary to identify specific questions related to the content of the sex education unit in order to determine what the public would approve. The investigator selected the topics to be included in the questionnaire based on a review of literature and existing curriculum guides.

Each of the curriculum guides which were reviewed, included a discussion of venereal disease. In addition, the investigator had met with administrative resistance in attempts to secure approval of venereal disease materials in the health education curriculum in the public schools. Thus the topic of venereal disease as a potential content area needed to be included in the questionnaire.

The question of whether or not to include birth control information appears in almost every article related to sex education in the public schools. The 1970 Dallas Independent School District guidelines specify that the topic of birth control should not be discussed in the classroom. For this reason a question concerning birth control as a topic was included in the survey.

Every curriculum guide reviewed included a section on dating and decisions related to premarital sexual behavior. Most curriculum guides include a discussion of alternative lifestyles to marriage in the section on dating and marriage. Questions relating to premarital sexual standards and alternative lifestyles were included in the survey.

The topic of abortion is included in the curriculum guides; however, the literature indicated that it is a topic usually omitted from the public school curriculum. The topic of abortion is currently a very controversial issue. For this reason a question relating to the inclusion of abortion in a sex education unit was included on the survey.

The topic of homosexuality is included in curriculum guides; however, it too is omitted from most public school programs. The topic has been a source of controversy within the Dallas school district; therefore, it was important to include this topic in the survey to determine the community's attitudes toward its inclusion in a sex education unit.

A final controversial aspect related to sex education is that of class composition. In order to get more information on the stipulations that the public placed on sex education, participants were asked their attitude toward the classes being coeducational.

The investigator then identified the specific demographic variables that would assist in determining the pockets of support and opposition within the community. The demographic information would allow the investigator to compare the responses of the participants by different variables. Furthermore, it was possible to determine which of these variables significantly affect one's attitudes toward sex education.

The investigator determined that the questionnaire must solicit the following demographic and attitudinal information:

1. Age, marital status, parental status, education, sex ethnicity, and religious preference of each participant
2. A response to an initial question concerning approval or disapproval of the inclusion of a sex education unit in the high school health education class
3. A reason for the response to the initial question concerning sex education
4. A response from those approving of sex education as to their attitude toward the discussion of six specific topics: venereal disease, birth control, premarital sexual standards, abortion, homosexuality, and living arrangements other than marriage; and their attitude toward the sex education classes being coeducational

Once the questionnaire was developed and approved by the investigator's dissertation committee, a pre-test of 100 telephone interviews was conducted. The purpose of the pre-test was to determine the efficacy and thoroughness of the survey instrument. The investigator listened to the telephone calls through a monitoring system at Southwest Research, and it was immediately determined that the introduction to the initial question was too long. This part of the interview was made more concise. The only other question causing difficulty was one concerning the participant's race. The question included the words "ethnic group" and participants were specifying "German," "Polish," et cetera, rather than stating their race. For this reason the question was shortened to simply ask for the participant's race. All the other questions in the survey read very smoothly and participants answered with very little hesitation.

The list of reasons for approving or opposing sex education was amended based on the pre-test. A tally was made for all the reasons given by participants.¹ The list for those opposing sex education coincided with the reasons given by the participants. No other reasons were given consistently. Three reasons were added to the list for approving sex education because they occurred at least two times. These included: (1) lessening of moral standards;

¹Appendix C.

(2) parents don't have the necessary information, and (3) parents don't teach their children at home.

The pre-test interviews reinforced the fact that people would give this type of information over the telephone and monitoring the interviews further reinforced the importance of using neutral interviewers. The interviewers showed no reaction or emotion to the responses they received and at no time did they comment on a response or coax a response. They obtained the necessary information accurately and quickly and in a most professional manner.

Procedures Followed in the Collection of the Data

The investigator met with the dissertation committee to review the results of the pre-test and confirm the revision of the questionnaire. The committee approved the questionnaire and the investigator was told to proceed with the study. Within one week of the pilot test, the study began. The data were collected during a three week period from May 5, 1978 to May 19, 1978. All interviews were conducted between the hours of 3:00 and 9:00 in the evening. The telephone numbers of households were obtained through random digit dialing. The interviewer selected a page and a column in the telephone book, using a table of random numbers, counted up from the bottom of the page a random number, and

then added a random number to the last digit of the telephone number. This insured the inclusion of new and unlisted telephone numbers.

Each interview began with a brief introduction at which time respondents were asked if they resided within the boundaries of the Dallas Independent School District. If the response was negative, the call was terminated. If the respondent did reside in the Dallas Independent School District, the interview proceeded. The sample consisted of 1,002 completed interviews. A large number of telephone calls were made but not included in the sample. For a breakdown of reasons why these were not included see Appendix D.¹

Each participant was asked the following question concerning sex education: "If the teachers were properly trained and the materials were approved by parent and community groups, would you approve of a sex education unit being included in the high school health education class?" The participant was then asked to give a reason for responding the way he did. The interviewer recorded the responses of the participants directly on the questionnaire. (A copy of the questionnaire can be found in the Appendix.)²

¹Appendix D.

²Appendix E.

If the participant opposed the sex education unit, the interviewer asked for a reason for opposing the unit. The interviewer then collected information regarding the participant's parental status, age, level of education, sex, religious preference, and ethnicity. These data were used to identify the relationships that existed between one's attitude toward sex education and specific demographic variables. Such information made it possible to pinpoint the pockets of opposition and support within the community. After the interviewer obtained this information, the call was terminated.

If the participant responded "yes" to the initial question concerning the sex education unit, the interviewer asked for a reason for this approval and then asked questions related to the participant's attitude toward specific topics. The interviewer asked the following question: "Would you approve of the discussion of: (1) venereal disease, (2) birth control, (3) abortion, (4) premarital sexual behavior, and (5) lifestyles other than marriage?" The participant was then asked if he approved of the classes being coeducational. This information was important in determining the stipulations that the public placed on sex education. It identified specifically what the public approved of in a sex education class. The last part of this interview consisted of obtaining the demographic information regarding age, marital status, sex,

parental status, level of education, and ethnicity. This concluded the interview with the persons approving of the unit in sex education.

Statistical Procedures Used in the
Treatment of the Data

The collection of the data phase of the study ended with a total of 1,002 completed interviews. All of the data were recorded on keypunch cards. With the assistance of Roberta Woods and Meg Lewis of the Texas Woman's University Computer Center, and the use of the Statistical Package of Social Sciences (SPSS),¹ a computer program was written for the data. The data were then run at the North Texas State University Computer Center. (See Appendix for program format.)²

Treatment of the data consisted of frequency distributions calculated for each of the six demographic variables illustrating the percent of the sample approving and disapproving of sex education. A second set of frequency distributions were calculated for those participants favoring sex education as they responded to each of the seven specific questions regarding the stipulations placed on the sex education unit.

¹Norman Nie and C. Hull, Statistical Package of Social Sciences. (United States of America McGraw Hill Book Company 1975).

²Appendix F.

Pie graphs were used to illustrate the frequency distributions. Pie graphs were selected because they best depict the variations in the data. Because of the large number of graphs necessary to illustrate the data, pie graphs were more efficient and easier to read than bar graphs or other types of graphs.

Statistical analyses consisted of a series of cross tabulations between the demographic variables (parental status, marital status, age, level of education, religion, sex and ethnicity) and the initial question regarding the approval or disapproval of the inclusion of a sex education unit in the high school health education classes. The data collected were nominal and dichotomous. Furthermore, an attempt was being made to identify relationships that might exist between specific variables. For this reason, chi square (χ^2) was the statistical procedure selected for this study. Chi square provided the most effective means of determining the relationship between the acceptance of sex education and specific demographic variables.

The initial analysis identified those variables which were significant regarding attitudes toward sex education. The investigator ran a second analysis on only those variables that were significant to further pinpoint the pockets of support and opposition to sex education. This analysis

consisted of three-way chi-square calculations to determine if significant relationships existed within as well as between variables. (An example of each analysis is provided in the Appendix.)¹

A third analysis was done to provide a further description of those persons providing the strongest support for sex education. This consisted of frequency distributions for a variety of combinations of variables. The investigator made a list of the most noteworthy combinations of variables. Each combination with an "n" of 30 or more were ranked based on their support of sex education. This treatment helped pinpoint more precisely the groups who provided the greatest support for sex education.

Procedures for Data Analysis and Interpretation

Interpretation of the data was based on the results of the analysis which appeared on the computer printout. The printout provided frequency distributions, relative frequencies, and cumulative frequencies for the participants' responses to each of the questions on the survey. This information provided the investigator with percentages which identified what elements of the sample population opposed or favored the sex education unit.

¹Appendix F.

The computer printout for the chi square analysis reported the number (n) for each cell as well as the relative frequency for the specific cell. (An example is provided in the Appendix.)¹ In interpreting these data, the investigator compared the responses of the participants by each variable. By comparing cells, within the variables, the investigator was able to identify differences that existed within the variables. Particular attention was paid to those variables which indicated a relationship existed as further analysis was run based on this information. The investigator developed all the charts and graphs illustrating the data based upon these analyses.

Procedures Followed in the Preparation of the Final Written Report

The investigator prepared a written report of the study, and submitted each chapter to each member of the dissertation committee for corrections and suggestions. Each chapter was revised accordingly and resubmitted to the dissertation committee for approval. The written report and the study were completed with the addition of Recommendations for Further Study, a Bibliography, and an Appendix.

¹Appendix G.

Summary

In this chapter the investigator discussed the procedures for the development of the study under the headings: (1) Preliminary Procedures, (2) Selection of the Interview Technique, (3) Development of the Survey Instrument, (4) Procedures Followed in the Collection of the Data, (5) Statistical Procedures Used in the Treatment of the Data, (6) Procedures for Data Analysis and Interpretation, (7) Procedures Followed in Preparation of the Final Written Report, and (8) Summary.

A random sample of 1,002 adults residing in the Dallas Independent School District were interviewed by professional telephone interviewers. Respondents were asked their attitudes toward the inclusion of sex education in health classes and the discussion of specific content areas within sex education. Specific demographic data was also collected. Data were treated statistically by means of frequency distributions and the chi-square technique.

CHAPTER IV

FINDINGS OF THE STUDY

The purpose of this chapter is to describe the findings from the study. The chapter is divided into six parts: (1) Description of the Sample; (2) Participant Response to the Initial Question; (3) Reasons for Approving or Disapproving of Sex Education; (4) Response to Each Specific Topic by Those Approving of Sex Education; (5) Subgroups Supporting Sex Education, and (6) Summary.

Description of the Sample

The sample for this study consisted of 1,002 persons, eighteen years of age or older, and residing within the boundaries of the Dallas Independent School District. The sample was randomly selected to provide a cross section of the Dallas population.

Of the 1,002 persons in the sample, 366 were parents of a school age child and 636 were not parents of a school age child. Table 1 illustrates the number of participants by parental status.

TABLE 1

Number of Participants By Parental Status

Parental Status	N	Percent of Sample
Parent of a School Age Child	366	36.5%
Not a parent of a School Age Child	<u>636</u>	<u>63.5%</u>
TOTAL	1,002	100.0%

The sample consisted of 158 single participants, 89 divorced, 19 separated, 108 widowed, 621 married participants, and 7 persons who refused to provide information concerning their marital status.

Table 2 illustrates the number and percent of participants according to marital status.

TABLE 2

Number of Participants by Marital Status

Marital Status	N	Percent of Sample
Married	621	61.9%
Single	158	15.8%
Widowed	108	10.8%
Divorced	89	8.9%
Separated	19	1.9%
Refused to Answer	<u>7</u>	<u>.7%</u>
TOTAL	1,002	100.0%

Table 3 illustrates the number of participants by their level of education. Of the 1,002 persons completing the interview, 233 had less than a high school diploma, 341 had a high school diploma, 233 had "some college education" meaning they had attended college after graduating from high school. One hundred and ninety-one persons had a college degree. Four persons refused to provide this information.

Participants were asked to identify the age group to which they belonged. A total of 169 persons were in the 18-25 age group, 301 in the 26-35 group, and 219 persons were in the 36-50 age group. A total of 310 persons were 51 years of age or older and three participants refused to provide this information. Table 4 provides the number and percent of participants by age.

TABLE 3

Number of Participants by Education

Level of Education	N	Percent of Sample
Less than a High School Diploma	233	23.2%
High School Diploma	341	34.1%
Some College	233	23.2%
College Degree	191	19.1%
Refused to Answer	4	.4%
TOTAL	1,002	100.0%

TABLE 4

Number of Participants by Age

Age	N	Percent of Sample
18-25 Years	169	16.8%
26-35 Years	301	30.1%
36-50 Years	219	21.8%
51 or Older	310	30.9%
Refused to Answer	3	.4%
TOTAL	1,002	100.0%

In Table 5 the number and percentage of participants according to religious preference are illustrated. Of the 1,002 participants 376 were Baptist, 129 were Catholic, 52 were members of the Church of Christ, and 16 were Jewish. A total of 199 participants were Methodists, 211 reported their religious preference as "Other Protestant" and 16 reported being "Other Non-Protestant." The "other" Protestant or Non-Protestant included any religious preference not listed. The interviewer recorded these religious preferences if the participant specified the name of his religion. A complete list of these religious preferences is provided in the Appendix.¹ An error on the questionnaire did not provide for participants who reported having no religious

¹Appendix H.

preference. Thus, the interviewer wrote "none" on the survey when a participant gave this response and it was not included on the computer cards. For this reason, these responses were not included in the tabulations.

TABLE 5

Number of Participants by Religious Preference

Religion	N	Percent of Sample
Baptist	376	39.0%
Other Protestant	211	22.0%
Catholic	129	13.4%
Methodist	119	12.8%
Church of Christ	52	5.4%
Refused to Answer	41	4.0%
Other Non-Protestants	16	1.7%
Jewish	16	1.7%
TOTAL	960*	100.0%

*The reduced figure includes only the participants who had a religious preference.

The sixth demographic variable recorded was that of ethnicity. Of the 1,002 participants, 726 were Anglos, 201 were Blacks, 58 were Mexican Americans and 11 were reported as belonging to another race. Six persons refused to provide this information. Table 6 illustrates the number and percent of participants by their race.

TABLE 6

Number of Participants by Race

Race	N	Percent of Sample
Anglo	726	72.5%
Black	201	20.1%
Mexican American	58	5.8%
Other	11	1.1%
Refused to Answer	6	.6%
TOTAL	1,002	100.0%

An additional variable recorded was that of sex. A total of 313 participants were male and 689 were female. Table 7 depicts the number and percent of participants by sex.

TABLE 7

Number of Participants by Sex

Sex	N	Percent of Sample
Female	689	68.8%
Male	313	31.2%
TOTAL	1,002	100.0%

Participants' Response to the Initial Question

The initial question asked of all participants was:

"If specially trained teachers were assigned to teach sex education and the classroom materials were approved by community and parent groups, would you approve of a sex education unit being taught in the health classes for public high school students?"

The participant had four possible responses: (1) yes; (2) no; (3) don't know it depends; and (4) refuse to answer. If the participant refused to answer the initial question, the telephone call was terminated and not included as a part of the study.

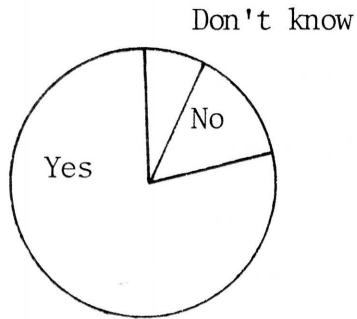
Of the 1,002 participants, 781 responded "yes" to the initial question on sex education, 155 responded "no", and 66 responded "did not know/it depends." The graph in Figure 1 on page 78 illustrates the number and percent of participants as they responded to the initial question.

Clearly a majority of the population favored sex education as it was proposed in the initial question. This finding coincides with the most recent Gallup Poll on sex education in which 77 percent of the adult population favored sex education.¹ As with all the other studies in the literature, the majority of the sample studied, favored sex education.

¹Dallas Morning News, January 22, 1978.

FIGURE 1

Participants' Response to the Initial Question



	N	Percent of Sample
yes	781	78.0%
no	155	15.5%
don't know	66	6.6%
TOTAL	1002	100.1%*

"Would you approve of sex education being taught in the health classes for public high school students?"

*Rounding error

Cross tabulations of the participants' response to the initial question: "Would you approve of sex education being taught in the health education classes for public high school students?" and the seven demographic variables (parental status, marital status, age, education, religion, race, and sex) were calculated to determine which sectors of the sample provided the strongest support for sex education in the public schools. Chi square (χ^2) was calculated for each variable to determine the relationship between the

variable and approval of sex education. The results of this procedure are provided in the following graphs and discussions.

The first demographic variable studied was that of parental status. Participants' response to the initial question was compared to whether or not they were parents of a school age child. The graphs in Figure 2, on page 80 illustrate the participants' response to the initial question by their parental status.

A study of Figure 2 reveals that 81.1 percent of the participants with school age children favored sex education and 13.9 percent opposed sex education. Of the 637 participants that were not parents of a school age child, 76.1 percent favored sex education and 16.3 percent opposed it. Statistical analysis of the data indicated that at the .05 level of significance, there was no relationship between one's parental status and one's acceptance of sex education.

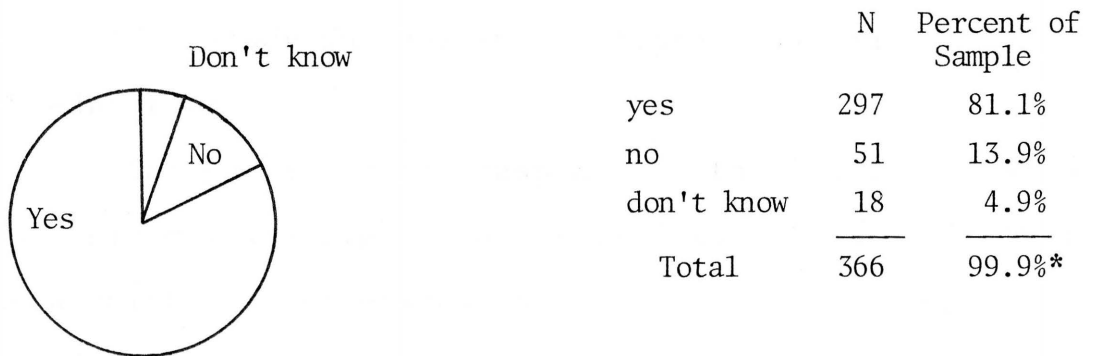
A review of literature found that no other study compared parents of school age children to those without school age children with regard to their attitudes toward sex education. However, both the studies of Conley and Haff¹ and McIntire and Eaton² found that parents in general were

¹Conley and Haff, p. 439.

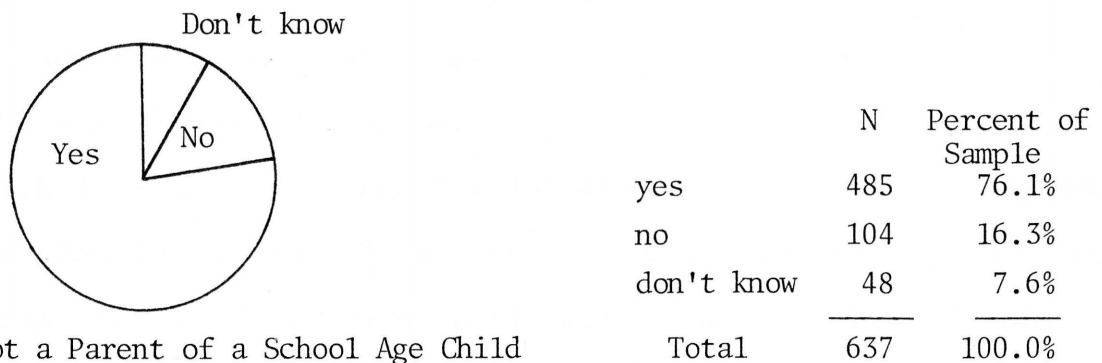
²McIntire and Eaton, p. 667.

FIGURE 2

Participants' Response to the Initial
Question by Parental Status



Parent of a School Age Child



Not a Parent of a School Age Child

"Would you approve of sex education being taught in
the health classes for public high school students?"

$$\chi^2 = 4.03$$

Degrees of Freedom = 2

*rounding error

very supportive of sex education. The findings of Libby revealed that parents of prepubescent children were more liberal in their support of sex education than parents of post pubescent children. However, Libby also found that in both cases the majority of parents supported sex education.¹ Thus, the present study further substantiates that parents favor sex education.

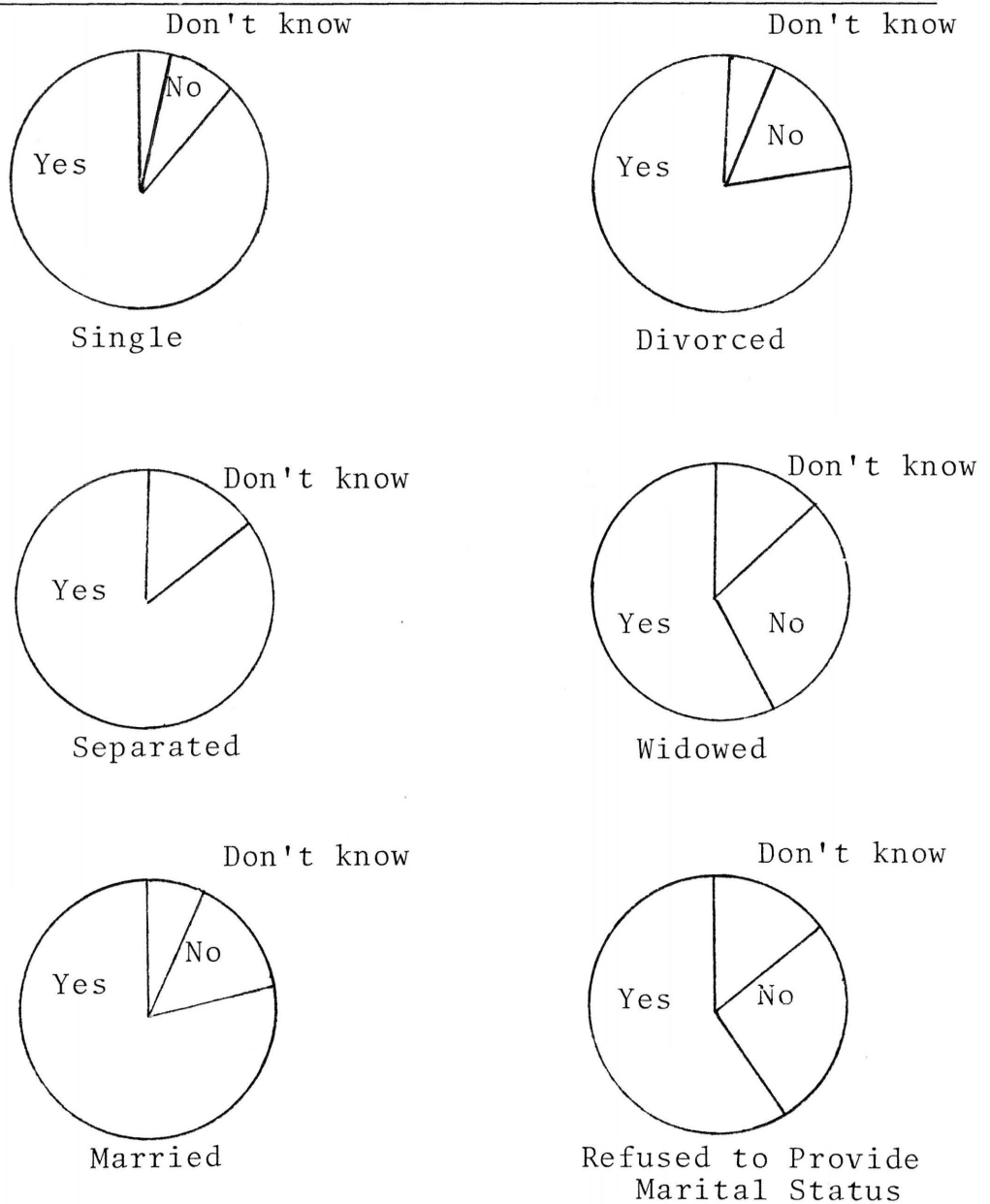
The participants' response to the initial question and their marital status was studied to determine if there was a relationship between marital status and acceptance of sex education. The graphs in Figure 3, on pages 82 and 83 illustrate the findings of this comparison.

A study of Figure 3 reveals that a majority of the participants in all the categories of marital status approved of sex education. Data analysis, however, indicated that the participants' response to the initial question differed significantly depending on marital status, with the widowed persons being least supportive. The strongest support came from the single or separated participants with 89.2 percent and 89.5 percent respectively, favoring sex education.

¹Libby, p. 242.

FIGURE 3

Participants Response to the Initial
Question by Marital Status



"Would you approve of a sex education unit being
taught in a high school health class?"

FIGURE 3 (continued)

Participants Response to the Initial
Question by Marital Status

Single			Divorced		
	N	% of Sample		N	% of Sample
yes	141	89.2%	yes	70	78.7%
no	10	6.3%	no	14	15.7%
don't know	<u>7</u>	<u>4.4%</u>	don't know	<u>5</u>	<u>5.6%</u>
Total	158	99.9%*	Total	89	100.0%
Separated			Widowed		
	N	% of Sample		N	% of Sample
yes	17	89.5%	yes	61	56.5%
no	0	0.0%	no	33	30.6%
don't know	<u>2</u>	<u>10.5%</u>	don't know	<u>14</u>	<u>13.0%</u>
Total	19	100.0%	Total	108	100.1%*
Married			Refused		
	N	% of Sample		N	% of Sample
yes	488	78.6%	yes	4	57.1%
no	96	15.5%	no	2	28.6%
don't know	<u>37</u>	<u>6.0%</u>	don't know	<u>1</u>	<u>14.3%</u>
Total	621	100.1%*	Total	7	100.0%

$\chi^2 = 47.53$ Degrees of Freedom = 12 Significance = .0001

*rounding error

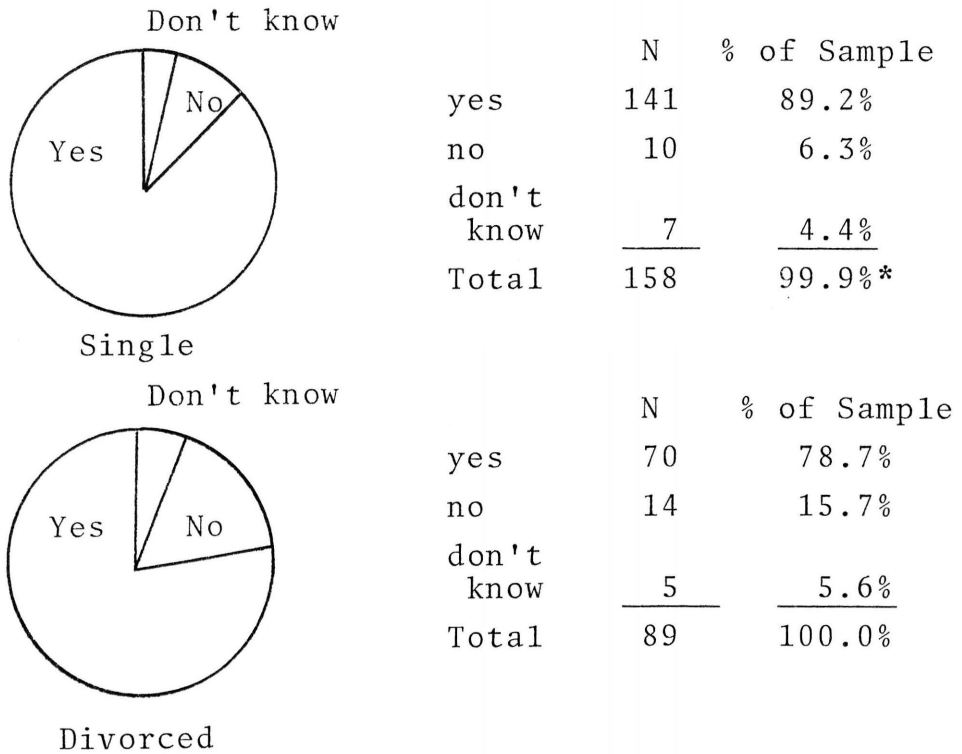
In an attempt to further pinpoint the segments of the sample providing the strongest support for sex education, the investigator did additional analysis between each of the marital status categories. The graphs on pages 85-89 illustrate those categories that were statistically significant at the .05 level. As can be seen, the widowed group differed significantly from the single, divorced, and married groups, providing less support for sex education in each case. In addition, the single group differed significantly from those participants that were married or divorced, being more supportive in both cases.

These data coincide with the study by Snyder and Spreitzer which indicated a relationship between marital status and acceptance of sex education. Snyder also found widowed persons to be less supportive while those persons who had never been married provided the strongest support for sex education.¹ Snyder and Spreitzer's study did not breakdown the categories to determine any further relationships; however, the present study substantiates the findings that of all marital status groups, widows are less supportive of sex education and single persons provide the most support.

¹Snyder and Spreitzer, p. 223.

FIGURE 4

Comparison of the Responses of Single
and Divorced Participants

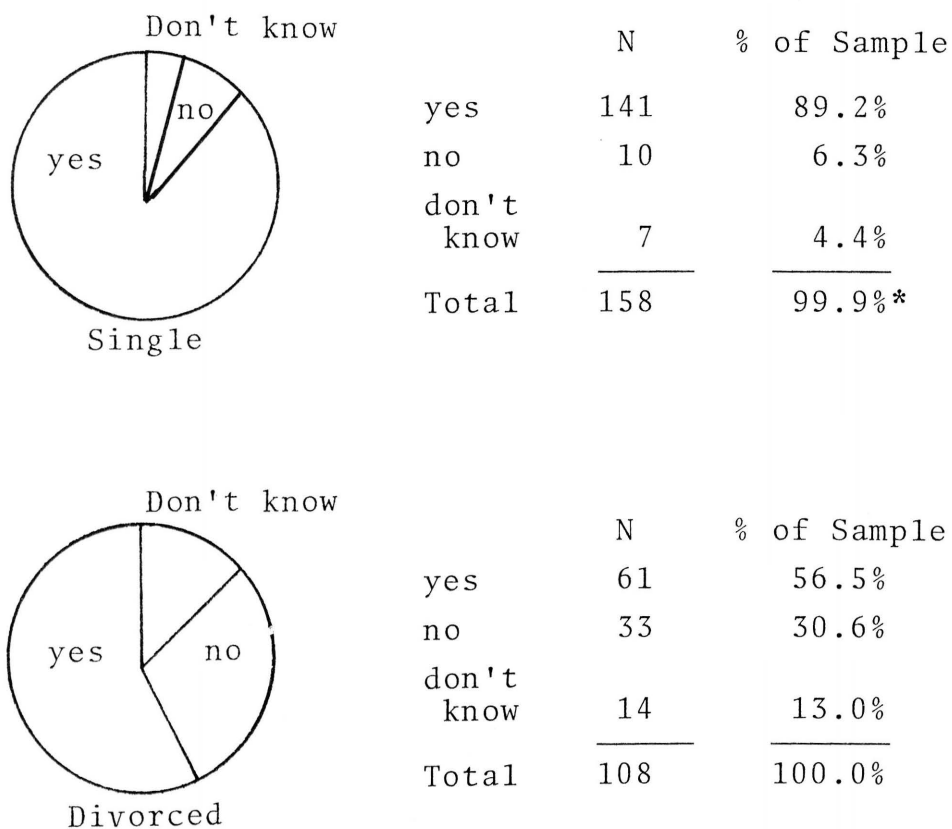


"Would you approve of sex education being taught
in health classes to public high school students?"

$\chi^2 = 6.09$ Degrees of Freedom = 2 Significance = .04

*rounding error

FIGURE 5
Comparison of the Responses of Single
and Widowed Participants



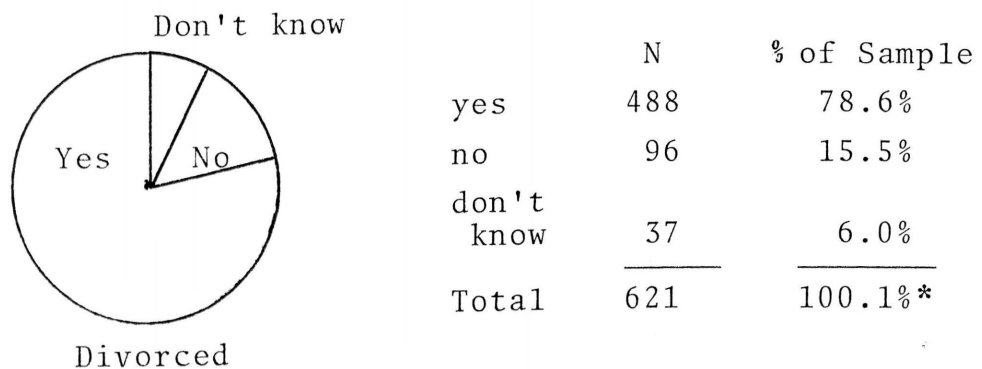
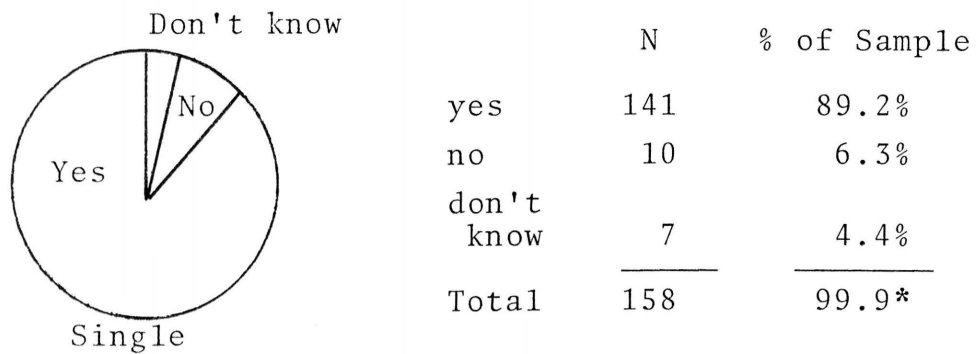
"Would you approve of sex education being taught
in health classes to public high school students?"

$\chi^2 = 38.2$ Degrees of Freedom = 2 Significance = .0001

*rounding error

FIGURE 6

Comparison of the Responses of Single
and Married Participants



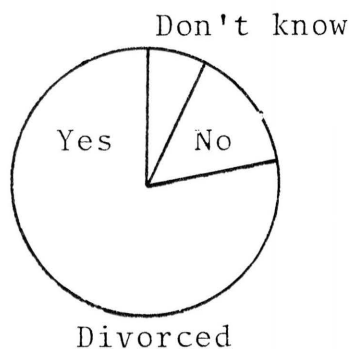
"Would you approve of sex education being taught
in health classes to public high school students?"

$\chi^2 = 10.0$ Degrees of Freedom = 2 Significance = .006

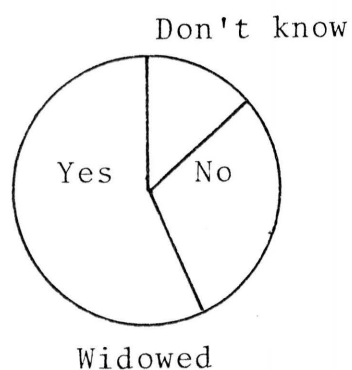
*rounding error

FIGURE 7

Comparison of Responses of Divorced
and Widowed Participants



	N	% of Sample
yes	70	78.7%
no	14	15.7%
don't know	5	5.6%
Total	99	100.0%



	N	% of Sample
yes	61	56.5%
no	33	30.6%
don't know	14	13.0%
Total	108	100.1%*

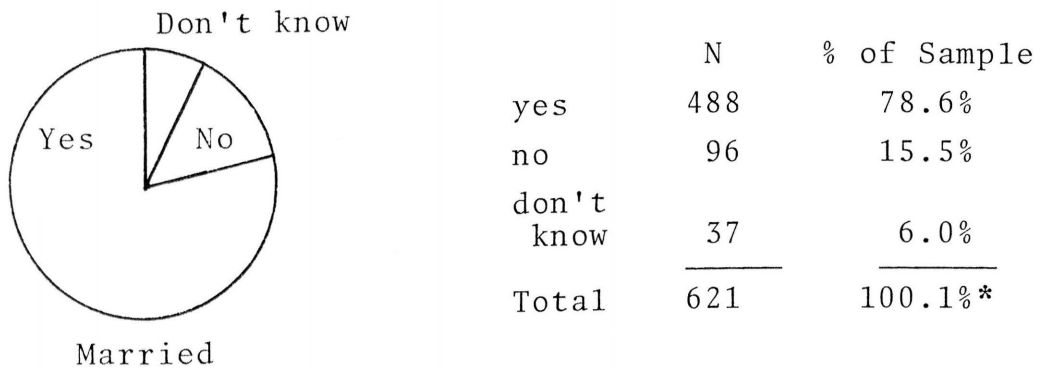
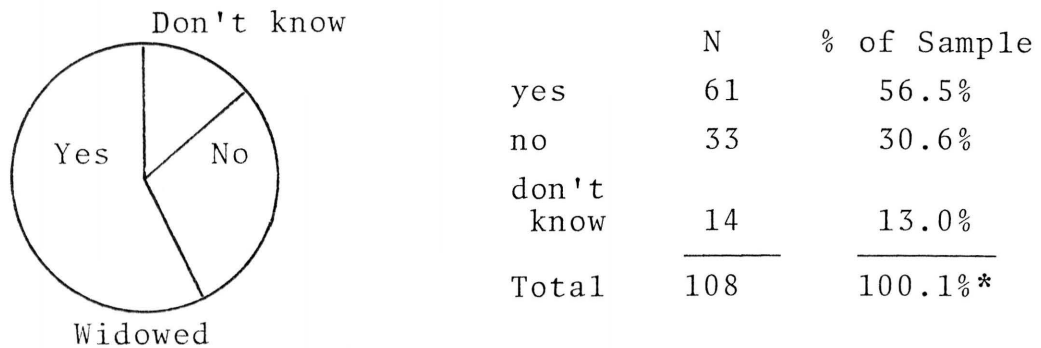
"Would you approve of sex education being taught
in health classes to public high school students?"

$\chi^2 = 10.83$ Degrees of Freedom = 2 Significance = .004

*rounding error

FIGURE 8

Comparison of Responses of Widowed
and Married Participants



"Would you approve of sex education being taught
in health classes to public high school students?"

$\chi^2 = 24.26$ Degrees of Freedom = 2 Significance = .0001

*rounding error

One's level of education was also found to be related to one's acceptance of sex education. The graphs on page 91 illustrate the participants' response to sex education when grouped according to their level of education.

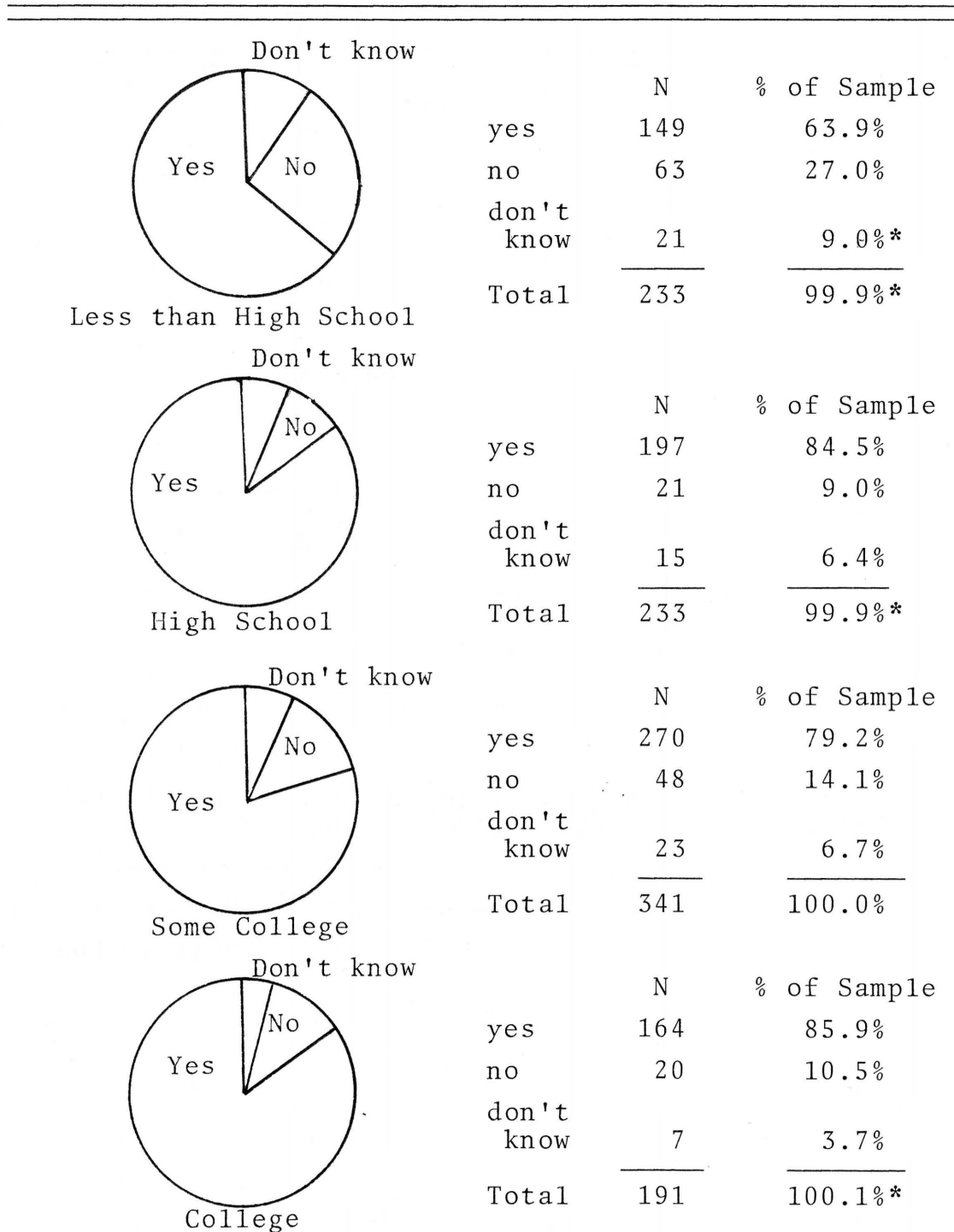
A review of Figure 9 indicates that as one's level of education increases, one's approval of sex education also increases. Although each level of education had a majority supporting sex education, data analysis indicated that those with less than a high school diploma were significantly less supportive than the other categories. Additional analysis between each of the educational levels was done to further pinpoint the support for sex education. As can be seen in the graphs on pages 92-94, there was a significant difference between those persons with less than a high school diploma and persons with a high school diploma, persons with some college, and those with a college degree. No significance was found between persons with a high school diploma and those with some college or a college degree. This finding supported the findings of both Snyder and Spreitzer¹ and Libby.² Both studies found that the more formal education one had, the more likely one was to be supportive of sex education in the public schools.

¹Snyder and Spreitzer, p. 224.

²Libby, p. 242.

FIGURE 9

Participants' Response to the Initial
Question by Education

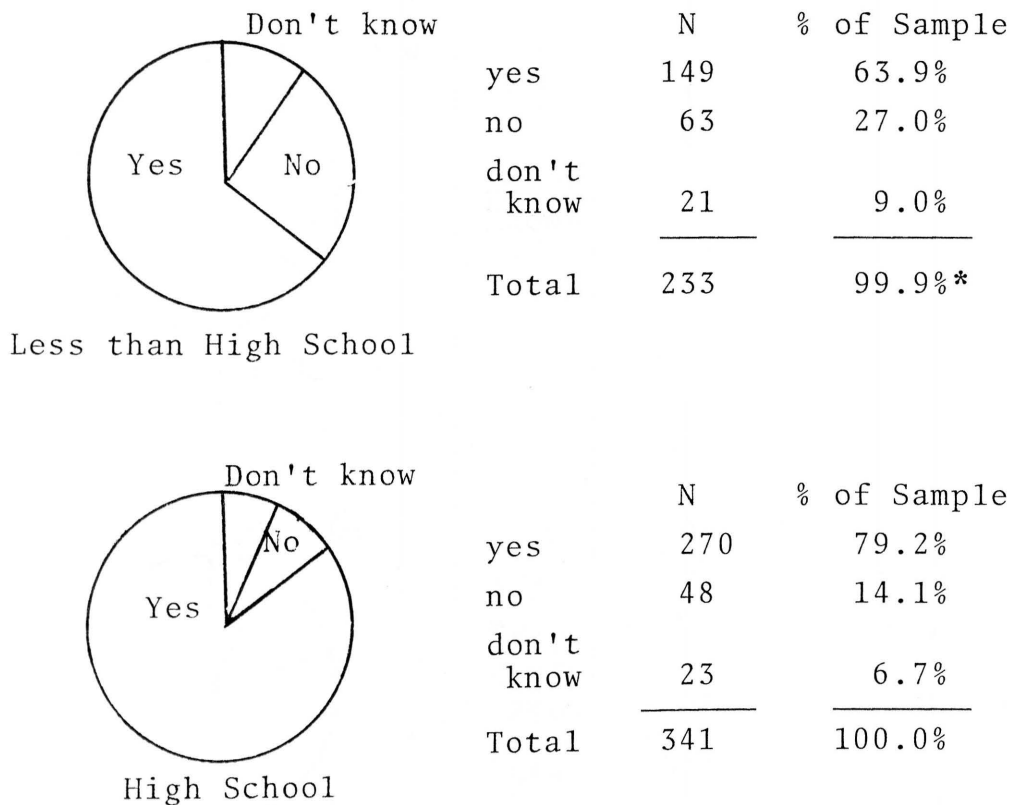


$\chi^2 = 50.99$ Degrees of Freedom = 8 Significance = .0001

*rounding error

FIGURE 10

Comparison of Responses of Persons With Less than a High School Diploma by Those With a High School Diploma



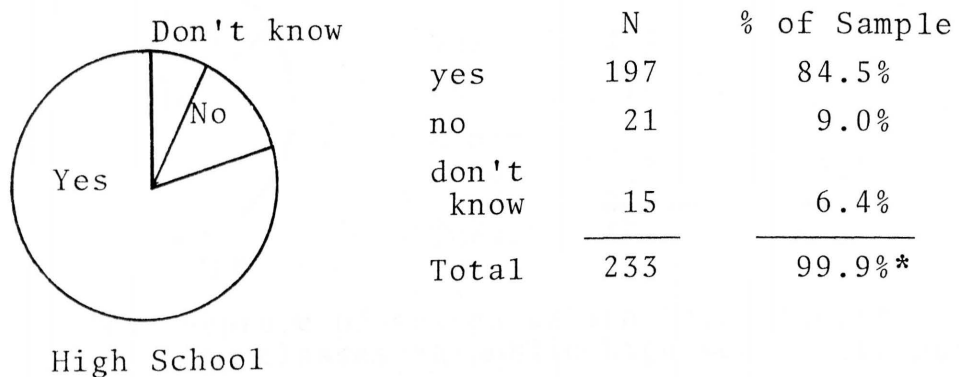
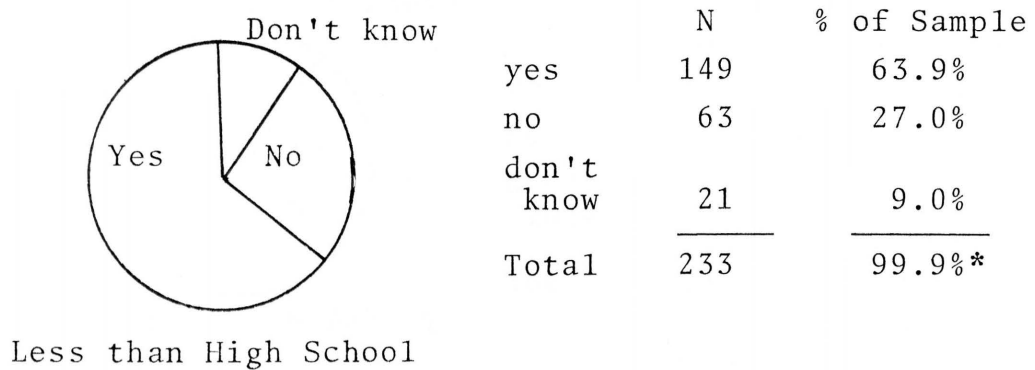
"Would you approve of sex education being taught in health classes to public high school students?"

$\chi^2 = 17.35$ Degrees of Freedom = 2 Significance = .0002

*rounding error

FIGURE 11

Comparison of Responses of Persons With Less Than A
High School Diploma By Those With Some College



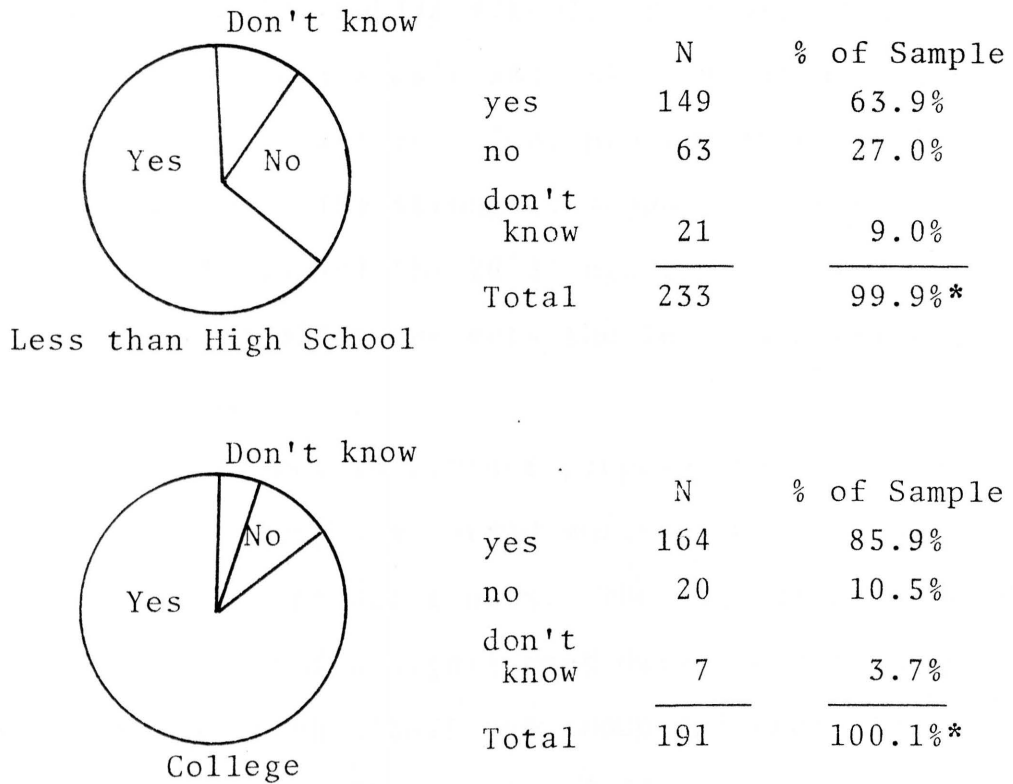
"Would you approve of sex education being taught in health classes to public high school students?"

$\chi^2 = 28.65$ Degrees of Freedom = 2 Significance = .0001

*rounding error

FIGURE 12

Comparison of Responses of Persons With Less Than a High School Diploma by Those With a College Degree



"Would you approve of sex education being taught in the health classes to public high school students?"

$\chi^2 = 26.09$ Degrees of Freedom = 2 Significance = .0001

*rounding error

A third variable that was significant in relation to approval of sex education was that of age. Once again, a majority of persons in each of the four age groups favored sex education in the public school. However, as depicted in Figure 13, the chi square analysis indicated that those persons 51 years of age and older provided the least support for sex education. The strongest support for sex education came from the 18-25 and the 26-35 age groups. The data indicate that the older one gets the less supportive one is of sex education.

In an attempt to further pinpoint the difference between the age groups, a second analysis was run between each of the different age groups. The figures on pages 97-100, indicate that a significant difference existed between persons in the 18-25 age group and those in the 51 and older age group. There was a difference in attitudes between the 26-35 year olds and the 36-50 year olds. The 26-35 year old group also differed from the 51 and older group. Finally, there was a significant difference between those persons in the 36-50 age group and those that were 51 years of age and older.

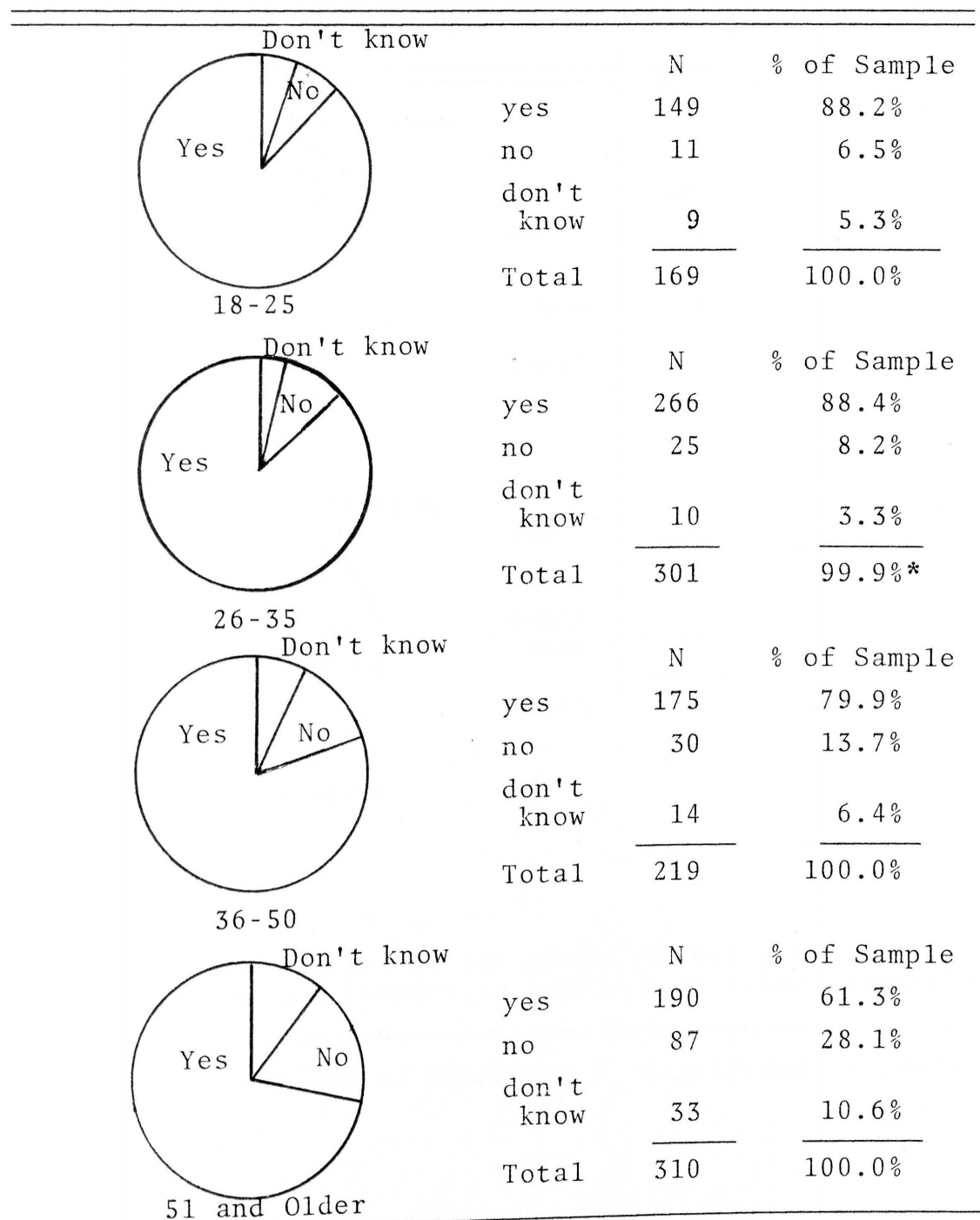
These data coincide with the findings of Libby¹ and Snyder and Spreitzer.² Both studies found age to be related

¹Libby, p. 242.

²Snyder and Spreitzer, p. 224.

FIGURE 13

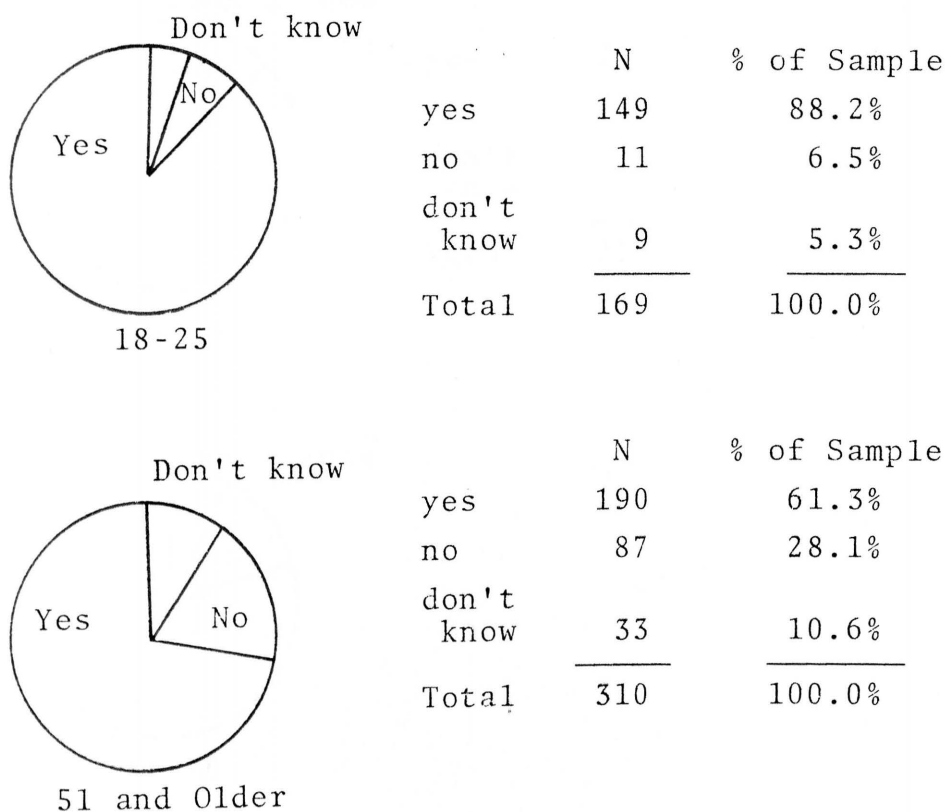
Participants' Response to the Initial Question By Age


 $\chi^2 = 85.45$ Degrees of Freedom = 8 Significance = .0001

*rounding error

FIGURE 14

Comparison of Responses of Persons 18-25
Years Old and Those 51 or Older

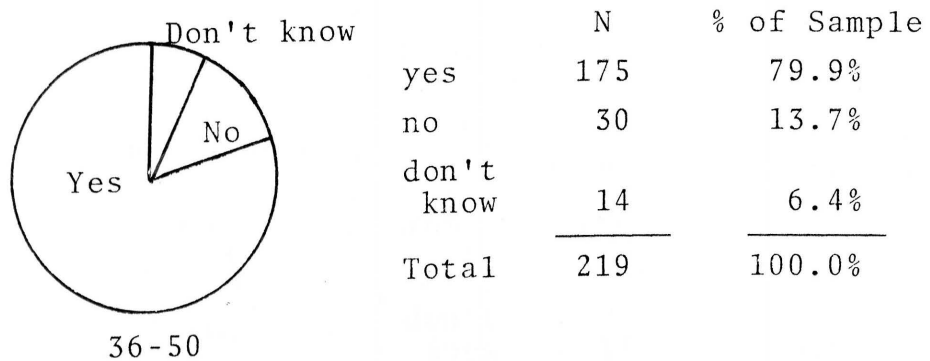
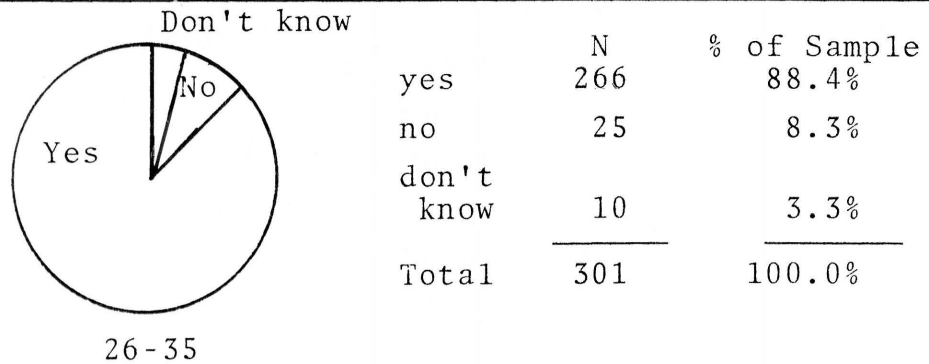


"Would you approve of sex education being taught
in the health classes to public high school students?"

$\chi^2 = 39.53$ Degrees of Freedom = 2 Significance = .0001

FIGURE 15

Comparison of Responses of Persons 26-35 Years
Old and Those 36-50 Years of Age

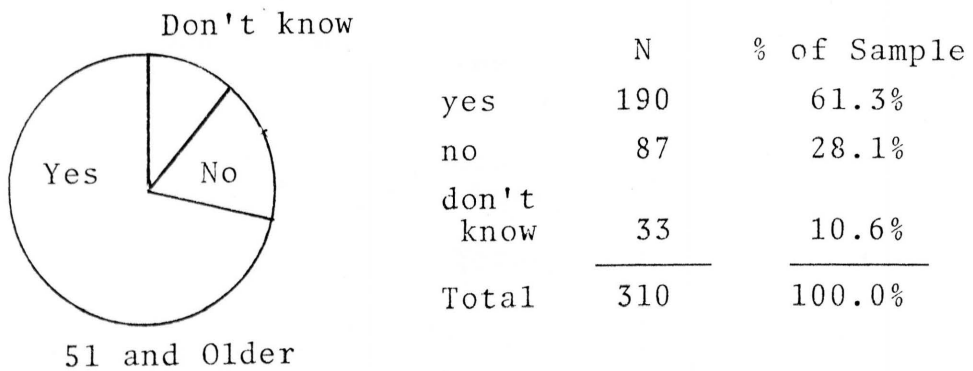
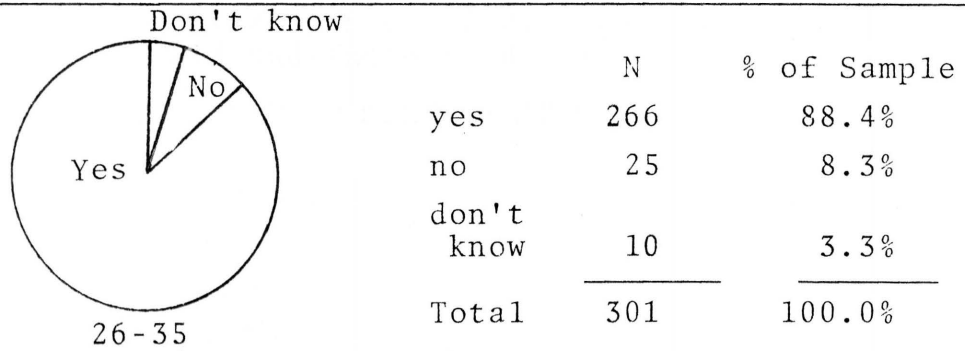


"Would you approve of sex education being taught in the health classes to public high school students?"

$\chi^2 = 7.14$ Degrees of Freedom = 2 Significance = .02

FIGURE 16

Comparison of Responses of Persons 26-35
Years Old and Those 51 or Older

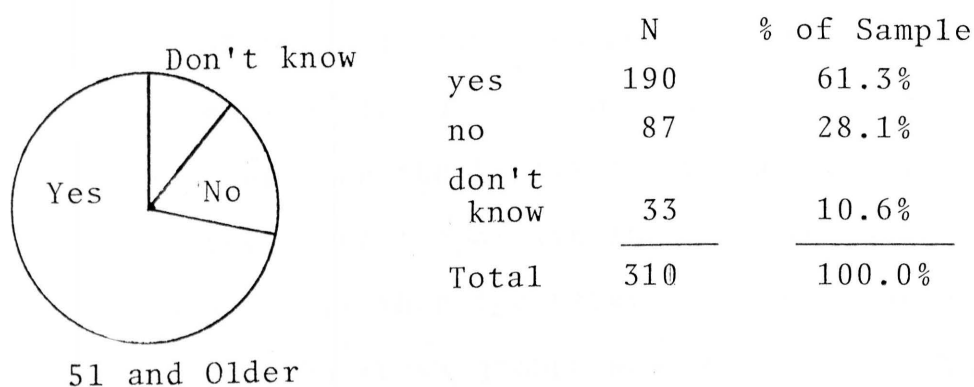
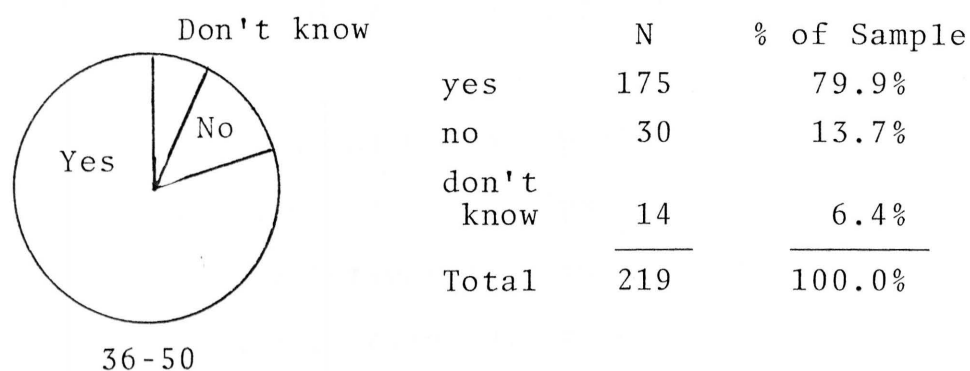


"Would you approve of sex education being taught in
health classes to public high school students?"

$\chi^2 = 59.17$ Degrees of Freedom = 2 Significance = .0001

FIGURE 17

Comparison of Responses of Persons 36-50 Years
Old and Those 51 or Older



"Would you approve of sex education being taught
in health classes to public high school students?"

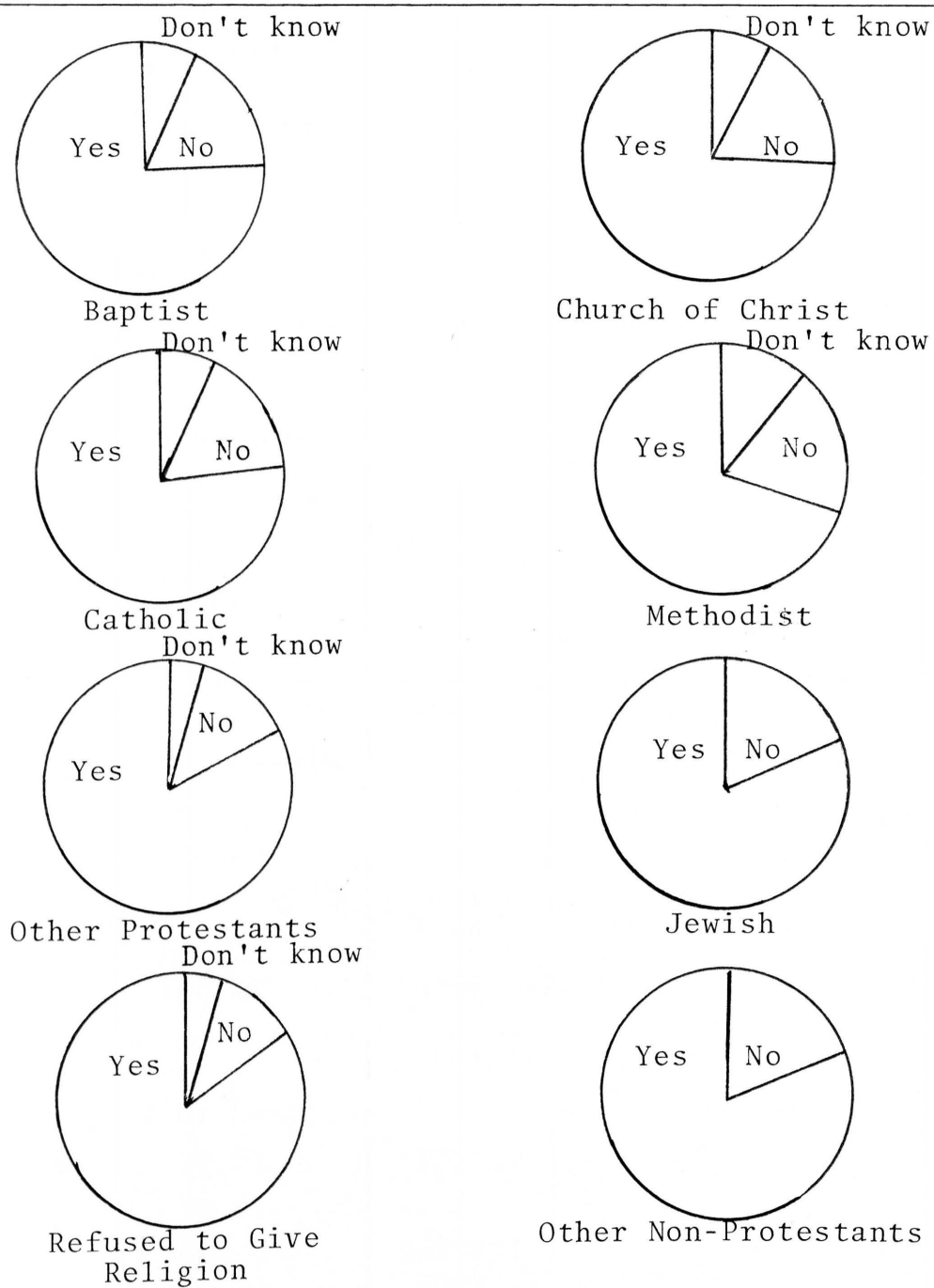
$\chi^2 = 21.03$ Degrees of Freedom = 2 Significance = .0001

to one's attitudes toward sex education with older persons being less supportive. It is apparent that there is some consistency in the findings of these studies and the present study. Those persons who were 51 years of age or older differed significantly from each of the other age groups.

A cross tabulation of the initial question with the religious preference of the participant was done to determine if there was a relationship between one's support of sex education and one's religious preference. As can be seen in the graphs of pages 102 and 103, a majority of persons in each of the religious categories favored sex education. Analysis of these data indicated there was very little difference between the Baptists and the Catholics. The Methodists were least supportive and the Jewish were slightly more supportive than the other religions. However, the differences between these groups was not significant at the .05 level.

FIGURE 18

Participants' Response to the Initial Question by Religion



"Would you approve of a sex education unit being taught in the high school health class?"

FIGURE 18 (Continued)

Participants' Response to the Initial Question by Religion

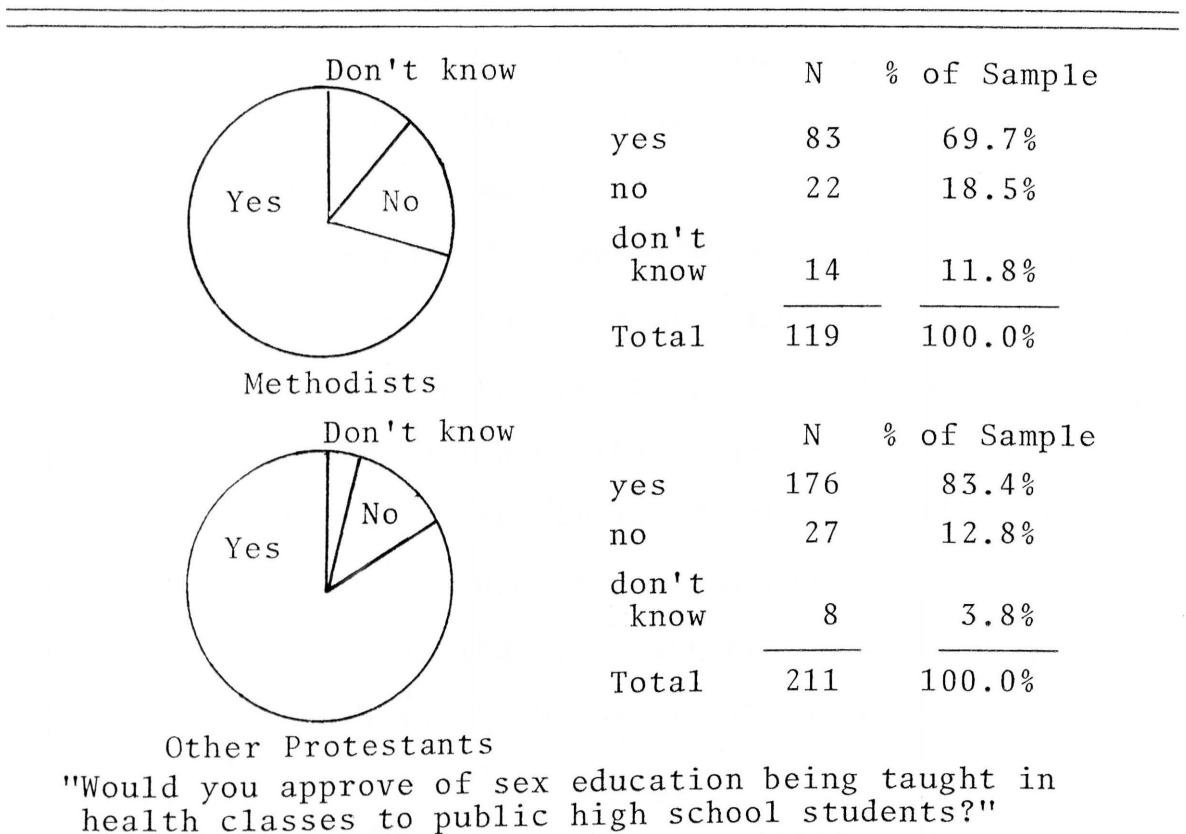
Baptist			Catholic		
	N	% of Sample		N	% of Sample
yes	285	75.8%	yes	98	76.0%
no	64	17.0%	no	22	17.1%
don't know	27	7.2%	don't know	9	7.0%
Total	376	100.0%	Total	129	100.1%*
Church of Christ			Jewish		
	N	% of Sample		N	% of Sample
yes	39	75.0%	yes	13	81.3%
no	9	17.3%	no	3	18.8%
don't know	4	7.7%	don't know	0	.0%
Total	52	100.0%	Total	16	100.1%*
Methodist			Other Protestants		
	N	% of Sample		N	% of Sample
yes	83	69.7%	yes	176	83.4%
no	22	18.5%	no	27	12.8%
don't know	14	11.8%	don't know	8	3.8%
Total	119	100.0%	Total	211	100.0%
Other Non-Protestant			Refused to Give Religion		
	N	% of Sample		N	% of Sample
yes	13	81.3%	yes	35	85.4%
no	3	18.8%	no	4	9.8%
don't know	0	0%	don't know	2	4.9%
Total	16	100.1%*	Total	41	100.1%*

*Rounding error $\chi^2 = 15.66$ Degrees of Freedom = 14

Further analysis was conducted to determine if a difference existed between any two of the religious preferences. The analysis compared all the religious groups and the only two in which a significant difference existed were the Methodists and the "Other" Protestants. Figure 19 illustrates this difference.

FIGURE 19

Comparison of Responses of Methodists
and Other Protestants



$$x^2 = 10.72 \quad \text{Degrees of Freedom} = 2 \quad \text{Significance} = .004$$

These findings differ from those of Libby¹ and Snyder and Spreitzer.² Libby found that Catholics and Protestants were significantly more conservative in their attitudes toward sex education than Jewish people. Snyder and Spreitzer also found Jewish people to be significantly more supportive of sex education than Protestants or Catholics. The more recent findings of the Dallas study may be an indication of more acceptance of sex education by the Catholics and Protestants.

Race was the sixth variable studied. The findings in this study revealed that race was not a factor in determining one's attitude toward sex education. As illustrated in the graphs in Figure 20, page 106, there is no significant difference between the ethnic groups and their support for sex education. Each of the racial groups have a majority approving of sex education in the public schools.

These findings are similar to those in the Snyder-Spreitzer study which found only a few percentage points difference between the attitudes of the Anglos and Blacks with regard to sex education.³ No other studies made such comparisons.

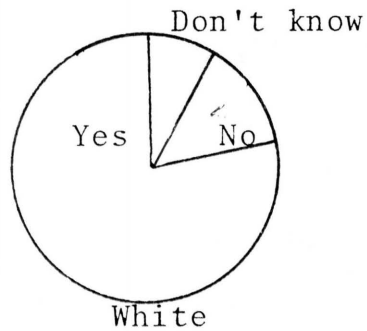
¹Libby, p. 242.

²Snyder and Spreitzer, p. 224.

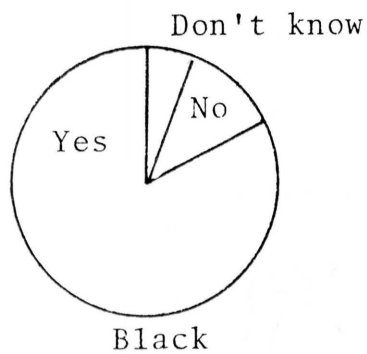
³Ibid.

FIGURE 20

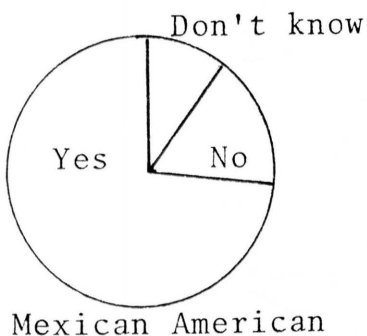
Participants' Response to the Initial Question by Race



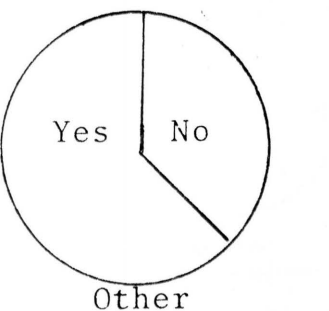
	N	% of Sample
yes	563	77.5%
no	113	15.6%
don't know	50	6.9%
Total	726	100.0%



	N	% of Sample
yes	165	82.1%
no	25	12.4%
don't know	11	5.5%
Total	201	100.0%



	N	% of Sample
yes	43	74.2%
no	10	17.2%
don't know	5	8.6%
Total	58	100.0%



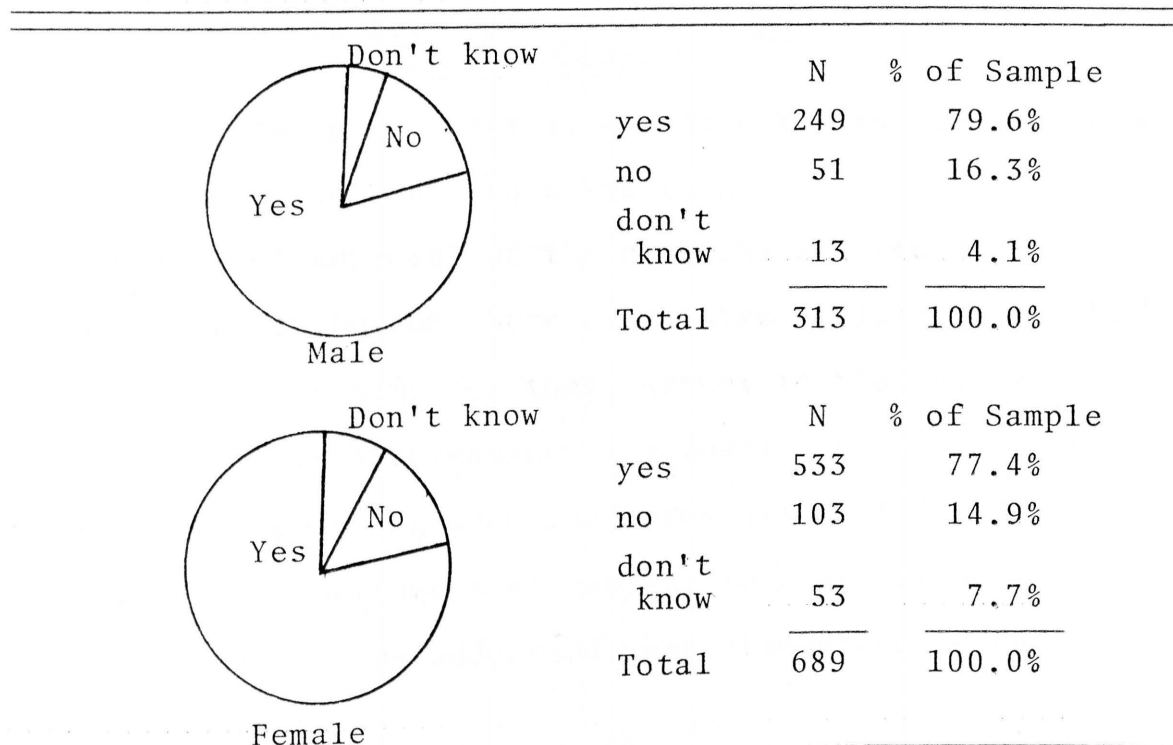
	N	% of Sample
yes	7	63.6%
no	4	36.4%
don't know	0	.0%
Total	11	100.0%

$\chi^2 = 8.6$ Degrees of Freedom = 8 Significance = .377

The final variable studied was sex. In comparing the responses of the males and females it is evident that there is very little difference in their attitudes toward sex education. The graphs in Figure 21 show that a large majority of both males and females were supportive of sex education in the public schools. Since there was not a significant difference between males and females, the larger number of females should not affect the results of the study.

FIGURE 21

Participants' Response to the Initial Question by Sex



$$\chi^2 = 4.48 \quad \text{Degrees of Freedom} = 2 \quad \text{Significance} = .107$$

This finding is comparable to the findings of Snyder and Spreitzer.¹ They found very little difference in the attitudes of males and females regarding support for sex education. As can be seen in the graphs above, there is no significant relationship between one's attitudes toward sex education and one's sex.

The results of this survey clearly indicate a strong support for sex education. Without exception there was a majority favoring sex education within each of the seven variables studied.

Reasons for Approval or Disapproval of Sex Education

Following the initial question regarding sex education, each participant was asked to give a reason for his approval or disapproval of the proposed sex education unit. Frequency distributions were calculated to illustrate the participants' reasons for their answer to the initial questions. This information is valuable in identifying what factors are operating when one forms his opinion or attitude on a controversial subject such as sex education as well as what must be addressed when attempting to gain support for a program.

¹Snyder and Spreitzer, p. 224.

Table 8 illustrates the percent of the sample responding "no" to the initial question by the reason given for opposing sex education.

TABLE 8
Reasons for Opposing Sex Education

Reason	N	% of Sample
Can't teach morals in public schools	53	34.4%
Want to educate at home	42	27.3%
Should learn sex from parents' viewpoint	24	15.6%
Other ¹	13	8.4%
Don't know	12	7.8%
Knowledge leads to experimentation	10	6.5%
Total	154	100.0%

¹Appendix I

The most frequent response given by people who opposed sex education was, "Can't teach morals in public schools." As can be seen by the chart above, the percentages were scattered and there was no clear majority for any one reason.

Table 9 illustrates the frequency of reasons given by the participants approving sex education. A near majority (49.8%) cited "So they will learn the correct facts," as their reason for supporting sex education.

TABLE 9

Reasons for Approving Sex Education

Reason	N	% of Sample
So they will learn the facts	390	49.9%
Parents don't have the necessary information	97	12.4%
Other ¹	95	12.2%
Should assist parents in teaching sex education	73	9.3%
Concerned about teenage pregnancy	47	6.0%
Lessening of moral standards	37	4.7%
Parents don't teach their children	23	2.9%
Need to teach responsible parenthood	11	1.4%
Don't know	9	1.2%
Total	781	100.0%

¹Appendix I

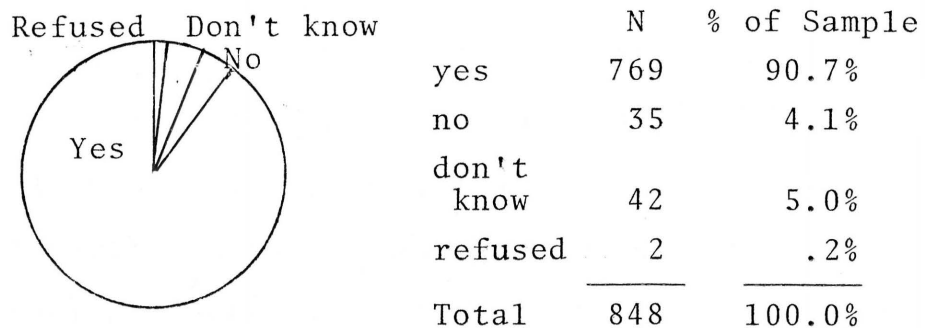
Response to Each Topic Area by Participants
Who Approved of Sex Education

Each participant responding "yes" to the initial question regarding the inclusion of a sex education unit in the high school health education class was asked to give his attitude toward the inclusion of specific topics in the sex education unit. The following six topics under consideration were venereal disease, birth control, homosexuality, abortion, premarital sexual standards, and lifestyles other than marriage.

Frequency distributions were calculated for the participant's response to each question. Figure 22 illustrates the participants' response to the discussion of venereal disease. As can be seen, a majority of persons approved the discussion of venereal disease. This approval is consistent with the desire that teenagers learn the correct facts, the reason given for favoring sex education, and could be influenced by the current high incidence rate of venereal disease among teenagers.

FIGURE 22

Participants' Response to the Discussion
of Venereal Disease



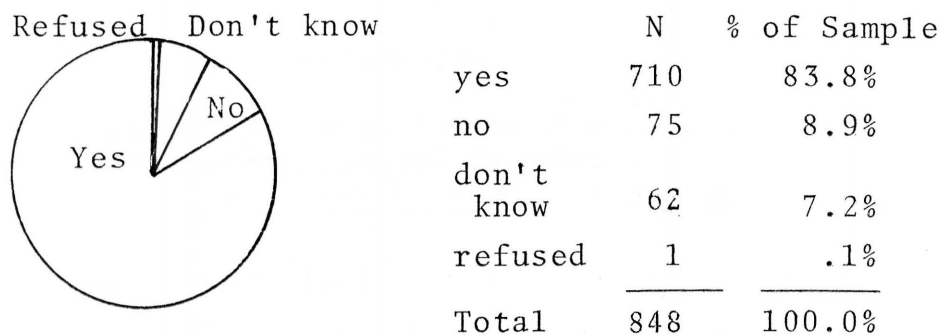
"Would you approve of the discussion of venereal disease?"

Figure 23 illustrates the participants' response to the discussion of birth control in the sex education class. As can be seen in the table, a large majority of

persons approved of the discussion of birth control. Only 8.9% of the sample responded "no" to this question.

FIGURE 23

Participants' Response to the Discussion
of Birth Control



"Would you approve of the discussion of birth control?"

This figure is considerably higher than the figures from the latest Gallup Poll. The 1977 Gallup Poll reported that 69 percent of the public approved of the discussion of birth control.¹ This figure, however, represents a marked increase over the 36 percent figure recorded in the 1970 Gallup Poll.

This strong support for the inclusion of birth control may reflect a present day concern over the increase in teenage pregnancy rates. Furthermore, the strong support

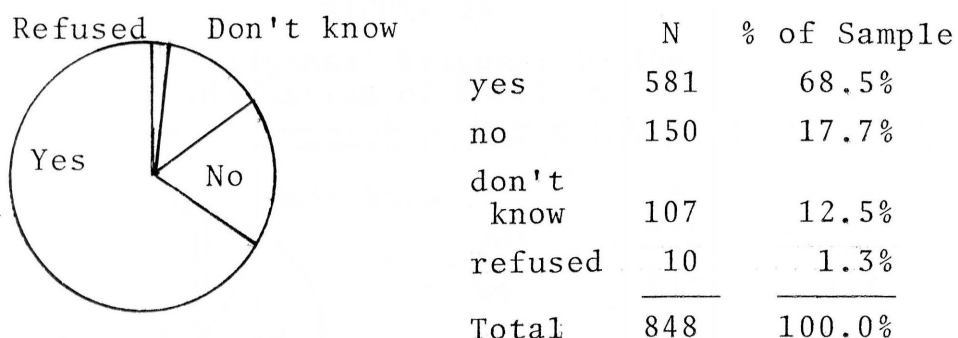
¹George Gallup. "Majority Favors Sex Education." Dallas Morning News, January 22, 1978.

from Catholics may reflect a change in the attitudes of the Catholic Church toward the idea of birth control.

Figure 24 illustrates the participants' response to the discussion of premarital sexual standards. A majority (68.5 percent) of the sample favored the inclusion of this topic.

FIGURE 24

Participants' Response to the Discussion of
Premarital Sexual Standards



"Would you approve of the discussion of premarital sexual standards?"

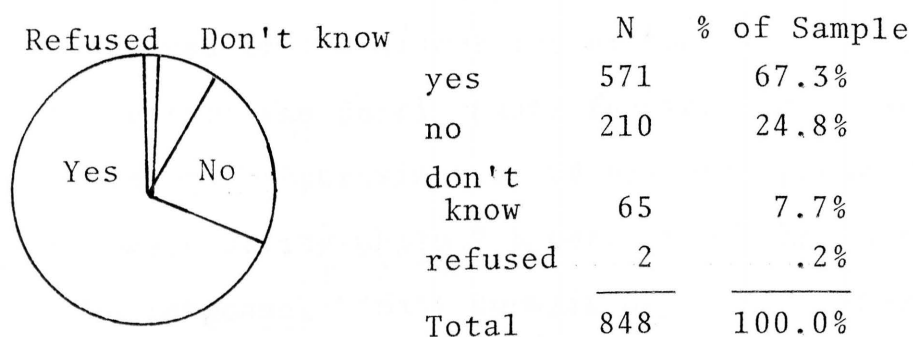
The findings of Conley and Haff reflect a slightly higher percentage of people supporting the inclusion of premarital sexual standards than found in the present study. Their study indicated that 80 percent of the parents approved this topic.¹ Although Libby did not ask

¹Conley and Haff, p. 430.

a specific question concerning premarital sexual standards, he did find that parents were concerned that sex be taught only as it fits into the confines of marriage.¹ This would seem to indicate that a discussion of premarital sexual standards that differed from this view would not have been acceptable.

The fourth area of discussion was that of abortion. Figure 25 illustrates the participants' response to the discussion of abortion.

FIGURE 25
Participants' Response to the
Discussion of Abortion



"Would you approve of the discussion of abortion?"

A majority (67.3 percent) of the sample approved of the discussion of abortion. Approximately 25 percent of the

¹Libby, p. 243.

sample opposed the discussion of abortion, with 7.7 percent responding that they did not know. The support of this topic is only slightly higher than the 64 percent of parents that favored the inclusion of abortion in the Conley and Haff study.¹

Despite the growing acceptance of birth control, abortion still seems to be a very divided, controversial issue. The topic of abortion is a polarized issue in federal legislation, receiving much publicity. This could also have had an affect on the participants' response to this topic.

Homosexuality was the fifth topic under consideration in this study. Figure 26 indicates that a majority of participants approved of the discussion of homosexuality. Sixty-seven percent of the participants favored the inclusion of homosexuality. Approximately 24 percent opposed the discussion of homosexuality while 7.8 percent of the participants gave the response, "don't know/it depends." These figures are considerably lower than the findings of Conley and Haff. Eighty-two percent of the parents approved of the inclusion of homosexuality while only eight percent felt the topic should be omitted. Furthermore, 93 percent of the students interviewed in the Conley-Haff study felt that the topic of homosexuality should be taught. Only six percent

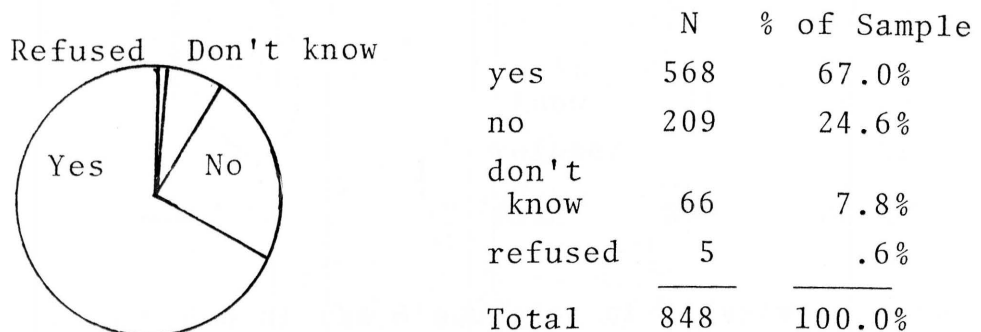
¹Conley and Haff, p. 430.

of the students opposed the topic.¹ No other study provided any information on attitudes toward including the topic of homosexuality in a sex education curriculum.

Homosexuality is an area that has received much publicity. The superintendent of the Dallas Independent School District took a stand against allowing teachers who were known to be homosexual to continue teaching in the school district. Such publicity may have had some negative influence on the participants' attitudes toward homosexuality.

FIGURE 26

Participants' Response to the Discussion of Homosexuality

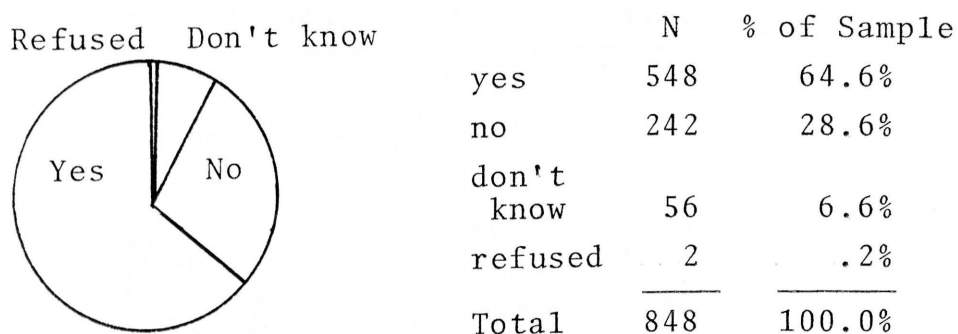


"Would you approve of the discussion of homosexuality?"

¹Ibid., 430.

The sixth topic of discussion was that of lifestyles other than marriage. A majority approved of this discussion, however, 28.6 percent were opposed to the inclusion of this topic. The graph in Figure 27 illustrates the participants' response to the question concerning alternative lifestyles. This finding seems to indicate that there is still a strong value for marriage and the family as our primary social unit.

FIGURE 27
Participants' Response to the Discussion
of Alternative Lifestyles

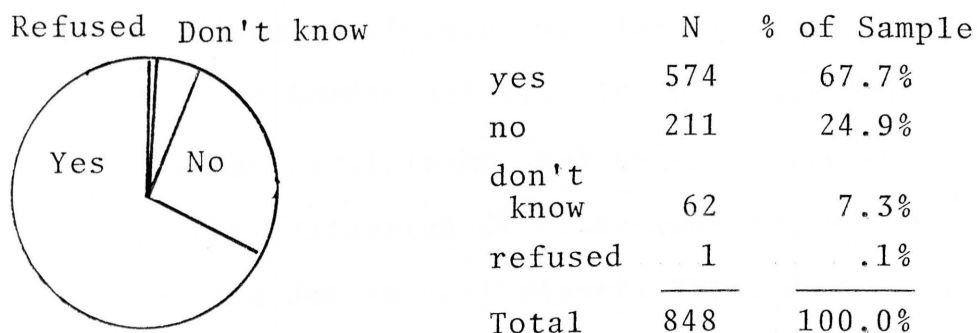


"Would you approve of the discussion of lifestyles other than marriage?"

The final question asked of participants was their attitude toward the sex education classes being co-educational. Figure 28 illustrates the participants response to this question. A majority of participants (67.7 percent) favored coeducational classes while 24.9 percent opposed this class arrangement.

This finding supports the findings of Lewin and Lange whose results showed that 54.9 percent of their sample approved of coeducational classes.¹ Conley and Haff, on the other hand, found that the parents in their study approved of the classes being coeducational with the exception of two topics: menstruation and intercourse.² This seems to indicate that attitudes toward coeducational sex education classes vary. This finding underscores the importance of identifying exactly what stipulations a specific community places on sex education.

FIGURE 28
Participants' Response to Coeducational Classes



"Would you approve of the classes being coeducational?"

¹Lewin and Lange, p. 464.

²Conley and Haff, p. 433

In addition to the data presented in this chapter, cross tabulations and chi-square tables were calculated for the participants' response to each of the specific questions by each demographic variable. For the most part, on each of the topics, marital status, age, and level of education were the variables in which a significant difference among participants existed. In all cases a majority of persons favored the inclusion of each of the topics as well as coeducational classes.

Males and females differed significantly in their attitudes toward birth control, abortion, alternative lifestyles, and coeducational classes. In each case, the males were more supportive. The only other variable showing a significant difference was the religious preference in response to homosexuality. In this case only 53.5 percent of the participants belonging to the Church of Christ favored the discussion of homosexuality, while 92.3 percent of the Jewish participants favored the discussion of this topic. Finally, the only time there was less than a majority favoring the inclusion of a specific topic was the 51 and older participants in which 46.6 percent approved of the discussion of alternative lifestyles. These data are provided in the Appendix.

¹Appendix J.

A table is provided below to illustrate a summary of the responses of participants to the discussion of specific topics and to coeducational classes. The table will provide the reader with an overview of the data that have been presented.

TABLE 10

Summary of the Responses to Specific Topics

Question	Yes		No		Don't Know	
	N	%	N	%	N	%
Venereal Disease	769	90.7%	35	4.1%	42	5.0%
Birth Control	710	83.8%	75	8.9%	61	7.2%
Premarital Sexual Standards	581	68.5%	150	17.7%	107	12.5%
Abortion	571	67.3%	210	24.8%	65	7.7%
Homosexuality	568	67.3%	209	24.6%	66	7.8%
Alternative Lifestyles	548	64.6%	242	28.6%	56	6.6%
Coeducational Classes	574	67.7%	211	24.9%	62	7.3%

As can be seen in Table 10, a majority of the sample favored the inclusion of each of the topics as well as coeducational classes. The strongest support was for the inclusion of the discussion of venereal disease and birth control.

Subgroups Supporting Sex Education

The third and final analysis was to identify the pockets of support within the community. Frequency distributions were done on a variety of combinations of the demographic variables. Table 11 illustrates a rank order of these combinations as they supported sex education. The "N" represents the total number of participants within the subgroup. The percent represents the persons responding "yes" to the initial question. All subgroups of 30 or more were included.

It is interesting to note that the combinations of less than a high school diploma, widowed, and 51 and older are the subgroups with the lowest percentage favoring sex education. This is consistent with the findings that these three variables are significantly related to a persons' attitudes toward sex education. It is also important to point out that in only two subgroups did the percentage supporting sex education drop below a majority.

TABLE 11

Subgroups Supporting Sex Education

Description of Subgroup	N	% Favoring Sex Education
Male, White, single, 26-35 years	31	100%
Male, single, some college 26-35 years	34	100%
Female, married, some college 26-35 years	50	98%
Male, single, college, 18-35 years	35	98%
Male, white, single	66	97%
Female, college, 18-35 years	106	97%
Male, non-parent, single	87	97%
Female, married, some college, 18-35 years	39	97%
Non-parent, college, 18-35 years	182	96%
Female, married, 18-25 years	54	96%
Male, single, non-parent, Protestant	47	96%
Male, college, 18-35 years	110	95%
Female, Baptist, 26-35 years	73	95%
Female, other Protestant, 36-50 years	38	95%
Male, single	91	95%
Male, single, 18-25 years	43	95%
Male, some college	74	95%
Non-parent, 18-35 years	267	95%
Parent, college, 18-35 years	59	95%
Female, married, high school 18-25 years	42	95%
Female, Baptist, married 26-35 years	49	94%

TABLE 11--continued

Description of Subgroup	N	% Favoring Sex Education
Female, divorced/separated, 26-35 years	33	94%
Female, divorced/separated, high school	31	94%
Female, married, college	54	94%
Non-parent, high school, 18-35 years	110	94%
Female, 18-35 years	272	93%
Male, some college, married, 18-35 years	30	93%
Male, single, college	40	93%
Female, single, non-parent, Protestant	30	93%
Female, married, 26-35 years	124	92%
Female, high school, married, 18-35 years	72	92%
Female, some college	97	92%
Female, white, divorced/separated	53	91%
Male, 18-35 years	179	91%
Female, other Protestant, 26-35 years	32	91%
Female, Black	46	91%
Parent, high school or less, 36-50 years	75	91%
Male, married, some college	46	91%
Female, high school or less, 18-35 years	166	90%
Male, Baptist, 26-35 years	32	90%
Female, Baptist, 18-25 years	40	90%
Single, female	60	90%
Female, parent, married, Protestant	129	90%

TABLE 11--continued

Description of Subgroup	N	% Favoring Sex Education
Female, married, some college	98	90%
Female, other Protestant, 51 or older	53	89%
Female, parent, Protestant	188	89%
Female, parent, divorced/separated, Protestant	36	89%
Female, less than high school, married, 18-35 years	44	89%
Female, white, single	41	88%
Female, Black, married	78	88%
Female, high school or less, 36-50 years	94	88%
Female, 36-50	162	88%
Female, other Protestant	138	88%
Female, married, parent	187	88%
Female, married, high school or less, 26-35 years	74	88%
Female, married, college, 36-50 years	51	88%
Female, parent	264	88%
Female, some college	147	88%
Female, some college, married, 18-35 years	34	88%
Parent, 18-35 years	184	88%
Female, white, married	286	87%
Female, some college, 36-50 years	68	87%
Non-parent, some college, 36-50 years	37	87%
Parent, 36-50 years	129	87%
Female, married, high school or less, 36-50 years	68	87%

TABLE 11--continued

Description of Subgroup	N	% Favoring Sex Education
Female, married, 36-50 years	119	87%
Female, divorced/separated	86	87%
Female, married	401	87%
Female, non-parent, divorced/ separated	36	86%
Female, high school, married, 36-50 years	44	86%
Female, high school, married	150	86%
Female, high school	233	86%
Male, college	86	86%
Male, married, some college, 26-35 years	37	86%
Male, high school or less, 18-35 years	68	85%
Male, other protestants	65	85%
Female, non-parent, single	53	85%
Female, Black	144	85%
Female, Catholic, non-parent	41	85%
Female, married, high school or less, 51 and older	76	85%
Parent, college, 36-50 years	54	85%
Female, white	446	84%
Female, non-parent, married Protestant	161	84%
Male, Protestant, non-parent	134	84%
Male, non-parent	217	84%
Parent, high school or less, 18-35 years	139	84%

TABLE 11--continued

Description of Subgroup	N	% Favoring Sex Education
Female, Baptist	254	83%
Female, Catholic	78	83%
Female, Baptist, married, 36-50 years	52	83%
Male, white	229	83%
Non-parent, 36-50 years	76	83%
Female, some college, 51 or older	66	82%
Non-parent, some college, 51 or older	72	82%
Female, Church of Christ	33	82%
Female, Mexican American	38	82%
Female, parent, married, Catholic	34	82%
Male, married, 26-35 years	61	82%
Female, married, Mexican American	32	81%
Female, married, non-parent	224	81%
Female, non-parent	372	81%
Female, parent, Catholic	37	81%
Male, high school	85	81%
Male, white, married, 26-35 years	44	80%
Male, parent, Protestant	56	80%
Male, married, college	45	80%
Female, married, less than high school	97	80%
Non-parent, high school or less, 36-50 years	39	79%
Female, non-parent, Protestant	279	79%
Male, 36-50 years	42	79%
Male, Baptist	95	79%
Male, Catholic	42	79%

TABLE 11--continued

Description of Subgroup	N	% Favoring Sex Education
Male, married, parent	69	78%
Female, widowed, high school	30	77%
Male, married	183	77%
Male, white, married	145	76%
Male, married, non-parent	114	76%
Male, married, 36-50 years	34	76%
Female, Methodist	75	75%
Female, married, 51 and older	103	75%
Male, Catholic, non-parent	30	75%
Male, married, high school	56	75%
Female, high school, married 51 and older	34	74%
Female, white, married, 51 and older	90	73%
Female, Baptist, married, 51 and older	33	73%
Female, less than high school	160	71%
Parent, 51 and older	33	70%
Female, 51 and older	200	69%
Non-parent, 51 and older	244	68%
Female, married, high school or less, 51 and older	63	68%
Males, 51 and older	77	68%
Male, white, married, 51 and older	57	67%
Male, less than high school	52	67%
Male, married, 51 and older	62	66%
Female, Baptist, 51 and older	70	66%
Female, widowed	85	64%

TABLE 11--continued

Description of Subgroup	N	% Favoring Sex Education
Male, married, less than high school	35	63%
Non-parent, high school or less, 51 and older	160	62%
Female, high school or less, 51 and older	133	62%
Female, white, widowed	64	61%
Male, parent, married, Protestant	47	61%
Female, non-parent, widowed	69	61%
Female, non-parent, widowed, Protestant	64	60%
Female, widow, 51 and older	72	60%
Male, high school or less, 51 and older	48	60%
Female, white, widowed, 51 and older	55	58%
Female, widowed, high school or less	56	57%
Male, married, high school or less, 51 and older	38	55%
Female, widowed, less than high school	33	45%
Female, widowed, less than high school, 51 and older	32	44%

Summary

Chapter IV presented the findings of the study. A majority of the participants favored the inclusion of a sex education unit in the high school health classes. Furthermore, a majority of the participants approved of the discussion of each of the specific topics and of the classes being coeducational. The segments of the community providing the least support are the widowed, the people with less than a high school education, and those 51 years and older. The single participants, 18-35 years of age provided the strongest support. In each case, however, those favoring sex education out numbered those opposing.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

This chapter includes a summary of the study with findings and conclusions based on the analysis of the data. The recommendations included in this chapter are based on the findings and conclusions.

Summary of the Study

The purpose of this study was to determine the attitudes of adults regarding sex education in the public schools. The study further attempted to determine the reasons for opposing or favoring sex education, as well as the stipulations placed on the course content by those persons favoring sex education.

The study was limited to a random sample of 1,002 persons, 18 years of age or older, and residing in the Dallas Independent School District. The study was further limited to persons who were at home at the time of the interviewing and persons consenting to be interviewed.

An original survey instrument was developed, pilot tested, and revised by the investigator before being used in the study. The survey instrument included an initial

question concerning the participant's attitude toward the inclusion of a sex education unit in a high school health class. Each participant was then asked to give a reason for the way he answered. All participants who approved of sex education were then asked their attitude toward the discussion of the following topics: venereal disease, birth control, premarital sexual standards, abortion, homosexuality, and lifestyles other than marriage. Finally, those participants who approved of the inclusion of a sex education unit in the public high schools were asked their attitude toward coeducational classes. All 1,002 participants were asked to provide the following demographic data: age, parental status, marital status, religious preference, sex, level of education, and ethnicity.

The most suitable method for obtaining the data was determined to be the telephone interview. The interviews were conducted by professional interviewers at Southwest Research, Incorporated. All interviews were collected between the hours of 3:00 and 9:00 in the evening. The data were collected during a three-week period between May 5, 1978, and May 19, 1978. The data were transferred to computer cards and run at the North Texas State University Computer Center.

Findings

The findings of the study were based on a tabulation of the participants' response to the initial question regarding the inclusion of a sex education unit in the high school health class. Further tabulations were made on the participants' reasons for either opposing or approving the sex education unit. Frequency distributions were calculated to determine the percent of the sample favoring and opposing sex education as well as the percent of persons favoring the inclusion of each of the discussion topics. Cross tabulations between the six demographic variables and the participants' response to the initial question were calculated to determine the segments of the sample providing the strongest support and opposition for sex education. The major findings of the study were:

1. A majority of persons (77 percent) favored the inclusion of a sex education unit in the high school health class.
2. Of the persons approving sex education, 49.9 percent gave as their reason, "So they will learn the correct facts." There was no majority reason given by those

opposing sex education; however, the response given most frequently was, "You can't teach morals in the public schools."

3. Religious affiliation, ethnicity, parental status, and sex were not found to be factors affecting one's attitude toward sex education.
4. There was a significant difference in attitude toward sex education depending upon marital status, education, and age. The chi-square test of significance indicated that there was significance between these factors at the .0001 level of confidence. Strongest support was provided by those persons who were 18-25 years old, single, or had some college education. Least support came from those persons who were widowed, had less than a high school diploma, or who were 51 years of age or older.
5. Each of the six discussion topics included in the survey received support from at least 50 percent of the adults sampled. The two topics receiving the strongest support were venereal disease (90.7 percent) and birth control (83.8 percent).
6. Of the persons approving of sex education, 67.7 percent favored the classes being coeducational.

Test of the Hypotheses

The results of the treatment and analysis of the data led the investigator to accept or reject the following hypotheses at the .05 level of significance.

1. The majority of the population will favor sex education as a part of the high school health course. Accepted.
2. The majority of the population will favor the discussion of venereal disease in the sex education unit. Accepted.
3. The majority of the population will favor the discussion of birth control in the sex education unit. Accepted.
4. The majority of the population will favor the discussion of premarital sexual standards in the sex education unit. Accepted.
5. The majority of the population will favor the discussion of abortion in the sex education unit. Accepted.
6. The majority of the population will favor the discussion of lifestyles other than marriage in the sex education unit. Accepted.
7. The majority of the population will approve of the sex education classes being coeducational. Accepted.

8. The majority of the population will favor the discussion of homosexuality in the sex education unit. Accepted.
9. Age will be a significant factor in differentiating between those who support and those who oppose sex education. Accepted.
10. Level of education will be a significant factor in differentiating between those who support and those who oppose sex education. Accepted.
11. Religious affiliation will be a significant factor in differentiating between those who support and those who oppose sex education. Rejected.
12. Marital status will not be a significant factor in differentiating between those who support and those who oppose sex education. Rejected.
13. Ethnicity will not be a significant factor in differentiating between those who support and those who oppose sex education. Accepted.
14. Parental status will not be a significant factor in differentiating between those who support and those who oppose sex education. Accepted.

General Discussion

In view of the fact that the first major hypothesis was so overwhelmingly accepted, it would seem that the fear of community reaction noted in the studies of Baker and Darcy, Schuck, and Holcomb and Beatty,¹ as well as by administrative personnel in the school district, is out of proportion to the small percentage of adults in the community who actually disapprove of sex education. Furthermore, the community's support for sex education includes the sensitive areas of birth control, homosexuality, premarital sexual standards, and lifestyles other than marriage.

Opposition to sex education and to the inclusion of the specific topics came consistently from those persons with less than a high school education, those persons who were 51 years of age or older and those persons who were widowed. However, it is important to note that even from these groups there was a majority of persons favoring sex education.

The support for sex education in the Dallas public schools is strong. The results of this study indicated

¹Baker and Darcy, p. 230; Schuck, p. 123; Holcomb and Beatty, p. 563.

a readiness and desire within the community for sex education. The results further indicate that a traditionally conservative community is comparable to the national norm regarding attitudes toward sex education. In comparison to the Gallup Poll findings, the Dallas community is more supportive of sex education and birth control education than the national norm.¹

Conclusion

Considering that community support is the major factor in determining the existence and success of a program, and based on the findings of this study, it is evident that Dallas has a potential for initiating a successful sex education program.

Recommendations for Further Study

The investigator recommends the following for further study:

1. A study to determine what teachers feel they need in the way of preparation in order to be comfortable when teaching a sex education unit.
2. A study to determine what the students would like to have included in a sex education unit and how they would like the topics to be presented.

¹George Gallup. Dallas Morning News, January 22, 1978.

3. A study to identify the necessary qualities for a successful sex education teacher and to develop an instrument to measure these qualities in teachers.
4. A study to determine if the community would favor a K-12 sex education program, what topics they would approve of being discussed, and at what grade the topics should be introduced.
5. A study to identify parental attitudes toward each topic after parents previewed materials. Such a study would assist in identifying the value parents wish to attach to the specific topics.
6. A survey of teenagers to determine the factors influencing present day sexual behavior and activity. This information would be valuable in preparing teachers and developing curricula in the area of sexuality.
7. A longitudinal study of a group of teenagers receiving sex education and a group with no formal sex education to determine if there is a difference in behavior and attitudes. This would be most effective if the study followed the students through one year after high school.

Sequel

The results of the present study are being used for documentation in the rationale for new school district guidelines in the area of sex education. A proposal has been submitted to the superintendent for preparing teachers and introducing a sex education unit into the curriculum in the spring, 1979. This proposal will be presented to the Learning Council, in the Dallas School District, for approval and/or recommendations. A local television station is presently doing a series on teenage pregnancy and this study is the topic of one of the programs.

A P P E N D I C E S

APPENDIX A

HUMAN GROWTH AND REPRODUCTION
FOR
HOME AND FAMILY LIFE EDUCATION

INTRODUCTION

In accordance with the recommendations of the Home and Family Life Advisory Committee and within the Administrative Guidelines, the following curriculum guide on Human Growth and Reproduction was developed to give direction to the classroom teacher.

This guide is following the restricted definition of sex education only: which is, information and concepts relating to human growth and reproduction, characteristics of growth sequences affecting persons as males and females, and similar matters pertaining to the physiological aspect of life. The broad concept regarding personal, social, and character development will continue to be an integral part of the curriculum, as always, but will not be included in this guide on human growth and reproduction.

The teaching and learning of human growth and reproduction will be developed within the framework of existing courses. There will be neither a course, nor a unit within a course, called Sex Education. It is not intended to emphasize or to take out of context this controversial subject matter but rather to clarify questions and concerns for all interested and involved people.

As in the past, the disciplines most affected will be essentially health-science, life science, biology, physical education, and home and family life education (homemaking and family living). The elementary school will be in a cooperative role of assisting the parents in educating their own children in wholesome living. The junior high school

years are not unlike the elementary years except in degree of maturity and sophistication and in the possible need for individual counseling relating to matters of physical change and personal problems. In senior high schools the same kinds of factual content that have been in the courses traditionally will be the scope of the program -- life, growth, reproduction, physical characteristics, body functions, and related areas of knowledge.

The teachers are to view their roles as supplementary to the family's responsibilities and will cooperate with family goals. They will seek to enhance the basic values that represent the consensus of the community. These roles will be defined more specifically in the subject area sections of this guide.

Parents in the local community will be involved in every way that seems appropriate and feasible in decisions relating to the nature and extent of education relating to human growth and reproduction. It is expected that they will serve on the local school community committees and will respond when individual parent reaction is needed. The home is still recognized as the rightful place for sex education; the school, church, and other agencies have supplemental and supportive roles, not substitute roles.

The intent is that this curriculum will be flexible enough to provide for variances in communities or in areas in a specific community, but firm enough to insure boys and girls of information and assistance when needed.

DALLAS INDEPENDENT SCHOOL DISTRICT
September 9, 1970

CURRICULUM AND ADMINISTRATIVE GUIDELINES FOR
EDUCATION IN HUMAN GROWTH AND REPRODUCTION

For several months, the issues relating to human growth and reproduction in the schools have been reviewed, re-evaluated, and reconciled. Previous guidelines appear to have been largely acceptable to committees of lay and professional persons who have reviewed them. A few changes are represented in the guidelines which follow, however, and they are important changes. These guidelines supersede any administrative statement preceding them and are to be used as the official policy statement.

I. DEFINITION OF EDUCATION IN HUMAN GROWTH AND REPRODUCTION IS IMPORTANT

Education in human growth and reproduction as referred to in these guidelines means information and concepts relating to characteristics of growth sequences affecting persons as males and as females, and similar matters having to do with sexuality as the being of persons rather than as acts of persons. The school assumes responsibility throughout the curriculum for character education, but education in human growth and reproduction is stipulated in these guidelines. Excluded aspects are ideologies having obvious priority in the home, church, or clinic, such as instruction in birth control techniques, sex act techniques, or considerations relating to sex license.

II. THE RIGHTFUL PLACE FOR BASIC GUIDANCE IS IN THE HOME

The home is recognized as the rightful place for basic guidance in education relating to human growth and reproduction; the school, church, and other agencies have supplemental and supportive roles.

III. FORMAL EDUCATION IN HUMAN GROWTH AND REPRODUCTION WILL BEGIN DURING THE JUNIOR HIGH SCHOOL YEARS

Regular school day education in human growth and reproduction will begin formally in the seventh grade, although two provisions for appropriate education of elementary school children are permissible: (1) parent groups, in cooperation with the principal, may meet with their children outside the regular school day (preferably evenings) for the showing of films, for discussions, or for other educational resource use that the principal and the parents deem to be appropriate for the particular children. Usually dads will meet with sons and mothers with daughters. (2) If the principal and the local advisory committee judge that many children in the school are not receiving necessary information about their growth sequences (as with girls entering the menstrual cycle), and provided all guidelines are followed, including parental approval, separation of boy and girl groups, and a teacher who has had the Dallas

County Medical Society seminar conducts the sessions, the information deemed necessary and timely may be offered during the school day in grades five and/or six.

When and if married students are grouped together, as men and as women classes, in the regular courses of biology, physical education, or homemaking, studies becoming their needs, interests, and wishes may be made, even if beyond the preceding guidelines provisions, if the studies are deemed appropriate and in good taste by the teacher, the students, the principal, the consultant, and the particular community.

IV. PARENT INVOLVEMENT IS ESSENTIAL

Parents will be involved in every way that seems appropriate and feasible in decisions relating to the nature and extent of education in human growth and reproduction.

Advisory committees will be invited to assist district school personnel in planning, evaluating, and implementing the program on a continuing basis.

- A. A city-wide advisory committee made up of representatives from the Parent-Teacher Association High School zones will be asked to help in determining the broad aspects and central resources of the program on a continuing basis. The committee membership will be staggered on a two-year basis, thus retiring fifty percent of the members each year and likewise retaining fifty percent each year.
- B. An individual school-community committee, to be formed and operated under the leadership of the principal, and involving leaders of the churches, the PTA, and other leadership groups in the particular community as well as individual family representatives, will seek to localize within the system-wide frame of reference and determine how the home, the school, and the church, or other institutions, may arrange to complement one another in efforts that appear appropriate in the particular community. Every school - elementary, junior high, and senior high - will maintain this committee as a citizens review and advisory group.
- C. Programs will be developed and conducted for community education of parents.

V. PARTICIPATION IS OPTIONAL

The individual school advisory committees, organized by the principal in cooperation with the Parent-Teacher Association, will screen any printed materials, films, or other resources directly on education in human growth and reproduction per se, and will help the principal decide whether any material in view is congenial to the needs and readiness of the particular community. Before the material is used in school, the principal

will notify parents of the students involved two weeks in advance of the material's use, offer opportunity for parental orientation to the material, and then admit to class sessions where the material is used only the students who present statements signed by a parent or guardian.

VI. ONLY HIGHLY QUALIFIED TEACHERS, SPECIALLY TRAINED, WILL CONDUCT CLASSES

A qualified teacher will be made available to conduct the sessions.

The Dallas County Medical Society, in cooperation with ministers and other professional groups, will be asked to train and screen teachers for education in human growth and reproduction. Any teacher who conducts sessions in human growth and reproduction will have been trained under this plan.

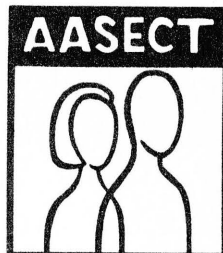
VII. CLASSES WILL BE SEPARATED BY SEX

Boys and girls will be arranged in separate classes for sessions concerning human reproduction, except for usual and traditional class work, as in high school biology, homemaking, and physical education. Physical education classes, where boys and girls are already in separate classes, will be preferable, although arrangements for separate sessions in science classes will be permissible.

VIII. PROGRAM WILL BE CONTINUOUSLY EVALUATED

The program of education in human growth and reproduction will be continuously reevaluated, just as in every area of the curriculum, and kept in harmony with the preponderance of thinking and feeling in the community.

APPENDIX B



American Association of Sex Educators, Counselors and Therapists

5010 Wisconsin Avenue, N. W. • Suite 304 • Washington, D. C. 20016 • (202) 686-2523

EXECUTIVE DIRECTOR
Patricia Schiller, M.A., J.D.

April 14, 1978

Mary Bronson, Instructional
Facilitator
Health Education
Dallas Independent School
District
3700 Ross Avenue
Dallas, Texas 75204

Dear Ms Bronson:

I am pleased to learn that you are undertaking a
dissertation in a much needed field.

I suggest that you get in touch with the Department
of Health, Education and Welfare, Office of Education
and the National Family Planning Center of HEW. Also
get in touch with E.R.I.C. which is a clearing house
in the education field.

I believe that you will get the most up to date
information from these resources.

APPENDIX C

PRE-TEST

REASONS LISTED AS "OTHER" FOR PERSONS
OPPOSING SEX EDUCATION PRE-TEST

It depends on the subjects taught.
We are going too far now with sex.
They get enough on TV and movies.
They should learn through natural relationships.
It doesn't work.
It's not necessary.
I didn't have it and turned out better than the kids today.
That's just my opinion.

REASONS LISTED AS "OTHER" FOR PERSONS
FAVORING SEX EDUCATION:

Lessening of moral standards.
Parents don't teach it at home.
Sex isn't taboo anymore.
Help the parents with this task.
Awareness is important.
They need the exposure.
They need to know--they are exposed to it anyway.

APPENDIX D

INTERVIEWER _____

DATE _____ TIME _____

RESPONDENTS NAME _____

ADDRESS _____

TELEPHONE _____ VERIFIED BY _____

Hello, this is _____ of Southwest Research, Inc., a national reasearch company. We are conducting a survey and would like to ask you a few questions. Are you the lady/man of the house?

Do you live in the Dallas Independent School District? YES . . { } (CONTINUE)

NO . . { } (TERMINATE)

Do you or any member of your family work in education, opinion polling or marketing research? YES . . . { }

NO . . . { }

Fine. Now I'm going to ask you a few questions about sex education in the public schools. All your answers will be completely anonymous and confidential. They will only be reported in statistical form, after being combined with the answers of many other people.

If specially trained teachers were assigned to teach sex education, and the classroom materials were approved by community and parent groups,

1. Would you approve of sex education being taught in the health classes for public high school students?

YES . . { } 13-1 (SKIP TO Q.1b) DON'T KNOW/IT DEPENDS { } 13-3

NO . . { } -2 (CONTINUE TO Q. 1a) REFUSE { } -4

1a. ASK ONLY IF DISAPPROVES OF SEX EDUCATION. Why do you feel that way?
DO NOT READ LIST. PROBE. RECORD FIRST ANSWER ONLY. THEN, SKIP TO Q. 9.

WANTS TO EDUCATE AT HOME. { } 14-1

SHOULD LEARN SEX FROM PARENT'S VIEWPOINT. { } -2

INFORMATION LEADS TO CURIOSITY AND EXPERIMENTATION . { } -3

CAN'T TEACH MORALS IN PUBLIC SCHOOL { } -7

OTHER (SPECIFY) _____

- 1b. ASK ONLY IF APPROVES OF SEX EDUCATION. Why do you feel that way?
DO NOT READ LIST. PROBE. RECORD FIRST ANSWER ONLY

CONCERNED ABOUT TEENAGE PREGNANCY { } 15-1
SCHOOLS SHOULD ASSIST PARENTS IN TEACHING TEENAGERS . { } -2
NEED TO TEACH RESPONSIBLE PARENTHOOD. { } -3
SO WILL LEARN CORRECT FACTS (CORRECT MISINFORMATION). { } -4
PARENTS DON'T HAVE NECESSARY INFORMATION. { } -7
PARENTS DON'T TEACH CHILDREN AT HOME. { } -8
LESSENING OF MORAL STANDARDS. { } -9
OTHER (SPECIFY) _____
_____ { } -5
DON'T KNOW/NO ANSWER. { } -6

2. Would you approve of the classroom discussion of venereal disease?

YES . . { } 16-1 DON'T KNOW/IT DEPENDS . { } 16-3
NO . . { } -2 REFUSE/NO ANSWER. . . . { } -4

3. Would you approve of the classroom discussion of birth control?

YES . . { } 17-1 DON'T KNOW/IT DEPENDS . { } 17-3
NO . . { } -2 REFUSE/NO ANSWER. . . . { } -4

4. Would you approve of the classroom discussion of premarital sexual standards?

YES . . { } 18-1 DON'T KNOW/IT DEPENDS . { } 18-3
NO . . { } -2 REFUSE/NO ANSWER. . . . { } -4

5. Would you approve of the classroom discussion of abortion?

YES . . { } 19-1 DON'T KNOW/IT DEPENDS . { } 19-3
NO . . { } -2 REFUSE/NO ANSWER. . . . { } -4

6. Would you approve of the classroom discussion of homosexuality?

YES . . { } 20-1 DON'T KNOW/IT DEPENDS . { } 20-3
NO . . { } -2 REFUSE/NO ANSWER. . . . { } -4

7. Would you approve of the classroom discussion of living arrangements and lifestyles other than marriage?

YES . . { } 21-1 DON'T KNOW/IT DEPENDS . { } 21-3

NO . . { } -2 REFUSE/NO ANSWER. . . . { } -4

8. Would you approve of the classes being coeducational, that is, boys and girls being taught together?

YES . . { } 22-1 DON'T KNOW/IT DEPENDS . { } 22-3

NO . . { } -2 REFUSE/NO ANSWER. . . . { } -4

9. Are you the parent of a school age child?

YES . . { } 23-1 DON'T KNOW/NO ANSWER . { } -3

NO . . { } -2

10. What is your marital status? DO NOT READ LIST.

SINGLE . . { } 24-1 MARRIED { } 24-5

DIVORCED . { } -2 OTHER _____

SEPARATED. { } -3 _____ { } -6

WIDOW/ER . { } -4 DON'T KNOW/NO ANSWER. . { } -7

11. What was the last grade of school you completed? DO NOT READ LIST

DID NOT GRADUATE HIGH SCHOOL . . . { } 25-1

GRADUATED HIGH SCHOOL. { } -2

SOME COLLEGE { } -3

POST GRADUATE WORK { } -4

REFUSED. { } -5

12. I am going to read some age ranges. Please tell me which range includes your current age? READ LIST.

18 - 25 years . . { } 26-1 51 or more years .{ } 26-4

26 - 35 years . . { } -2 REFUSED. { } -5

36 - 50 years . . { } -3

13. What is your religious preference? DO NOT READ LIST.

BAPTIST { }	27-1	METHODIST { }	27-5
CATHOLIC { }	-2	OTHER PROTESTANT (SPECIFY) _____ { }	-6
CHURCH OF CHRIST . { }	-3	OTHER NON-PROTESTANT (SPECIFY) _____ { }	-7
JEWISH { }	-4	REFUSED { }	-8

14. What race do you belong to? DO NOT READ LIST.

ANGLO/WHITE { }	28-1	OTHER _____	
BLACK/NEGRO { }	-2	_____ { }	28-4
MEXICAN AMERICAN OR OTHER SPANISH SPEAKING HERITAGE { }	-3	REFUSED { }	-5

15. SEX: MALE { } 29-1

FEMALE { } -2

DON'T KNOW . . { } -3

APPENDIX E

BREAKDOWN OF ALL TELEPHONE CALLS TERMINATED

No answer/busy signal	3736
Disconnected/not in service	1696
Did not wish to participate in survey	880
Did not reside in school district	844
Not a residence	659
Too young/head of household not at home	478
Disqualified due to employment	92
Did not know if resident in school district	65
Not willing to participate after hearing the first question	42
Hung up in the body of the questionnaire	17

APPENDIX F

Computer Program For Analysis of Data

I. Initial Analysis

N OF CASES	1002
VALUE LABELS	Q2 to Q9 (1) yes (2) no (3) don't know (4) refused
	Q10 (1) single (2) divorced (3) separated (5) married (6) other/ Q15 (1) male (2) female
MISSING VALUES	ALL (0)
FREQUENCIES	GENERAL = Q1 to Q8
OPTIONS	8, 9
STATISTICS	ALL
CROSSTABLS	TABLES=Q9 to Q15 BY Q1/Q2 to Q8 BY Q9 TO Q15
OPTIONS	9
STATISTICS	ALL

II. Second Analysis

CROSSTABLS	TABLES = Q9 BY Q 15 BY Q1/Q10 BY Q15 By Q1/ Q11 BY Q9 By Q1/ Q11 BY Q15 By Q1/ Q12 BY Q15 BY Q1/ Q15 By Q13 BY Q1/ Q14 BY Q15 BY Q1/ Q14 By Q1 BY Q15/
OPTIONS	9
STATISTICS	ALL
READ INPUT DATA	
*SELECT IF	(Q10 EQ 4)
CROSSTABS	TABLES = Q11, Q12 BY Q1
OPTIONS	9
STATISTICS	ALL
*SELECT IF	(Q10 EQ 1 OR 2)
CROSSTABLS	TABLES = Q10 BY Q1
*SELECT IF	(Q10 EQ 1 OR 3)
CROSSTABLS	TABLES = Q10 BY Q1

```

*SELECT IF      (Q10 EQ 1 OR 4)
*SELECT IF      (Q10 EQ 1 OR 5)
*SELECT IF      (Q10 EQ 2 OR 3)
*SELECT IF      (Q10 EQ 2 OR 4)
*SELECT IF      (Q10 EQ 2 OR 5)
*SELECT IF      (Q10 EQ 3 OR 4)
*SELECT IF      (Q10 EQ 3 OR 5)
*SELECT IF      (Q10 EQ 4 OR 5)

*SELECT IF      (Q11 EQ 1 OR 2)
CROSSTABS      TABLES = Q11 BY Q1
STATISTICS      ALL

*SELECT IF      (Q11 EQ 1 OR 3)
*SELECT IF      (Q11 EQ 1 OR 4)
*SELECT IF      (Q11 EQ 2 OR 4)
*SELECT IF      (Q11 EQ 3 OR 4)

*SELECT IF      (Q12 EQ OR 2)
CROSSTABS      TABLES = Q 12 BY Q1
STATISTICS      ALL

*SELECT IF      (Q12 EQ 1 OR 3)
*SELECT IF      (Q12 EQ 1 OR 4)
*SELECT IF      (Q12 EQ 2 OR 3)
*SELECT IF      (Q12 EQ 2 OR 4)
*SELECT IF      (Q12 EQ 3 OR 4)
*SELECT IF      (Q13 EQ 5 OR 4)
CROSSTABS      TABLES = Q13 BY Q1
STATISTICS      ALL

*SELECT IF      (Q13 EQ 5 OR 6)
*SELECT IF      (Q13 EQ 5 OR 7)
*SELECT IF      (Q13 EQ 5 OR 8)

FINISH
/*
//

```

III. Third Analysis

```

SELECT IF      (Q1 EQ 1)
COMPUTE        EDUC=0
IF             (Q11 EQ 1 OR 2) EDUC = 1
IF             (Q11 EQ 3 OR 4) EDUC = 2
COMPUTE        MSTAT = Q10
IF             (MSTAT EQ 3) MSTAT=2
CROSSTABS      VARIABLES = Q15 (1, 2) MSTAT(1,5) Q12(1,4)
                EDUC (1,2)/
                TABLES= MSTAT BY Q 15/
                TABLES= Q12 BY MSTAT BY Q15/
                TABLES+ Q12 BY MSTAT BY Q15/

OPTIONS        3,4,5,9

*COMPUTE       RELIG= Q13
*IF            (RELIG+1 OR5) RELIG=6
CROSSTABLS     VARIABLES= Q15(1,2) Q9(1,2) RELIG(2,6)
                MSTAT(1,5)/
                TABLES=Q9 BY Q15/
                TABLES+MSTAT BY RELIG BY Q9 BY Q 15

COMPUTE        AGE= Q12
IF             (AGE EQ 1) AGE=2
CROSSTABS      VARIABLES+ Q15(1,2) Q11(1,4) MSTAT(1,5)
                AGE (2,4)
                TABLES= Q11BY Q15/
                TABLES=MSTAT BY Q11BY Q15/
                TABLES= AGE BY MSTAT BY Q11 BY Q15
                VARIABLES= Q9(1,2) AGE (2,4) EDUC (1,2)
                TABLES = AGE BY Q9/
                TABLES = EDUC BY AGE BY Q9/
                VARIABLES= Q15(1,2) Q13(1,7) Q12(1,4)
                MSTAT(1,5)
                TABLES=Q13 BY Q15/
                TABLES = Q12 By Q13 BY Q15/
                TABLES=MSTAT BY Q12 BY Q13 BY Q15/

                VARIABLES= Q9(1,2) Q15(1,2) MSTAT(1,5)/
                TABLES= Q15 BY Q9/
                TABLES=MSTAT BY Q15 BY Q9
                VARIABLES= Q15(1,2) Q14(1,3) MSTAT(1,5)
                Q12(1,4)/
                TABLES=Q14 By Q15/
                TABLES=MSTAT BY Q14 BY Q15/
                TABLES= Q12 BY MSTAT BY Q14 BY Q15/
                VARIABLES= Q15(1,2) AGE(2,4) EDUC(1,2)/
                TABLES= EDUC BY AGE BY Q15
                TABLES= AGE BY Q 15

```

APPENDIX G

CROSSTABULATION OF Q 9
BY Q 1

		Q 1								
		COUNT	I							
		ROW PCT	I							ROW
		COL PCT	I							TOTAL
		TOT PCT	I	1. I		2. I		3. I		
Q9		-----I	-----I	-----I	-----I	-----I	-----I	-----I		
YES	1.	I	297	I	51	I	18	I	366	
		I	81.1	I	13.9	I	4.9	I	36.5	
		I	38.0	I	32.9	I	27.3	I		
		I	29.6	I	5.1	I	1.8	I		
		I		I		I		I		
NO	2.	-I	-----I	-I	-----I	-I	-----I	-I		
		I	485	I	104	I	47	I	636	
		I	76.1	I	16.3	I	7.5	I	63.5	
		I	62.0	I	67.1	I	72.7	I		
		I	48.4	I	10.4	I	4.8	I		
		I		I		I		I		
		I		I		I		I		
	-I	-----I	-I	-----I	-I	-----I	-I			
COLUMN			782		155		65		1002	
TOTAL			78.0		15.5		6.6		100.0	

CHI SQUARE = 4.02865 WITH 2 DEGREES OF FREEDOM SIGNIFICANCE = 0.1334
 CRAMER'V = 0.06338 CONTINGENCY COEFFICIENT = 0.06325

APPENDIX H

LIST OF RELIGIOUS PREFERENCES

<u>Non-Protestant</u>	<u>N</u>	<u>Protestant</u>	<u>N</u>
Christian	36	Presbyterian	39
Unity	15	Episcopal	35
Agnostic	8	Lutheran	24
Astrology	2	Pentacostal	23
Religious Science	2	Assembly of God	14
Atheist	1	Holiness	5
		Disciple of Christ	4
		Living God	
		Congregational	3
		Jehovah Witness	2
		Nazarene	2
		Fundamentalist	2
		Revival Tabernacle	2
		Mormon	2
		Quaker	1
		God in Christ	1
		Born Again Christian	1
		Chapel in the Woods	1
		First Christian	1

APPENDIX I

"Other" Reasons Given for Approving a Sex Education Unit:

- They need a good general explanation.
- They get it somewhere--why not in school?
- The more education the better.
- Sex needs to be dealt with properly.
- I didn't have it in school and not having it hurt me.
- That is where it belongs.
- It is a good Christian, wholesome way to teach them.
- It's needed.
- It is beneficial for some students.
- It is a necessary part of human life.
- They'd learn in a group setting--sharing ideas and opinions.
- They will listen to teachers better than their parents.
- It is necessary for students to know what sex is all about.
- They need all the help they can get.
- I took it in school and it was good for me.
- It is a good idea for them to learn it.
- They will learn it any way.
- Sex is a natural function. They will be better oriented if they understand it.
- My past experiences with sex education were positive.
- It's just good common sense.
- The more exposure they get the better off they are.
- It is very educational for them.
- It should be a fundamental part of school.
- It would contribute to a well-rounded education.
- It might prevent trouble with sex in later life.
- It will help lessen criminal sex.
- It would help make better marriages.
- It is important to the mental health of the student.

- The better educated they are the better able they are to cope.
- It is part of life and every human being should know.
- It would avoid unnecessary trauma.
- Sex education belongs in a controlled environment.
- It is time we come out of the dark ages, sex education is not taboo anymore.
- It is a valid part of education.

"Other" Reasons Given for Opposing a High School Sex EducationUnit:

- Sex is private, we don't need to talk about it.
- It is against the teachings of the Bible.
- All high school kids are not old enough.
- It should come from the Scriptures.
- That is all you see or hear on television.
- By the time they reach high school they know everything.
- It is not right for kids to know so much.
- They learn enough on the streets without learning it in the classroom too.
- I don't think it is necessary.
- It is usually filthy and dirty.
- The course sound dangerous--perverted.
- They learn it soon enough.
- At that age they shouldn't know it.
- They weren't teaching it a long time ago and people were getting along better than now.
- They know more than we do.
- There's too much sex taught that shouldn't be.
- That is what is wrong with the world today--the world is getting more wild and wicked.
- Shouldn't talk about it in school.
- I did not have it in school and don't think it is necessary.
- It should not be discussed in public.
- Sex education leads to crime. We didn't have it when we were growing up and there was less crime.
- I don't need no damn school to teach me about sex.
- That kind of stuff can do more harm than good.
- I don't believe in sex education. I was not raised that way.
- It just isn't the right way for boys and girls to be raised.

- I think that nature is a better teacher.
- I don't like it.
- They are going too far with sex.
- Don't need sex through books should learn through natural relationships.
- It is not necessary.
- I did not have it and turned out better than the kids today.
- We should learn about sex when God is ready for us to know.
- No one needs to teach children about sex, they learn it on their own when the time comes.
- It does not work.

APPENDIX J

Participants' Response to the Discussion
of Venereal Disease

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Significance</u>
Parent of a School Age Child	91.1%	3.5%	5.1%	none
Not a Parent of a School Age Child	90.4%	4.5%	4.9%	

Single	96.6%	2.0%	1.4%	.025
Divorced	94.7%	2.7%	1.3%	
Separated	100.0%	.0%	.0%	
Widowed	89.3%	5.3%	5.3%	
Married	88.6%	5.0%	6.3%	

Less than High School Diploma	85.9%	7.1%	6.5%	none
High School Diploma	87.7%	4.4%	7.5%	
Some College	93.9%	2.8%	3.3%	
College Degree	96.5%	2.3%	1.2%	

18-25 years old	92.4%	3.2%	3.8%	.0039
26-35 years old	93.8%	2.5%	3.3%	
36-50 years old	92.6%	2.6%	4.8%	
51 and older	84.3%	8.1%	7.6%	

Baptist	89.7%	3.5%	6.4%	none
Catholic	88.8%	6.5%	3.7%	
Church of Christ	86.0%	7.0%	7.0%	
Jewish	92.3%	.0%	7.7%	
Methodist	88.7%	6.2%	5.2%	
Other Protestant	92.3%	3.8%	4.9%	
Other Non-Protestant	100.0%	.0%	.0%	

Participants' Response to the Discussion of Venereal Disease (continued)

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Significance</u>
Whites	90.5%	4.4%	4.9%	none
Blacks	91.5%	2.3%	6.3%	
Mexican Americans	87.5%	8.3%	2.1%	
Other	100.0%	.0%	.0%	

Males	92.4%	3.4%	4.2%	none
Females	89.9%	4.4%	5.3%	

Participants' Response to the Discussion of Birth Control

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Significance</u>
Parent of a School Age Child	82.5%	9.5%	7.6%	none
Not a Parent of a School Age Child	84.6%	8.5%	7.6%	

Single	96.6%	2.0%	1.4%	none
Divorced	86.7%	8.0%	5.3%	
Separated	89.5%	5.3%	5.3%	
Widowed	77.3%	12.0%	10.7%	
Married	80.5%	10.5%	8.8%	

Less than High School	80.0%	9.4%	10.0%	none
High School Diploma	80.5%	11.3%	8.2%	
Some College	86.3%	8.1%	5.7%	
College Degree	90.1%	5.3%	4.7%	

18-25 years old	89.9%	5.7%	4.4%	.0001
26-35 years old	90.6%	5.8%	3.6%	
36-50 years old	85.1%	6.4%	8.0%	
51 and older	70.9%	16.6%	12.6%	

Baptists	87.2%	6.1%	6.4%	none
Catholics	80.4%	13.1%	6.5%	
Church of Christ	74.4%	16.3%	9.3%	
Jewish	100.0%	.0%	.0%	
Methodist	76.3%	11.3%	12.4%	
Other Protestants	83.1%	9.3%	7.7%	
Other Non-Protestants	100.0%	.0%	.0%	

Participants' Response to the Discussion of Birth Control (Continued)

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Significance</u>
Anglo	83.7%	8.5%	7.7%	None
Black	84.7%	9.7%	5.7%	
Mexican American	83.3%	8.3%	8.3%	
Other	85.0%	14.3%	.0%	

Males	90.5%	5.0%	4.2%	.001
Females	80.9%	10.6%	5.9%	

Participants' Response to the Discussion of Abortion

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Significance</u>
Parent of a School Age Child	66.0%	25.4%	7.9%	none
Not a Parent of a School Age Child	67.9%	24.4%	7.9%	

Single	83.8%	10.8%	4.7%	.008
Divorced	69.3%	22.7%	8.0%	
Separated	57.9%	36.8%	5.3%	
Widowed	50.7%	37.3%	12.0%	
Married	65.1%	26.9%	7.8%	

Less than High School	56.5%	33.5%	9.4%	.0001
High School Diploma	61.1%	30.7%	8.2%	
Some College	70.8%	22.2%	7.1%	
College Degree	84.2%	9.4%	5.8%	

18-25 years old	77.2%	17.1%	5.7%	.0001
26-35 years old	74.3%	21.0%	4.3%	
36-50 years old	68.3%	22.8%	8.5%	
51 years and older	51.6%	36.3%	12.1%	

Baptist	60.6%	31.7%	7.1%	none
Catholic	66.4%	25.2%	8.4%	
Church of Christ	55.8%	37.3%	7.1%	
Jewish	84.6%	7.7%	7.7%	
Methodist	72.2%	19.6%	8.2%	
Other Protestant	71.2%	20.1%	8.7%	
Other Non- Protestant	92.3%	7.7%	.0%	

Participants' Response to the Discussion of Abortion (Continued)

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Significance</u>
Anglo	70.3%	21.9%	7.5%	none
Black	56.8%	34.1%	9.1%	
Mexican American	70.8%	22.9%	6.3%	
Other	42.9%	57.1%	.0%	

Male	73.7%	18.3%	7.3%	.004
Female	64.5%	27.6%	7.8%	

Participants' Response to the Discussion of Homosexuality

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Significance</u>
Parent of a School Age Child	67.6%	25.4%	7.0%	none
Not a Parent of a School Age Child	66.6%	24.2%	8.3%	

Single	83.8%	10.8%	4.7%	.0001
Divorced	72.0%	18.7%	6.7%	
Separated	57.9%	26.3%	15.8%	
Widowed	56.0%	40.0%	4.0%	
Married	63.8%	27.2%	8.6%	

Less than High School	51.8%	34.1%	11.8%	.0001
High School Diploma	63.1%	29.0%	7.5%	
Some College	72.6%	21.2%	6.1%	
College Degree	81.3%	12.3%	6.4%	

18-25 years old	76.6%	17.7%	4.4%	.0001
26-35 years old	74.3%	20.5%	5.3%	
36-50 years old	67.7%	22.2%	10.1%	
51 and older	51.1%	36.8%	10.8%	

Baptist	60.9%	29.8%	7.7%	.0571
Catholic	72.0%	21.5%	6.5%	
Church of Christ	53.5%	34.6%	11.8%	
Jewish	92.3%	7.7%	.0%	
Methodist	63.9%	23.7%	12.4%	
Other Protestant	69.6%	23.4%	7.1%	
Other Non-Protestant	100.0%	.0%	.0%	

Participants' Response to the Discussion of Homosexuality (Continued)

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Significance</u>
Anglo	69.5%	22.%	7.3%	
Black	56.8%	31.8%	10.8%	
Mexican American	75.0%	20.8%	4.2%	none
Other	70.0%	25.2%	4.8%	

Male	69.5%	23.7%	6.1%	
Female	65.9%	25.1%	8.5%	none

Participants' Response to the Discussion of Premarital Sexual Standards

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Significance</u>
Parent of a School Age Child	67.6%	19.4%	11.7%	none
Not a Parent of a School Age Child	69.0%	16.6%	13.1%	

Single	89.2%	4.7%	5.4%	.0001
Divorced	73.3%	13.3%	13.3%	
Separated	78.9%	21.1%	0.0%	
Widowed	58.7%	22.7%	16.0%	
Married	63.0%	21.3%	14.3%	

Less than High School	50.6%	25.3%	21.2%	.0001
High School Diploma	67.6%	20.1%	11.3%	
Some College	71.2%	16.5%	11.3%	
College Degree	84.2%	7.6%	8.2%	

18-25 years of age	78.5%	10.1%	9.5%	.0001
26-35 years of age	77.5%	14.1%	7.2%	
36-50 years of age	67.7%	19.0%	12.2%	
51 years and older	51.1%	26.5%	21.5%	

Baptist	65.0%	19.9%	12.2%	
Catholic	64.5%	21.5%	13.1%	
Church of Christ	55.8%	30.2%	14.0%	
Jewish	76.9%	7.7%	15.4%	
Methodist	69.1%	18.6%	12.4%	
Other Protestant	70.7%	14.1%	14.7%	
Other Non-Protestant	92.3%	.0%	7.7%	

Participants' Response to the Discussion of Premarital Sexual Standards (Continued)

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Significance</u>
Anglo	70.3%	16.5%	12.7%	
Black	63.6%	19.9%	13.1%	none
Mexican American	60.4%	25.0%	12.5%	
Other	85.7%	14.3%	.0%	

Males	74.0%	14.1%	9.9%	none
Females	65.0%	19.3%	13.8%	

Participants' Response to the Discussion
of Alternative Lifestyles

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Significance</u>
Parents of a School Child	64.4%	28.9%	6.7%	
Not Parents of a School Age Child	64.6%	28.3%	6.6%	none

Single	85.8%	10.8%	3.4%	
Separated	73.7%	26.7%	.0%	.0001
Widowed	45.3%	44.0%	9.3%	
Married	60.6%	31.6%	7.8%	

Less than High School	56.5%	40.0%	2.9%	
High School Diploma	60.8%	29.7%	9.2%	.0031
Some College	67.5%	25.9%	6.6%	
College Degree	75.4%	18.7%	5.8%	

18-25 years old	79.7%	16.5%	3.8%	
26-35 years old	75.4%	21.7%	2.9%	
36-50 years old	59.2%	32.3%	8.5%	
50 and older	46.6%	42.2%	11.2%	.0001

Baptist	61.9%	31.1%	6.4%	
Catholic	75.7%	18.7%	5.6%	
Church of Christ	53.5%	37.2%	9.3%	none
Jewish	76.9%	7.7%	15.4%	
Methodist	60.8%	32.0%	7.2%	
Other Protestant	57.1%	35.9%	7.1%	
Other Non-Protestant	92.3%	.0%	7.7%	

Participants' Response to the Discussion of Alternative Lifestyles
(Continued)

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Significance</u>
Anglo	64.6%	27.4%	7.7%	none
Black	60.2%	35.2%	4.5%	
Mexican American	81.3%	16.7%	2.1%	

Male	72.1%	21.0%	6.9%	.0081
Female	61.3%	31.9%	6.5%	

Participants' Response to the Sex Education Classes Being Coeducational

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Significance</u>
Parents of a School Age Child	66.2%	27.3%	2.5%	none
Not a Parent of a School Age Child	68.7%	23.5%	4.8%	

Single	85.1%	11.5%	3.4%	.0092
Divorced	65.4%	25.3%	9.3%	
Separated	57.9%	36.8%	5.3%	
Widowed	50.7%	37.3%	12.0%	
Married	75.9%	26.5%	7.6%	

Less than High School	60.6%	32.9%	5.9%	.0304
High School Diploma	64.5%	27.6%	7.8%	
Some College	69.8%	32.1%	7.1%	
College Degree	77.2%	14.6%	8.2%	

18-25 years old	77.2%	20.3%	2.5%	.0001
26-35 years old	80.1%	14.9%	4.0%	
36-50 years old	55.0%	33.9%	11.1%	
51 years and older	55.1%	33.2%	11.7%	

Baptist	67.9%	26.3%	5.4%	none
Catholic	68.2%	23.4%	8.4%	
Church of Christ	55.8%	37.2%	7.0%	
Jewish	92.3%	7.7%	.0%	
Methodist	63.9%	25.8%	10.3%	
Other Protestant	64.1%	26.6%	9.2%	
Other Non-Protestant	100.0%	.0%	.0%	

Participants' Response to the Sex Education Classes Being
Coeducational (Continued)

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Significance</u>
Anglo	65.9%	25.8%	8.3%	none
Black	75.0%	20.5%	4.0%	
Mexican American	62.5%	31.3%	6.3%	

Male	80.9%	15.3%	3.8%	.0001
Female	61.8%	29.2%	8.9%	

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WORK EXPERIENCE

9/70-3/71	Substitute teacher for Denver Public Schools, Denver, Colorado.
8-71-12/72	Physical Education teacher (grades 1-6) Taft Elementary School Port Neches-Groves School District, Groves, Texas.
1/73-6/73	Physical Science, Health, and Biology teacher, Gregory-Portland High School, Portland, Texas.
8/73-1/74	Special Education teacher, Jackson Elementary School, Beeville, Texas.
1/74-3/76	Math, Health-Science, and 2nd grade teacher, Dallas Independent School District, Dallas, Texas.
3/76-present	Health Education Instructional Facilitator, Dallas Independent School District, Dallas, Texas.
1/77-5/78	Adjunct Professor- Health Education, Texas Woman's University, Denton, Texas.

EDUCATION

B.S.	Colorado State University, Fort Collins, Colorado. Health and Physical Education, all-level teaching certificate, June, 1970.
Certification-Texas	Lamar University, Beaumont, Texas. Fulfilled requirements for Texas teaching certificate- all-level Health and Physical Education, August, 1972.
Elementary Certification	Texas A&I University, Kingsville, Texas. Fulfilled requirements for an Elementary Education teaching certificate, August, 1973.
M.A.	Texas Woman's University, Denton, Texas. Health Education, August, 1975.
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PROFESSIONAL EXPERIENCE

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