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AN ASSESSMENT OF THE RELATIONSHIP BETWEEN DECISION-MAKERS' OPINIONS
ABOUT COMPREHENSIVE SEX EDUCATION AND FACTORS
THAT INFLUENCE THOSE OPINIONS

by

M. Terri Voit-Devine

A Dissertation
Submitted to the
Faculty of the Graduate College
in partial fulfillment of the
requirements for the
Degree of Doctor of Education
Department of Educational Leadership

Western Michigan University
Kalamazoo, Michigan
December 1988

AN ASSESSMENT OF THE RELATIONSHIP BETWEEN DECISION-MAKERS' OPINIONS
ABOUT COMPREHENSIVE SEX EDUCATION AND FACTORS
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M. Terri Voit-Devine, Ed.D.

Western Michigan University, 1988

The purpose of the study was to investigate decision-makers' opinions about what was to be contained in comprehensive sex education programs, the degree to which decision makers believed course information was likely to be part of their own curriculum, and how much support they believed the community would give to various parts of the curriculum.

The instrument used in the study was created by combining parts of surveys by Wayne (1981) and Marini and Jones (1983). The study compared the opinions of decision makers about guidelines to be used when implementing sex education, reasons for offering sex education, reasons for not offering sex education, and topics to be covered in comprehensive programs of sex education to the independent variables of age, gender, church attendance, church affiliation, and the decision-makers' perceptions of public support for programs in human reproductive and sex education.

There were differences found in certain age groups of decision makers when giving opinions about reasons for not offering sex education. The respondents in the 60 years of age and over category indicated that the reasons for not offering sex education were more important than did subjects who were either in the lowest

category (i.e., 30-39 years of age) or the second youngest age category (i.e., 40-49 years of age).

Decision makers of different church attendance rates responded differently based upon church attendance than those who reported not attending church at all. With respect to the importance of reasons for offering sex education, respondents who reported they attend church weekly indicated less importance to the reasons for offering sex education than did those who reported that they attended church either monthly or not at all. Decision makers who reported attending church weekly also indicated a higher degree of perceived community support for listed topics than did those who attended church only monthly.

A slight relationship was found between decision-makers' opinions regarding the probability for implementation of information to be taught in sex education courses and their opinions regarding the existence of community support relative to the information to be taught.

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Western Michigan University, 1988

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DEDICATION

This dissertation is dedicated to my daughter, Sara. It grew as she has grown; each enriching my life with knowledge, understanding, and depth. My appreciation of her patience and help can never truly be expressed. My hope is that I have shown her, by example, that she can create any exciting future she chooses.

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My life has been a tapestry of rich and royal hue,
An everlasting vision of the ever changing view.
A wondrous world of magic in bits of blue and gold,
A tapestry to feel and see, impossible to hold.

Carol King, 1971

As with my life, this dissertation has been a tapestry, woven with guidance and caring from a number of people without whose help it might never have been completed.

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I wish also to thank Drs. Peggy Gaskill, Carol Sheffer, and David Cowden, who served on my committee, for taking the time to lend assistance and showing personal interest in my progress.

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So many of my friends believed in me and saw my success, even when I wasn't as confident, weaving great depth and color into the ever changing tapestry.

For my resolve stone and its special meaning I am forever grateful. Fellow doctoral students, thank you for helping to prove we are indeed the champions!

My mother showed great patience and understanding as she watched my life evolve from the beginning of this dissertation until today as I make plans for a future filled with hope and new beginnings.

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M. Terri Voit-Devine

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CHAPTER I

OVERVIEW AND BACKGROUND OF THE PROBLEM

The media continually remind us that U.S. adolescents are sexually active, and that they are suffering the consequences physically, socially, and psychologically (Hildebrand & Abramowitz, 1984; Leo, 1986; Taylor & Adame, 1986).

Of the 29 million teenagers between the ages of thirteen and nineteen, 12 million (41.1 percent) are estimated to have had sexual intercourse. More than one-fifth of first premarital pregnancies among teenagers occurred within the first month after initiating sex. Of the 1.1 million pregnancies that occurred among teenagers in 1978, 77 percent were unintended. (Finkel & Finkel, 1985, p. 49)

In the midst of fear and concern about the spread of Acquired Immune Deficiency Syndrome (AIDS), Everett Koop, Surgeon General of the United States, added to the ancient debate over sex education in the schools by stating, "There is now no doubt, that we need sex education in schools, and that it must include information on heterosexual and homosexual relationships" (Leo, 1986, p. 54).

Traditional sources of sex education have been inadequate. Parents, for the most part, have been negligent and/or reluctant in providing their children with necessary facts, attitudes, and skills to deal with various aspects of human sexuality (Alexander, 1984; Gordon, 1986; Taylor & Adame, 1986). Gordon (1975) wrote, "What is needed [in the U.S.] is specific information that helps reduce unnecessary confusion--knowledge, in other words, that is

not dappled in superfluous moralizing, euphemisms and equivocations" (p. 37).

Public support of sex education has been evident since 1943 when the Gallup organization first began polling the American public for the American Institute of Public Opinion. In that first poll, 68% of the respondents voiced approval of a sex education course for high school students (Reichelt, 1981).

By 1977, the scope of the survey had been broadened and no longer was limited to high school students. The poll became more specific and showed a 69% approval for the inclusion of birth control information in school sex education courses.

The 1985 findings of the 17th Annual Gallup Poll (Gallup, 1985b) showed an increase in support for sex education in both the elementary school and the high school since the public was last polled on the question in 1981. "In 1981, 70% supported including sex education in the high school curriculum, and 45% favored sex education for elementary students. Figures [for 1985] show 75% for high school and 52% for elementary school" (Gallup, 1985b, p. 40).

Recently, Time magazine commissioned a poll through the services of Yankelovich, Clancy, and Shulman that found instruction in sexuality is now favored by 86% of the Americans responding to the survey (Leo, 1986, p. 54).

Sex education programs, when offered, are enormously diverse. They range from a short unit on menstruation to a comprehensive family life program that starts in kindergarten and continues

through grade 12 (Kenny & Orr, 1984). Researchers, such as Marini and Jones (1982), Parcel and Coreil (1985), and Wayne (1981) have also found some commonalities within the many and diverse programs. The curriculum, when finally placed in school districts, has gone through a series of steps during implementation that examines sex education guidelines and uses them as a basis to start building programs. Advisory committees are formed which consist of teachers, parents who may or may not be school board members, curriculum specialists, interested students, and other community leaders, such as clergymen or representatives from local health agencies.

Advisory committees attempt to clearly define purposes of human reproduction and sex education within particular school districts. Reasons are explored as to why there should be sex education in the schools, as well as why parts of the community may feel the public schools are not the place to educate youngsters about human sexuality. During committee study, types of programs and topics to be covered are often debated until a consensus can be reached.

Kenney and Orr (1984) reported that 30 states have policy statements explicitly providing for sex/family life education. In the remaining 20 states, 13 include sex/family life education as an optional instructional component. One state (Kentucky) requires this instruction as part of health education, and six states report they have no written policy.

The state of Michigan recognized the need for comprehensive programs starting in kindergarten and progressing through high school. Through enactment of Act 226, Public Acts of 1977 (Michigan State Board of Education, 1977) it was hoped that public school systems would place comprehensive programs in the educational curriculum. Despite apparent support among the public, as well as the permissive legislation in the form of Act 226, Public Acts of 1977, comprehensive sex education programs were not common in 1987.

An example of this low level of implementation was evident in the third largest county in the state of Michigan, where only one of 21 school districts offered comprehensive programs in sex/family life education to students in grades 1 through 12. An explanation for this discrepancy was sought from those administrators who were charged with decision-making responsibilities in the local school districts of this county in Michigan. This population consisted of superintendents, other central office personnel responsible for curriculum decisions, as well as the school board members within each of the 21 districts in the county. Would there be a difference between decision-makers' stated opinions regarding various policies deemed important in the area of sex education and the potential they believed exists for those policies to be implemented? Further, if such differences did exist, would those decision makers differ systematically, based on such factors as gender, age, religious preference, and perceptions of public acceptability of those factors?

The Purpose of the Study

A central problem faced by public school officials in planning sex education programs is what the people making decisions believe about the feasibility of implementing programs within their particular school districts. If the communities and those who represent them within the system--school boards--do not have a means of gathering information about patterns of reactions by decision makers, they could wastefully spend time, energy, and money trying to counter anticipated resistance which might never materialize, or by directing such efforts toward the inappropriate group(s).

If school decision makers do differ in their acceptance of teaching sex education in their school districts, then public and governmental agencies, as well as communities, need to know specifically what these differences are. The primary purpose of this study was to provide communities, as well as school and governmental agencies, with a description of school decision-makers' opinions about what was contained in comprehensive sex education programs, the degree to which decision makers believed course information was likely to be part of their own curriculum, and how much support they believed the community would give to various parts of the curriculum. An attempt to explain differences in their opinions was made through traits such as age, gender, religious preference, and the decision-makers' perception of public support of the sex education program.

Research supports the theory that age, gender, religious preference, and decision-makers' perceptions of public support affect attitudes and beliefs that they use when making curriculum decisions (Campbell, 1986; Convey, 1984; Fischman, 1985; Gonzalez & Zimbardo, 1985). Finding out what the differences are, in terms of the decision-maker's age, gender, religious preference, and perception of public support, can aid in targeting educational efforts that may demonstrate how important comprehensive programs of human sexuality in our schools are to society in general, and southeastern Michigan, specifically. These factors are further developed in the chapter which reviews relevant literature about human reproductive and sex education.

After examining the data, it should be possible for officials at the Michigan State Department of Education, as well as those involved in the study, to facilitate planning strategies that may enhance both the quality and quantity of comprehensive programs in sex education.

Related Literature

While it is true that some factors related to implementing sex education programs have been previously studied (Brick, 1985; Noble, 1986), many researchers have reported conflicting and/or inconclusive findings. Moreover, as far as could be determined, only one researcher, Wayne (1981), accumulated a set of suggested guidelines for sex education from all but seven states in the

United States. He used these guidelines to ask principals in Indiana to what degree they accepted the guidelines, and to what degree they believed each could be implemented in their own schools.

Marini and Jones (1982) investigated attitudes, commitment level, and perceptions decision makers had toward sex education programs in order to bridge the gap between the public's positive feeling toward sex education and the noncompliance of the school systems providing it.

They asked decision makers to respond to:

The school's role in sex education generally, and their school corporation, specifically; (3) reasons for offering quality sex education; (4) reasons why sex education is not offered in schools; (5) expected outcomes of well-planned programs; (6) approved content for such programming; and (7) views on a variety of statements about sex education which are often found in the literature.

(Marini & Jones, 1982, p. 2)

While the questionnaire was lengthy, the types of information Marini and Jones (1982) attempted to gather appeared important for investigating the views of decision makers about programs in human sexuality. They concluded, "Despite parent and student approval of sex education in the schools, the actual prevalence of students receiving sex-related programs has yet to be established" (p. 2).

Noble (1986) studied Canadian sex education and found many of the same perceived problems associated with implementation of comprehensive programs. He quoted Scales (1980) saying that the most common reason for failure to offer sex education is fear of community opposition. "Here then, is the dilemma facing school

administrators. Caught between two groups in society, groups often polarized to the extreme, administrators must play the role of diplomat without diffidence" (Noble, 1986, p. 22).

Procedure

The attitudes of central office administrators and school board members are a critical part of sex education programs. Therefore, it is crucial that the community, as well as government agencies responsible for assuring implementation of programs realize the extent to which decision makers will support or resist placement of programs into the already packed school curriculum. Nonetheless, aside from the studies mentioned, far less attention has been given to the attitudes and perceptions of central office decision makers and school board members than to the skills and competencies necessary to teach sex education.

With passage of Act 226, Public Acts of 1977 (Michigan State Board of Education, 1977), which was permissive not mandated, the state of Michigan gave local school districts permission to implement comprehensive programs of sex education into the regular school curriculum. Despite this legislation, schools in southeastern Michigan had not proceeded in program implementation. Because decision makers are responsible for placing programs in the school curriculum, there was a need to find out if there was a difference between decision-makers' stated opinions regarding various policies

deemed important in sex education and the potential they believed exists for those policies to be implemented. Further, if such differences did exist, did those decision makers differ systematically, based on such factors as gender, age, religious preference, and perceptions of public acceptability of those factors, when asked about guidelines for sex education programs, some reasons for offering sex education, as well as reasons for not offering sex education, and topics that should be covered in comprehensive programs of human reproduction and sex education? This research attempted to answer these questions by surveying superintendents, curriculum directors, and school board members in one southeastern Michigan county about their opinions related to guidelines for implementation, reasons for offering sex education, reasons for not offering sex education, and topics to be covered in comprehensive programs on human reproduction and sex education.

Definitions

For purposes of clarity and understanding, the following terms are defined as they relate to this research:

1. Sex education: The preparation for personal relationships between the sexes by providing appropriate educational opportunities designed to help the individual develop understanding, acceptance, respect, and trust for her/himself and others. Sex education includes the knowledge of physical, emotional, and social growth and maturation, as well as an understanding of the

individual's needs. It involves an examination of the roles of both the man and the woman in society, how they relate and react to supplement each other, the responsibilities of each toward the other throughout life, and the development of responsible use of human sexuality as a positive and creative force (Michigan Department of Education, 1978, p. 13).

2. Guidelines: A set of suggested procedures and/or strategies founded on pragmatic and theoretical bases which serve to facilitate curriculum development.

3. School decision maker: Superintendent, assistant superintendent in charge of curriculum, and school board members of the 21 districts in the subject county.

4. Reproductive health: That state of an individual's well-being which involves the reproductive system and its physiological, psychological, and endocrinological functions (Wagman & Bignell, 1981).

5. Act 226, Public Acts of 1977 (Michigan State Board of Education, 1977): Enacted legislation that permits programs of instruction in reproductive health, including family planning, in Michigan (Michigan Department of Education, 1978, p. 4).

6. Attitude: An acquired predisposition to react in a characteristic way, usually favorably or unfavorably, toward a given type of person, object, or situation (Kilander, 1970, p. 14).

Summary

In this chapter, an overview of the need for, and yet lack of, comprehensive sex education programs was presented. The concept of school decision makers, consisting of superintendents, central office administrators in charge of curriculum, and school board members, was addressed. The purpose of the study was stated, and a list of common definitions was given.

There was a need to find out if school decision makers agreed with implementing comprehensive programs in reproductive health and sex education. The intention of this study was to look at factors, such as age, gender, religious preference, and decision-makers' perceptions of support by the public for implementation of sex education programs, and to see if there were differences in their responses due to those factors listed when they were asked about guidelines for sex education programs, some reasons for offering sex education, as well as some reasons for not offering it, and topics that should be covered in complete programs of human reproduction and sex education.

In the next chapter, the review of related literature is presented. The review contains a history of reproductive health legislation and the laws passed in the state of Michigan. Factors that affect curriculum development of programs in human reproductive health and sex education are explored. Also contained in the next chapter is literature pertaining to decision-makers' perceptions of public support of sex education program implementation,

and how those perceptions relate to choices made as to whether students got complete programs in human reproduction and sex education. Traits that may affect attitudes of decision makers, such as gender, age, and religious preference, are presented.

CHAPTER II

REVIEW OF RELATED LITERATURE

Overview

Explored in the following review of related literature is the history of reproductive health education in general, as well as statutes relevant to Michigan. It includes Act 226, Public Acts of 1977 (Michigan State Board of Education, 1977), a law that permits comprehensive sex education programs from kindergarten through 12th grade in all schools in the state of Michigan. The educational structure in Michigan is examined and compared to those in Wisconsin and New Jersey. Observations are made about how educational structures have affected sex education program implementation.

Superintendents, curriculum directors, and school board members are key decision makers in providing comprehensive programs to the students in southeastern Michigan. It is they who decide what will eventually be part of a student's day. The section entitled, "The Role of the Decision Maker," clarifies the importance of their involvement.

Once these decision makers become involved in the process of placing programs of sex education into the school curriculum, questions arise as to how to develop the curriculum. Such questions include what should be contained in terms of content, qualifications of those teaching it, and policies that may be relevant

to Michigan. The section entitled, "Sex Education Curriculum Development," examines these issues and identifies research that applies.

Traits such as age, gender, and religious preference may have an effect on choices decision makers make that relate to their attitudes toward program implementation, and perceptions they have about community support of programs in human reproductive and sex education. Studies are presented that have investigated these factors as they relate to various subjects. At the present time, however, Wayne (1981), Marini and Jones (1982), and Noble (1986) are the only researchers who have explored how these factors affect implementation of sex education programs in schools.

A further understanding of how age, gender, religious preference, and concern over public support affect decisions can be valuable. It can raise the consciousness of decision makers as to how these factors may interfere during the planning stages of curriculum development of complete programs in sex education. If differences in opinions exist, then understanding their existence can help to facilitate implementation of human reproductive and sex education courses for youngsters in southeastern Michigan.

Reproductive Health Legislation

Provisions for sex instruction in the schools of Michigan may have been stimulated by the 1919 White House Conference on Child Welfare. It was stated, "The problem of sex instruction becomes

more properly a task of the schools" (Means, 1962, p. 134). Self-control and restraint were the hallmarks of this earlier pro-era. Penland (1981) reported, "It is, however, probably safe to assume that in 1900 teaching [about sex] was scattered, (and) largely personal" (p. 305).

By the 1940s, sex educators seemed to be aware that "sex was not an intellectual problem to be solved by dispensing facts. Sex education was now expected to help contribute to the long-term adjustment of individuals" (Penland, 1981, p. 307). School administrators voiced the belief that the better the sex education in a school, the less obvious it would be. Programs were low profile so as not to draw attention from the public.

"In 1937, Michigan Legislative Representative Belen introduced Public Act 216 as HB 520. This, for the first time, removed a previous restriction against teaching sex hygiene and kindred subjects in the public schools" (Hilton, 1983, p. 15). Two important provisions to this public act included the parents' right to remove their child without penalty from this type of class, and a complete ban on teaching of birth control.

By 1955, there had been two revisions to previous sex education legislation in the form of PA 226 of 1949, and PA 269 of 1955. The importance of these revisions was reflected in the clarification of who was to teach sex education. (Hilton, 1983, p. 17)

According to Michigan General School Laws and Administrative Rules (Michigan State Board of Education, 1977, p. 145). "Any program of instruction in sex hygiene [must] be supervised by a

registered physician, a registered nurse, or a person holding a teacher's certificate qualifying such a person in this field."

In 1965, a committee appointed as a task force by Michigan's Governor Romney concluded that human reproductive education should be taught by teachers of family life. According to Hilton (1983), "For the first time a state subcommittee expressed the hope that the ban on teaching birth control might be lifted" (p. 17).

Working from the recommendations of Michigan's task force during Romney's administration, the following legislative bills and acts continued to clarify and make more pertinent law related to the teaching of sex education in Michigan, according to Hilton (1983, pp. 17-22):

Senate Bill 416 of 1967. . . . PA 44 of 1968. . . . Senate Bill 416 of 1968. . . . Senate Bill 237 of 1969. . . . Senate Bill 1181 of 1972. . . . House Bill 6109 of 1972. . . . Senate Bill 221 of 1973. . . . House Bill 4719 of 1973. . . . House Bill 4669 of 1975. . . . Senate Bill 1154 of 1975. . . . Senate Bill 399 of 1975. . . . PA 451 of 1976. . . . Senate Bill 545 of 1977. . . . and PA 226 of 1977. . . . House Bill 4425 amended the school code and eventually became PA 226 of 1977. This bill, introduced by Representative Collins, put an end to the 58-year ban on teaching of birth control. On November 29, 1977, Governor Milliken signed PA 226 of 1977 into Michigan's state law.

The Michigan State Board of Education was given primary legal responsibility for carrying out the provisions of the act. A special task force, including health and medical professionals, health educators, teachers, administrators, and other state agency personnel, was selected to draft guidelines for implementation of the law throughout the state. After a 30-day comment period, revisions were made and the Sex Education Guidelines, Including

Reproductive Health and Family Planning (Michigan Department of Education, 1978) were published. These guidelines contained the following sections: (a) Implications of PA 226 of 1977; (b) Teachers and Supervisors of Programs; (c) Establishing an Advisory Board; (d) Developing the Programs of Instruction in Reproductive Health, Family Planning, and Venereal Disease; and (e) Implementing the Programs of Instruction (Michigan Department of Education, 1978).

State Educational System Structures Affecting Program Implementation

The state of Michigan structures its educational system differently than other states, such as Wisconsin and New Jersey. Both states were presenting comprehensive sex education programs described in educational journals. Michigan's state school board members are elected every six years. The board members are responsible for selecting a state superintendent of public instruction. The superintendent, with the help of various departments, makes recommendations which may become board policy related to solutions for identified educational needs. The board makes decisions and may choose to adopt recommendations which become policies for local school district adoption. Therefore, Michigan state-level educational policies come from the partisanly elected board of education, and not directly from the superintendent who is a professional educator.

Local school districts in southeastern Michigan in which this study was undertaken hold elections for school board members

annually. These are nonpartisan elections, with members elected to serve four-year terms. The terms for the seven members making up each board expire in different years. School board members are typically representative of the socioeconomic base of the community.

Just as the state school board members are charged with selecting a superintendent, so are local school board members. The local superintendent consults with his/her staff which advises and makes recommendations. The local school board is ultimately responsible for policy-making, and the superintendent is responsible for the administration of policies determined by the school board.

The funding structure in Michigan is based upon taxation of property. While most school districts receive a per pupil allocation from the state, the remainder of their funding comes in the form of millage attached to property assessments. School districts have no control over local property assessments which are the responsibility of local government. To acquire funding for schools, it is necessary to go to the electorate to receive approval for maintaining current funding (i.e., millage elections) or to achieve additional monies through an increase of millage. The community is a strong determining factor when deciding how much funding is available to local schools. It is more likely that millage is passed when voters approve of and are supportive of the actions of school boards and administrators.

Some school districts in Michigan are not eligible for the state-set formula which determines the per pupil allotment because local income levels are relatively high. All of their funding is the result of local taxation. These school districts are less likely to conform to state educational policies when they are not dependent upon state financial aid.

In addition to funding, how a state's educational system is structured may have an effect on program implementation at the local level. After reviewing the state of Michigan's educational system structure, it was of interest to see if educational structures in other states were similar. After reviewing literature related to sex education, Wisconsin and New Jersey were cited as examples of states with comprehensive sex education programs. This researcher sought information that might show a relationship between state structure and wide presence of comprehensive sex education programs.

Quinn (1987), deputy state superintendent for the state of Wisconsin, explained that Wisconsin is the only state in the United States that does not have a state board of education. The superintendency is an elected nonpartisan position. He/she has a staff to assist in program recommendations and implementation of state laws related to education.

The funding structure in Wisconsin varies greatly from Michigan's. The local school districts elect a school board which is charged with the responsibility of deciding upon the amount of

school taxes to be levied per year for the district. A special meeting is held and the public may give their opinions, but it is the school board which has the final say in how much is levied, thereby making it possible to gain funding for programs such as sex education.

As in Michigan, the sex education law in Wisconsin is permissive, and therefore there are no sanctions placed upon local school districts which choose not to offer comprehensive programs in sex education. Those districts which do implement the statute can apply for grant money set aside for this purpose. This incentive, along with the greater political power of the superintendent, apparently helps increase the chances for program implementation.

The state of New Jersey has a commissioner of education who is appointed by the governor. The state board of education members are also appointed by the governor, by and with the consent of the state senate for terms of six years. While most local school districts elect board members, in large cities such as Trenton or Jersey City, school boards may be appointed by the mayor, thus adding a more political dimension to the educational structure.

Schools are funded through state and local income taxes. The state has set a cap on the amount of money each school district can contribute locally in an effort to have "thorough and equal" education throughout various areas within the state (DeMaio, 1987). Local communities may apply to the state to raise the cap for their school district, but final approval comes from the state board.

New Jersey has a mandated sex education law. "New Jersey Administrative Code states, "Local boards are required to provide courses in health, safety and physical education"" (New Jersey, 1981, p. 14). The state board decided to require family life education because it was convinced that local boards of education needed a state level directive to trigger local curriculum development in this area (p. 3). Local school boards were given until 1983 to have comprehensive programs in place. Although there were no monies attached to the mandate, local school districts found the necessary resources because they knew they had to comply with the law.

In summary, studies done by Chetnik (1981), Hale and Philliber (1978), Noble (1986), and others showed the decision-maker's prominent role as a leader in the creation and implementation of sex education programs. These researchers have determined that there is support for comprehensive sex education programs. The structure of Michigan's educational system politically and financially, as well as the legislation itself, are all factors which limit implementation of sex education programs. As the limited comparisons of Wisconsin and New Jersey suggest, these two states have been more successful than Michigan because of their political structure and arrangement of their educational structure.

The next section on sex education curriculum development explores how curriculum decisions are made in Michigan schools. Literature about designing programs for human reproduction and sex education is presented. Studies relating to course content,

parental views, program outcomes, teacher preparation, and state policy are discussed, providing insight into Michigan's total educational program.

Sex Education Curriculum Development

Curriculum change to meet the needs of today's youth is a necessary goal, not a debatable one. Popular magazines, such as Time (Leo, 1986) and People Weekly (Van Biema, 1987), have dealt with the need for curriculum change and have met with resistance from schools and communities regarding what today's teens are doing sexually and how curriculum programs can be implemented. In February 1987, working through the New York polling firm of Audits and Surveys, People Weekly posed 41 questions to 1,300 students in 16 high schools in the U.S., 1,600 students in 10 colleges, and 500 parents in 12 cities (p. 111). It was stated:

It wasn't easy. Of 148 schools we approached, 132 rejected our surveys. In Pittsburgh, an administrator noted dryly, "The average tenure of a school superintendent in this country is 2.7 years. I'd like to be here at least that long." Another principal in an Illinois suburb said of the likely parental reaction, "I'd have my head on a platter within two weeks of distributing that [survey]." (Van Biema, 1987, p. 112)

Factors Affecting Curriculum Decisions

The state of Michigan has guidelines specifically established for implementing sex education programs. For implementing the guidelines, an instruction book, Sex Education Guidelines,

Including Reproductive Health and Family Planning (Michigan Department of Education, 1978), states:

A local school district that chooses to provide instruction in the areas of reproductive health and family planning has the option of adopting guidelines established by the State Board of Education or developing its own guidelines, however, this shall be done in cooperation with the intermediate school district and the county or district department of public health. (p. 2)

This book contains specific instructions relating to:

1. Teachers and supervisors of programs;
2. Advisory boards, consisting of parents whose children attend the district's schools, pupils, educators, local clergy, and other interested citizens;
3. Development of specific programs; and,
4. Implementation of programs decided upon by an advisory committee.

Zaltman and Duncan (1977) referred to the need for organizations to be cognizant of problems inherent in the two stages of the change process: Initiation and integration. Curriculum advisory committees deal in the first stage, where information is gathered and options are considered. The second stage, implementation, involves modification of the organizational structure in an attempt to place programs within the curriculum. It appears that curriculum implementation of complete programs in reproductive and sex education break down at the second stage.

In Michigan, sex education must take its place in the long list of programs that are considered for implementation through the

curriculum process devised by the state board of education. In the document entitled, Michigan K-12 Program Standards of Quality (Michigan Department of Education, 1985), it was written, "The program standards presented in this document are a resource that describes reasonable levels of quality for Michigan's school programs" (p. iii). When examining programs, as well as textbook adoption, the following has been recommended:

The local board of education and administration should establish a group for the purpose of examining the school district's improvement process that calls for an objective assessment of school programs followed by a well-defined and articulated district-wide improvement process. (Michigan Department of Education, 1985, p. 1)

The process involves nine steps. They are: (a) Establish a district-wide school improvement committee, (b) define the effective school, (c) analyze student performance data, (d) analyze the school program, (e) select areas for attention, (f) develop a school improvement plan of action, (g) monitor the implementation, (h) evaluate the results, and (i) recycle (return to step b).

Certain points can be made about this process. First, local school district advisory committees are often made up of volunteers who for various reasons are unable to attend meetings on a regular basis. Their absence creates a loss of continuity as the process transpires. Second, the members on committees may be issue oriented rather than interested in the program development process. This can cause a slow-down in the attainment of goals set by the advisory committee. In the case of sex education, the committee

risks polarizing into political factions because members are forced to take a stand on content and comprehensiveness of programs.

Some citizens involved in curriculum implementation may not fully understand the concepts that are presented. "There needs to be a representation [on advisory committees] of those who are directly involved in and affected by the issue, the process certainly requires the use of talent, expertise, imagination and knowledge" (MacDonald & Purpel, 1987, p. 191).

Third, advisory committees generally operate under the one vote per person rule when making curriculum decisions. "The difficulty with vote taking, as a Quaker colleague once indicated, is that it fails to take intensity into account" (MacDonald & Purpel, 1987, p. 191).

To understand how curriculum implementation evolves, three school districts in southeastern Michigan were surveyed. The first public school district had approximately 24,700 students (Macomb Intermediate School District, 1986, p. 3). This district was part of the field test of the Michigan Standards of Quality Project in 1984 (Atkins, 1987). "The purpose of these 'standards of quality' is to provide school districts with a tool for curriculum evaluation through self-assessment" (Michigan Department of Education, 1985, p. 1). This school district had completed the assessment phase of the program in their local district by completing the following steps: (a) The board of education established an advisory committee; (b) building-level presentations were made to

administrators and teachers; (c) volunteer committees were established for each subject area; (d) committees reviewed desirability of the standards of quality, and reviewed Michigan Educational Assessment Program and other scores; (e) committees designed a survey to assess teacher perception of student achievement for subject strands using curriculum and Michigan essential objectives; (f) results of the survey were computed by grade level for each area of study; (g) a committee reviewed the results of teacher surveys and test scores, and determined the achievement component based on total information gathered; (h) a report was made assessing standards and recommendations for curriculum improvement for each area studied; (i) implementation of recommendations was reviewed, prioritized, and acted upon by K-12 standards of quality content area committees; and (j) implementation was continued (see Appendix A). Based upon this procedure, the school district had implemented one of the major components of this curriculum oriented change document.

The second public school district had approximately 5,120 students (Macomb Intermediate School District, 1987, p. 3). Although it was indicated that they were not implementating the standards of quality process for curriculum review, the following statement was taken from their policies and procedures:

The Board of Education shall provide the necessary personnel, finances, materials, and equipment to assess, plan, implement and evaluate the curriculum. The administration shall be charged with the responsibility of establishing procedures for orderly study and review of the curriculum. All recommendations for new programs

shall be presented to the Board of Education for their review and adoption. (Fraser Public Schools, 1974, p. 130)

The last school district to be questioned for purposes of this study was the smallest district. Student enrollment was approximately 1,559 (Macomb Intermediate School District, 1986, p. 3). It was reported that the curriculum process consisted of three school board members who talked with teachers, students, and parents in the community to get input as to curriculum materials and topics that were of interest. These members met regularly with principals to discuss any proposed changes. All curriculum implementation had to be approved by the board of education (Schuentz, 1987).

The variety of methods for affecting curriculum change even within one county in the state of Michigan was apparent. In other states, such as New Jersey (Darden, 1981) and Wisconsin (Wallis, 1985), where sex education courses had been part of the curriculum for some time, the politics of whether or not to implement programs had been worked out in the legislature. For example, in New Jersey, "Realists will recognize that politics being what they are, the Family Life Education (or Human Sexuality/Sex Education by any other name) would not successfully tip-toe through the legislative maze in its original form" (Darden, 1981, p. 294).

As stated earlier, most Michigan school districts are dependent upon the state for funding state aid. These districts are also responsible to their individual communities and must be attentive to them because of the need for local funding. Consequently,

they must carefully choose which programs to adopt to avoid alienating key policy makers at either the state or local level.

While the state of Michigan had provided information for implementation of sex education since enactment of Act 226, Public Acts of 1977 (Michigan State Board of Education, 1977), through reports such as Sex Education Guidelines, Including Reproductive Health and Family Planning (Michigan Department of Education, 1978) and Reproductive Health Education in Michigan Public Schools (Wilson & Muraskin, 1985), local school districts had chosen in many cases to implement other programs first.

Sex Education Course Content

Engle and Longstreet (1972) maintained that traditional approaches to social education were no longer sufficient. They wrote, "The explosion of knowledge and swiftness of change and complexity of modern social problems require a continual updating and reinterpretation of the social data available to the citizen" (p. vii). They listed four criteria to be used in curriculum design:

1. The design should deal with its content in an intellectually rigorous way so as to yield a logical consistency at least as powerful as that yielded by the subject curriculum.
2. The design should ensure more immediate individually oriented relevancy than is presently achieved through the subject curriculum.
3. The design should encourage open-ended treatment of specific content selection.

4. The design should be capable of dealing with heterogeneous topical input, i.e., it should have an open curriculum structure based on the full range of sources. (p. 25)

In the development of specific curricular programs at each grade level, experts generally agreed that youngsters are increasingly more sexually active at younger ages (Leo, 1986; McCormick, Izzo, & Folik, 1985; Schilmoeller & Baranowski, 1985). Therefore, it is increasingly more important that there be comprehensive programs in place starting in kindergarten and progressing through high school.

Parcel and Luttman (1981) evaluated course content in sex education and defined the following outcomes as those most important in assisting students in making decisions related to sexual behavior: (a) Increase knowledge of sexual anatomy, [social] development, and behavior; (b) reduce guilt associated with sexual issues; (c) decrease level of worry over sexually related concerns; and (d) increase acceptance of the normalcy of sexual behavior (p. 280). In many cases, there is not time enough to cover even basic sexuality issues; therefore, these outcomes are impossible to achieve.

Reinzo (1982) wrote, "Teenage pregnancy involves three kinds of well-documented dangers: Medical, psychological and social" (p. 192). The majority of sex education programs are taught at the high school level, even though statistics show that youngsters under 15 run the highest risk of educational, medical, and social problems resulting from pregnancy. The process of integrating

curriculum is not a simple one. Many teachers, after learning about the information to be taught, have asked if they can be required to participate in teaching sex education against their wishes.

Parental Views about Sex Education

Alexander (1984) studied how to improve programs in sex education for adolescents. Her study, "Improving Sex Education for Young Adolescents: Parents' Views," found that parents wanted to be the primary sources of education to their children, and they wanted schools to supplement their efforts. When parents were asked if public schools should offer classes for parents on discussing sexuality issues with their children, 89% said "yes," and 71% said they would probably or definitely take a class of this nature (p. 225).

Parcel and Coreil (1985) studied parental evaluation of their children's participation in a 10-week, one hour a day, school-based sex education program. Parents of 58 (37%) of the 158 students who enrolled in the course were interviewed. "A large portion of the parents (79%) reported that the course made it easier to discuss sexual matters with their child" (p. 10).

Sex Education Program Outcomes

Thomas et al. (1985) studied the long-term retention of sex education information. During the 1980-81 school year, 12 two-hour

units were taught to coeducational groups of about 85-89 students in a large activity hall. A 38-item pretest was administered to 359 ninth graders at an experimental school, and 258 at a control school. The students who completed the sex education course increased their mean test scores significantly from pretest to posttest. They sustained their scores on tests given one and two years after the course was completed.

Klein, Belcastro, and Gold (1984) investigated the immediate and long-term impact of sex education upon program participants. The authors found that program gains were achieved as a result of each school's sex education program, and that those gains remained over time. They noted that the skill of student decision-making should be a key outcome of sex education. "Clearly, the goals of reducing unplanned adolescent pregnancies and facilitating a positive fulfilling sexuality; the two principal goals identified for sex education may be dependent upon one's decision-making skills" (Kirby, Alter, & Scales, 1979, as cited in Klein, Belcastro, & Gold, 1984, p. 815).

Teacher Preparation for Sex Education

According to Kirk and Wallace (cited in Bruess & Greenberg, 1981), qualified teachers for the dissemination of information relating to sex education was an important factor in preparation of the school curriculum. They stated:

The qualifications for teaching sex education in public schools should be the same as the qualifications for

teaching in most other fields. A good teacher must be able to establish rapport with the class. A good teacher must know the subject matter thoroughly, and must strive to communicate it at a level that can be understood. A good teacher must be able to handle all aspects of the field and not be emotionally blocked from covering a particular part of it. (p. 5)

The American Association of Sex Educators (AASECT) set forth requirements for certification to teach sex education. They were:

1. Passing a test of knowledge of human sexuality.
2. Completing an accredited course in educational counseling skills.
3. A minimum of two years experience teaching sex education.
4. Participation in a two-day workshop conducted by AASECT.
5. Basic training courses in counseling skills or equivalent counseling experience. (Bruess & Greenberg, 1981, p. 20)

Graham and Smith (1984) found that teacher attitudes about sexuality appeared to be the most important personal factor in influencing teachers' willingness to include a variety of topics in the instructional program. After conducting interviews with 32 teachers, they described sexuality comfort as "a broad complex construct involving cognitive, affective and behavioral responses to sexuality" (p. 440). It appeared that to operationally define sexuality comfort was unachievable apart from experience.

Brick (1985) wrote, "In districts where in-service workshops are provided, teachers who had no orientation from their administration often arrive feeling resistant, upset that they are expected to teach one more thing--and sex at that" (p. 1)! She made

the point that we are now teaching children they have a right to say "no" to certain behaviors. We must also teach them about what it is they must say "no" to. It is apparent that sex education occurs whether teachers have been prepared or not whenever they react to incidental masturbation, slang, or "bathroom" jokes. Sexuality education is learned in all areas of the school curriculum.

Yarber and McCabe (1984) wrote, "Being in frequent contact with the intended audience, the teacher may have the most accurate opinion of topic importance relative to the needs of the students" (p. 37). They, too, found that sex education teachers' attitude toward their own sexuality was the most important personal trait relating to topic importance in curriculum presented to students.

State Policy Relating to Sex Education

In a report prepared for the Michigan State Board of Education, Wilson and Muraskin (1985) investigated what the state had done in terms of implementation and curriculum development in the eight years since the passage of Act 226, Public Acts of 1977 (Michigan State Board of Education, 1977).

In general, the percentages of class time devoted to reproductive health education would appear to be small. Although the amount of time is slightly higher when reproductive health education is an elective, only nine districts [out of 123 responding] indicate that 60 percent of their student body elect to take it. (p. 8)

In addition, Wilson and Muraskin (1985) found that the ninth grade is the grade at which the greatest number of topics on their questionnaire was most likely to be introduced. "Decisions about

the content and timing of reproductive health education programs may be shaped as much by adults' hesitations about sexuality in schools, as the children's need for timely and comprehensive information" (p. 14).

Remembering that only nine districts of the 123 responding school districts (in the state which has 525 total districts) have 60% of their student body receiving sex education, it could be assumed that most districts responding have not achieved even a minimal level of compliance with Act 226, Public Acts of 1977 (Michigan State Board of Education, 1977). Perhaps the significance of Wilson and Muraskin's (1985) study was the listing of policy options for the state board of education to consider. It is apparent, however, that the following policy options are weak because they are optional and not mandatory for Michigan:

1. Circulate their published report to policy makers, such as legislators, staff of the Governor, and officials in the Department of Health and Human Services.
2. Conduct a study of districts which have not implemented Act 226, Public Acts of 1977 (Michigan State Board of Education, 1977), to determine barriers to the creation of programs.
3. Convene a statewide conference on the effects of the act.
4. Obtain and disseminate current statistics on teenage pregnancies, births, and abortions in communities throughout the state.

5. Hold hearings in various parts of the state on the implementation of Act 226, Public Acts of 1977 (Michigan State Board of Education, 1977).

6. Commission a statewide poll to determine levels of public support for reproductive health education.

7. Examine the possibility of offering state financial incentives for program development.

8. Circulate information on model reproductive health education programs in the state.

Summary

This section on sex education curriculum identified a series of factors affecting program implementation and curriculum decisions on (a) course content, (b) parental views, (c) program outcomes, (d) teacher preparation, and (e) state policy.

Armed with this information, Michigan's decision makers should have been establishing programs within their schools. Yet, to a large extent, this was not the case.

The next section addresses factors that could have an effect on choices made by decision makers when asked their opinions about complete programs of reproductive and sex education. Information about their perceptions as to public support for various topics to be taught, as well as reasons for and against implementation, could be different based on such factors as age, gender, and religious preference. Studies to support such differences are presented.

The Role of the Decision Maker

Too often, school decision makers are fearful of possible ramifications when initiating a sex education program. "Even where sex education has been accepted into school curriculum, nervous administrators often relegate it to a one-shot Planned Parenthood demonstration on contraceptives and VD horror films" (Brick, 1981, p. 226).

One view, presented in the National Review (Sex and paradox, 1986, p. 61) and included here to demonstrate that there is a continuum of views from conservative to liberal, pointed out:

With respect to sex, the moment you get pregnancies or venereal disease, it is quickly inferred that desirable sexual habits are not being taught at home, and therefore it is the responsibility of the public school to teach sex. Why should a society concerned with the sexual explosion not be asking itself these questions, [about pregnancies and venereal disease] and exploring the absence of religious training in the schools and its possible relationship to abandoned moral sanctions?

Chetnik (1981) studied decision makers in Michigan schools and found they didn't want to be responsible for students who might "try out" all they had learned in the classroom. She also learned that decision makers feared the appearance of usurping the rights of parents. She wrote, "Reluctant to create community crisis and/or being uncomfortable with sex education personally, they avoid setting in motion a sex education curriculum, while saying 'young people need sex education'" (p. 268).

Gordon (1977) stated, "The biggest problem [implementing sex education programs] is that superintendents and principals are overly responsive to extremist elements in our society" (p. 132).

Hale and Philliber discovered in a study done in 1978 that "school administrators and board members report that, while they favor sex education, they fail to work for its inclusion for fear of community opposition" (p. 589).

Researchers such as Wagman and Bignell (1981) found three common reasons for administrative resistance to family life education classes: (a) Conflict with personal beliefs, (b) fear of opposition, and (c) practical problems related to teacher selection and curriculum scheduling. They wrote:

In fact, it is important to point out that some of the principals and district administrators more committed to family life and sex education have had personal beliefs which at some level have caused them to oppose the school's involvement in sex education. (p. 249)

Stronck (1982) wrote of the three paradoxes that characterize the public atmosphere surrounding the subject: (a) Never before has there been such extensive public support--and, at the same time, such militant, well-organized, and effective opposition; (b) never has there been so much evidence corroborating the need to meet the urgent immediate problems of youngsters, while much evidence also rates crash programs as ineffective; and (c) never before have educators known so much about how to provide adequate sex education programs, but concurrently experienced so many organizational problems concerning these programs (p. 24).

Noble (1986), studying Canadian administrators' perspectives on health education, pointed out that when caught between two groups who are often at odds, administrators would rather opt out of decisions relating to sexuality programs. He wrote, "They [administrators] must recognize the blatant and benign and be cognizant of the philosophical foundations of both arguments. Programs inadequately conceptualized and implemented will be harmful, not only to the student, but ultimately to the administrator" (p. 22).

In the last three years, the collective conscience of society has been raised by the discovery of AIDS. This fatal disease has drastically changed decision-makers' perceptions of the importance of sex education. "AIDS will definitely change the nature of sex education as we know it," said Harvey Fineberg, dean of Harvard School of Public Health. "We are at a point where sex education is no longer a matter of morals--it's a matter of life and death" (cited in Guth & Williams, 1984, p. 59).

Guth and Williams (1984) studied how school administrators' philosophical orientation affects management practice. They wrote, "School administrators must realize that all human behavior is either consciously, or unconsciously guided by philosophical concepts" (p. 59).

Sivulich (1973) studied the effect sex education has on the overcrowded curriculum and the administrator's efforts to institute programs. She said, "To consider the impact of sex education on the administrator, one must appraise his role and responsibilities

in relation to parents, the public in general, teacher expertise (capabilities), and student need" (p. 24). Sivulich also pointed to the fact that because of overcrowded curriculum, sex education is normally relegated to low priority. She referred to this as "orphan status" (p. 24).

Although the need for sex education is evident and the philosophical approach dictates that all institutions should be involved, there is a definite burden placed on the educational administrator because it is he who must expand the overcrowded curriculum, must be the super public relations man, and must always seek to insure that the education of the youth is directed toward the whole individual. (Sivulich, 1973, p. 26)

The need arose to ask decision makers who were directly responsible for policies related to implementation of sex education what they believe about placing programs in their own curriculum. If they agreed that complete programs should be in their own schools, were they concerned about community support?

Perceptions of Public Support for Sex Education

Education Daily, in reviewing a report called, "Teen Pregnancy: Impact on Schools," found:

Both school administrators and the public seemed to think the school should do more about the problem of teen pregnancy and teen parenting, but both groups seemed hesitant to broach the subject. . . . Administrators seemed to fear the public would accuse them of going too far, and they were not sure they would have the support of the public or legislators. (Teen Pregnancy, 1987, p. 2)

"Studies suggest that the most common reason for failure to offer sex education is fear of negative community reaction similar to that observed in Anaheim [California] where there was extreme

community unrest at the attempt to implement sex education"

(Scales, 1980, p. 341). Several other researchers (Campbell, 1986; Chetnik, 1981; Darden, 1981; Knight & Keropian, 1968; Tatum, 1981; Wilson & Muraskin, 1985) have substantiated this observation.

Other common reasons for failure to provide comprehensive programs in sex education included:

(1) A perceived lack of funds; (2) administrators' desire to avoid religious or political conflict; (3) failure to perceive the need for such education; (4) administrative belief that other groups are offering the necessary programs; (5) administrator belief that the public is not comfortable with human sexuality; (6) professionals' confusion about rapid change in sexual values and life styles; and (7) defining human sexuality only as "intercourse" and sex education as intervention to prevent the negative consequences of intercourse. (Scales, 1980, p. 341)

Wilson and Muraskin (1985) in discussing some reasons for the lack of implementation stated, "Decisions about the content and timing of reproductive health education programs may be shaped as much by adults' hesitations about sexuality in schools, as children's needs for timely and comprehensive information" (p. 14). Some administrators exhibited authoritarian styles of leadership when confronted with program implementation. Kelley (1985), in a study conducted about sexuality and hostility of authoritarians, said, "Authoritarians have been shown to dislike arousal in themselves (Bryne, Cherry, Famberth, & Mitchell, 1973) and to label it more negatively in others" (Kelley, 1985, p. 173).

Campbell (1986), a leading authority on young adolescent sex manuals, said:

We live today in an era of oppressive sexual ambiguity, although there seems to be a great deal of freedom, it is undercut by a hidden residue of guilt from the past. On a background of permissiveness left over from the sixties and seventies has been superimposed a new conservatism, as the nation has turned massively to the political and religious right. Rampant herpes and AIDS brought about a sudden revival of respect for the value of monogamous relationships. (p. 300)

The literature contained several descriptions of school districts which attempted to gain public support in order to implement programs on family life and sex education, and the problems which they encountered. One such community was Las Vegas, Clark County, Nevada. After Nevada passed sex education legislation in 1979, efforts were put into motion to implement it. Many school districts hired outside consultants from agencies such as the March of Dimes, Planned Parenthood, and the county health department, instead of immediately forming a countywide advisory board.

The consulting agencies differed in their interpretations of the law, and eventually the attorney general for the state of Nevada was forced to make an official interpretation which favored strict, to-the-letter enforcement of the law.

The Sex Education Advisory Board was supposed to be appointed by the entire board of trustees for the county. In Clark County, however, only the board president, who opposed sex education, selected members to serve on the board. Community members were angered. They opposed his choice. As a result, further difficulties arose when attempting to create workable definitions for courses within the confines of the law (McNab, 1981). McNab wrote, "It is

important that sex educators and administrators identify and distinguish between those opposed to a sex education program and those resisting a program" (p. 298). This ability to distinguish positive and negative forces is important if programs of sex education are ultimately to become part of the school curriculum.

Tatum (1981) described the Falls Church, Virginia, experience.

She wrote:

When schools stigmatize a subject such as sexuality by omitting it from the curriculum, they leave it to the parents, peers who are often poorly informed and the media. Since reliable research indicates that roughly 80 percent of parents do not adequately sex educate their children, it must be assumed that peers and the media take up the slack. (p. 223)

Sex education in Falls Church started in 1972 with parents asking what was being done in the area of family life education. From this initial question came the formation of a community-based committee consisting of parents, clergy, community leaders, faculty, and an administrator. The result was a year-long elective course entitled "Life Science" to be offered to ninth graders within the science department.

While reported data as of 1981 were positive as to the knowledge of sex information, the author noted that opposition to this type of program was less effective because of the involvement of key groups within the community. Tatum (1981) wrote, "We quickly discovered in Falls Church that five groups of people must become involved in the production of a program: administrators, faculty, parents, students, and the school board" (p. 225). The need for

public support from these five groups when implementing programs is evident.

Prince George County, Maryland, was one of the largest suburban school systems in the country with 216 schools. The population was a cross-section of America because of its proximity to Washington, DC, as well as area covering the conservative Mennonite farms of Maryland. Their sex education program was developed to be in compliance with Maryland State Board of Education By-Law 13.03.02.01 (Schaffer, 1981, p. 219).

As of 1980, 99.5% of the schools in Prince George County had fully implemented sequential programs in kindergarten through 12th grade. The program was credited with better than 98% parental acceptance and student participation (Schaffer, p. 219). The public strongly supported program implementation. Schaffer described the Prince George program enthusiastically. Although this program had very little opposition, he wrote, "Far too many of the remainder of these programs have come under attack and have been watered down, severely restricted, or completely eliminated" (p. 219). He further wrote that problems may have been poor administration of programs, or ill-prepared and poorly supervised teachers, and not just public support.

Alexander (1984) studied parents' views toward sex education programs and found encouraging news. "The vast majority (89%) generally approved of sex education in schools" (p. 241). Most indicated that they did not think parents alone could provide an

adequate sex education for their children (68%). They wanted to be the primary sources of sex education to their children, however.

While a great majority of parents supported sex education in school (Alexander, 1984; Noble, 1986; Schaffer, 1981; Tatum, 1981; Wilson & Muraskin, 1985), a vocal and sometimes extreme minority often succeeded in blocking or weakening sex education programs.

The National Education Association counted over 300 organizations and at least 1,500 other apparently unaffiliated individuals who have been visible opponents of sex education (Scales, 1981, p. 300). A weapon that grew out of the 1960s that is used frequently today is censorship of school textbooks and curricula. Fundamentalists use this tactic in order to "protect America's children" (Scales, p. 301). Gaining support for comprehensive programs involves knowing about who minority groups are and where they have a stronghold in the community.

One group of sex education opponents believed that beyond biological facts, sex education became involved with the value aspect of the sexual act (McAuley, 1978). The issue then became one of decision-making being based upon the local community's ethics. This relationship between sex education and community ethics was believed to exist by many parents who viewed sex education as sex instruction.

Noble (1986), summarized the case for opposition as follows:

The role of parents is being subjugated, value decisions made inappropriately may be encouraged, sex education leads to sexual experimentation and promiscuity, school curriculum are already overloaded with higher priority

material, and teachers may be unsuited and unqualified to teach sex education" (p. 22).

Another frequent tactic used by minority groups to influence community support for sex education programs and described by Scales (1981) is the free use of undocumented scare stories about students usually in a "near-by state." Scales wrote, "The danger posed by these groups is that our precious freedoms are under attack, but many Americans don't seem to appreciate the significance of this attack" (p. 301). The ever-present vocal minority can present problems to any school system attempting to implement sex education courses into the curriculum.

Several researchers whose studies spanned as much as 15 years (Campbell, 1986; Chetnik, 1981; Noble, 1986; Scales, 1980 & 1981; Wilson & Muraskin, 1985) were still voicing the fear the public had that sex education information would be misused if decision makers were to implement comprehensive programs in human reproductive and health education. An attempt was made to show how some school districts have dealt with fear (McNab, 1981; Schaffer, 1981; Tatum, 1981) when implementing programs of sex education into their schools. Dealing with the issue of educating youngsters about human sexuality must examine, not only what should be taught to whom, but also the reasons given for offering programs and reasons a vocal minority have voiced for not offering sex education.

Was the perception that there are too many problems associated with gaining community support when implementing programs in human reproductive and sex education in the study county of Michigan

contributing to decision makers avoiding the task of implementing programs? Did decision makers in southeastern Michigan who perceived a higher degree of community support for programs also believe there was a high probability that guidelines, reasons for offering sex education, reasons for not offering sex education and certain topics would be accepted and implemented in their schools?

Attitudinal Traits Affecting Decision-Making

It appeared appropriate to define the concept of attitudes, and how such factors as age, gender, religious preference, and perceptions of public support are reflected in them when obtaining the opinions of decision makers. Shaw and Wright (1967) stated, "Attitudes, the end products of the socialization process, significantly influence man's responses to cultural products, to other persons, and to groups of other persons" (p. 1). In a chapter entitled, "The Nature of Attitudes," they further explained that knowledge of the principles that govern change will affect the ability to manipulate the individual's reactions to relevant objects. They considered an attitude to be an evaluative reaction based upon evaluative concepts which are closely related to other cognitions and to overt behavior. Stated another way, an attitude is, "a mental position with regard to a fact or state; a feeling or emotion toward a fact or state; the position of something in relation to a frame of reference" (Webster, 1981, p. 72).

The difference between attitudes and other constructs, such as concepts, belief, and motive, was made when the authors stated, "Belief in something is acceptance at some level of probability that the thing exists, while belief about a thing is defined as the probability that specific relations exist between the concept and some other object, concept, value, or goal" (Shaw & Wright, 1967, p. 4). Concept, on the other hand, is a more generic term than attitude, and as a cognitive process provided the basis for the formation of evaluation. While attitudes and motives both refer to directionality of behavior, but not to behavior itself, Shaw and Wright (1967) labeled motives by their goals and were goal specific.

Chisman (1976), described the three components of an individual's attitude as feelings, beliefs, and action tendencies toward an object (p. 26). He stated:

Psychologists do not expect that individuals to whom they assign attitudes will always maintain consistent beliefs and feelings . . . but they will be maintained frequently enough for them to say that the cognitive and affective components of attitudes "tend" to be consistent. (p. 29)

Individuals maintain the consistency of their beliefs over time unless they experience some significant emotional event. This concept is referred to as the homeostatic principle.

Shaw and Wright (1967) observed, "Attitude research is the essential first step toward improved communications with any audience" (p. 1). An effort should be undertaken to discern attitudes of decision makers about their perceptions regarding various

policies they deemed important in human reproductive and sex education. Also needing consideration is the potential the decision maker believed exists for their policies to be implemented. Such factors as the decision-maker's age, gender, religious preference, and perception of public acceptability of human reproductive and sex education needed to be considered. Examining these factors as they relate to decision makers helped in presenting a clearer profile of decision makers in the subject county in Michigan. If research suggests that older decision makers have different opinions than younger ones, or that women decision makers answer differently than men about sex education programs, then those concerned about program implementation should be able to create instruction that fits these conclusions. The need arises, then, to "teach the teacher." As always, real learning takes place when education is appropriate to the learner's chronological, social, and emotional age. When asking decision makers questions related to religious practices and affiliation, efforts to see similarities and differences that cluster around certain religions can help in further understanding decision makers in southeastern Michigan who were responsible for placing programs into the curriculum so that youngsters gained much-needed knowledge about human reproductive and sex education.

Age

Studies by Fischman (1985), Gonzalez and Zimbardo (1985), and others suggest that value systems and perceptions are affected by age. In a study presented at the National Conference of the Gerontological Society of America, Shaie (cited in Fischman, 1985, p. 8) found a relationship between the cognitive abilities, life-styles, and rigidity or flexibility of the older members of a group of 2,000 subjects ranging from 22 to 88 years of age.

Gonzalez and Zimbardo (1985) studied how different time perspectives related to age. They reported, "Sensitivity to time pressures is . . . age related, with older people indicating more emotional reactions to lateness and time pressure" (p. 24).

To determine the extent to which age stereotypes creep into administrative decisions, Rosen and Jerdee (1977) conducted a questionnaire survey of Harvard Business Review subscribers. They concluded, "Managers took very different administrative approaches depending on the age of the problem employee" (p. 100). The authors found a discrepancy between attitudes and decisions in older respondents. Age has an effect on perceptions and attitudes, whether a decision maker is the manager or is being managed by someone else.

Creativity in adulthood and old age was investigated by Ruth and Birren (1985). A total of 150 well-educated subjects participated in the study. The age breakdown was 46 young (25-35 years) persons, 54 middle-aged (45-55) persons, and 50 old (65-70 years)

persons. Results showed that there were age differences in creativity. The differences showed a disadvantage for older subjects. The older they were, the less creative they were. Age also tended to reduce intelligence, and consequently, verbal ability (p. 99).

Research in several different academic disciplines by Schaie (cited in Fischman, 1985), Gonzalez and Zimbardo (1985), Rosen and Jerdee (1977), and Ruth and Birren (1985), indicated that age may affect various factors relating to cognitive reasoning in that it may be reduced. It appeared important, then, to discern if age would have an effect on how decision makers reported opinions about human reproductive and sex education programs in their schools, and the support they perceived the community to have for such programs.

Gender

Traditionally, studies have shown that there are differences in attitudes between men and women. For example, Medora and Woodward (1982) investigated the possibility of differences between the opinions of fraternity and sorority members and nonmembers in their opinions concerning premarital sexual behaviors. "Statistically significant differences . . . were found between the opinions of males and those of females" (p. 214).

Milner and Tetu (1979) studied leadership styles of male and female department heads in departments of physical education. They asked the question, "Does a relationship exist, in fact, between the sex of an administrator and the perception that faculty has of

the administrator's behavior" (p. 22)? Results of their research showed measurable differences. Male faculty perceived female administrators as differing significantly from male administrators in terms of initiation of structure. Milner and Tetu (1979) believed that male administrators exhibited this trait more strongly than females did (p. 23).

Gender differences were also found in a study on conservatism among black and white South African students by using the Wilson-Patterson Attitude Inventory (c-scale). With the exception of one group from the University of Pretoria, males tended to be more conservative than females (Heaven & Niewoudt, 1982).

Domino (1982) studied attitudes toward dreams. He developed a questionnaire to explore the relationship between creativity and attitudes toward dreams. Response distributions were tested. Results showed statistically significant differences between men and women for 21 of 34 items on the questionnaire (p. 122).

Research conducted by Slaney and Gaballero (1983) clearly suggested that men, especially in their roles as potential, or actual partners or husbands, have a very significant influence on the career development of their partners or wives. Their study explored attitudes held by men and women about job selection. While each responded differently to videotapes developed for the project, women appeared to be significantly influenced in their career selection and development by the attitudinal responses of men (p. 128).

Studies discussed in this section revealed that there are differences between the way men and women respond to the same information. This evidence suggested that there was a need to examine differences held in opinions of males and females as to their perceptions regarding various policies deemed important in the area of sex education, and the potential they believe exists for those policies to be implemented. In order to determine what decision makers believe about complete sex education programs, they were asked about guidelines that have repeatedly been found in the literature that relate to teaching courses, reasons for offering programs, reasons for not offering programs, and the potential decision makers believed exists for implementation of programs, taking into consideration the perceptions they had about public support of them.

Religion

There is great variation in religious belief among contemporary members of society. Allport (1959) wrote:

During the past fifty years religion and sex seem to have reversed their positions. Writing in the Victorian age William James could bring himself to devote barely two pages to the role of sex in human life which he labeled euphemistically the "instinct of love." Yet no taboos held him back from directing the torrent of his genius into the Varieties of Religious Experience. On religion he spoke freely and with unexcelled brilliance. Today, by contrast, psychologists write with the frankness of Freud or Kinsey on the sexual passions of mankind, but blush and grow silent when the religious passions come into view. (p. 1)

Allport (1959) went on to report that religious sentiments of mankind, whatever the fate of institutional religion may be, were very much alive, and would perhaps always remain alive for their roots were very deep (p. 3).

Glock and Stark (1968) studied patterns of religious commitment. In a three-volume study of religion, they developed a linguistically comprehensive set of standards for measuring religious commitment, explored the conditions under which it occurred, and the extent to which it influenced and shaped the lives and behaviors of modern Americans.

Their research distinguished five dimensions of religiousness: Belief, practice, knowledge, experience, and consequences. In a chapter entitled, "Measuring Religious Belief," they made a distinction between orthodoxy, which was the extent to which doctrines of a given faith were acknowledged, and particularism, which also presupposed supernaturalism, but, in addition, postulated that only one version of the nature of the supernatural was true. In other words, if one subscribed to a particular religion and believed only that doctrine would allow "believers" into heaven or the higher state of grace that was sought, then that person was exhibiting particularism by rejecting other religious teaching. While Glock and Stark (1968) created scales to measure several aspects of religion, those dealing with orthodoxy and particularism were considered pertinent to this research.

DeJong, Faulkner, and Warland (1976) attempted to explore the problem of specificity versus generality in measuring the religious variable. In a study using both American and German students, the "findings suggest that although the two groups differ rather widely in the degree of adherence to religious beliefs, religious practices, etc., they are strikingly similar in the structure of religiosity" (p. 888). The subjects in the study identified with certain listed religions. Measured also, however, was the extent to which they practiced the precepts of the church, one precept being church attendance. The extent to which the rules of the listed religion were followed refers to religiosity. The total number of subjects was 926--536 Americans and 390 Germans. The researchers suggested that the concept of religiosity may be defined either at more general levels of analysis, or in a more precise manner at a specific level of analysis, depending upon how appropriate it might be for the necessary data collection.

Stevenson and Courtenay (1982) studied the relationship between religiosity and attitudes of nurses' aides toward sexual expression by older adults in nursing homes. It was concluded that behavioral, rather than ideational, aspects of religiosity were most predictive of permissiveness of attitudes toward sexuality and aging of the 101 nursing home aides surveyed in the study. The authors wrote, "Clearly the religious variables were important predictors in this study" (p. 13). Nursing home aides with greater

religious commitment tended to be less tolerant of sexual expression among residents.

Convey (1984), in a study commissioned by the National Center for Education Statistics, sought to determine whether Catholics who attended Catholic high schools, and Catholics who attended other high schools differed in their religious practices, religious self-evaluations, and in their value orientations toward family, community, work, friendships, and children (p. 47). Data obtained from over 58,000 high school sophomores and seniors suggested that "for whatever reason, Catholic school Catholics are engaging in formal religious practices at a substantially higher rate than those students who attend other schools" (Convey, 1984, p. 48). In other words, it may be assumed that if you attend a parochial school you will more likely engage in religious rituals and practices.

In a study conducted in Toronto, Ontario, Canada, Davids (1982) surveyed Jewish students belonging to either the Jewish Student Union or the Jewish Student Federation from two universities. Two-thirds of the sample (139) were males; the remaining 69 were females. They had participated in a computer dating service and completed the survey as part of the package of materials sent. It was generally expected that students who indicated a high sense of Jewish identity would also tend to view themselves as more religious; would tend to have more extensive Jewish education background; and would be less likely to favor nontraditional behavior, such as significant consumption of liquor, soft drugs, and

involvement in premarital sex. A great majority (84%) of the students indicated high Jewish identity, which showed there was a difference between these subjects and other Jewish students. Other results also fell within the researcher's general predictions.

Himmelfarb (1975) defined religious involvement as "the degree to which a person's religion occupies his or her interests, beliefs, or activities" (p. 607). He searched for similarities and differences between theoretically plausible typologies, attempting to clarify matters by empirical verification. He wrote, "Everyone agrees that there are at least two elements of religious involvement: doctrinal beliefs, and ritual observance. . . to the God of the religion, and the religious group" (p. 606). Data were based on a sample of 1,278 school alumni, and arrived at four general orientations of religious involvement: supernatural, communal, cultural, and interpersonal. In studying religious involvement, research suggested that decision makers who state that they are actively practicing a listed religion may react differently than those who are not when asked about information related to sex education.

Evidence pointed to the conclusion that religiosity is a measurable variable, and affects how subjects perceive many, if not all, conditions within their lives (Convey, 1984; DeJong, Faulkner, & Warland, 1976). It was thought that by obtaining data relating to religious denominations, orthodoxy, and particularism from decision makers, and relating this information to their opinions about

guidelines for implementing sex education programs, reasons for offering sex education, reasons for not offering programs, and topics to be taught in complete programs of reproductive health and sex education, a relationship would perhaps emerge.

Summary of the Review of Related Literature

In this chapter, an overview of those components necessary to implementing programs of human reproduction and sex education were presented. A brief history of legislation affecting Michigan was appropriate in order to clarify the point that Michigan is a state that allows, but does not mandate, comprehensive programs. Such programs are not yet, even after 10 years in place.

An effort was made to explore sex education curriculum in terms of (a) factors affecting decision-making, (b) course content, (c) parental views, (d) program outcomes, (e) teacher preparation, and (f) state of Michigan policy relating to sex education program implementation.

The section on the role of the decision maker in curriculum development examined the complexity of responsibility decision makers have within school districts. They were fearful of implementing sex education programs, yet it appeared from the literature (Alexander, 1984; Campbell, 1986; Kenny & Orr, 1984; Leo, 1986), they were in favor of implementing such programs. Superintendents, curriculum directors, and school board members are all charged with the responsibility of deciding who is taught what (and when) in

human reproductive and sex education. While building administrators must enforce the policies decided upon by local school boards with the help of central office administrators, it is in the state of Michigan, the school board which is directly responsible for giving permission to program implementation.

Other factors affecting decision-making in relation to comprehensive programs of sex education included perceptions decision makers had of community support. An attempt was made to show how some school districts had dealt with adversity (McNab, 1981; Schaffer, 1981; Tatum, 1981) when implementing programs of sex education into their schools.

The term, "attitude," was defined in order to explore how a decision-maker's attitudes might be reflected in opinions about information to be offered in sex education courses, as well as reasons for offering sex education, reasons for not offering sex education, and topics to be covered. Research on additional traits, such as age, gender, and religious preference, was reviewed. Studies relevant to these traits and how they may have an effect on decisions were presented.

Research Questions

The present study compared and contrasted decision makers' opinions regarding guidelines about information to be taught in human reproductive and sex education courses, reasons for offering sex education, reasons for not offering sex education, and topics

to be taught. As was seen in the preceding review of literature, the factors of age, gender, religion, and perceptions of public support toward sex education have repeatedly appeared to be influential factors in topics related to issues presently being considered. Specifically, listed below are research questions presented in full general research and substantive forms.

Question 1

General Research Form

Will decision-makers' opinions differ according to age?

Substantive Hypothesis

Opinions of decision makers will differ according to certain age groups when asked about guidelines for teaching sex education, reasons for offering sex education, reasons for not offering sex education, and topics to be taught in courses of reproductive health and sex education.

Question 2

General Research Form

Will decision-makers' opinions vary according to gender?

Substantive Hypothesis

Opinions of decision makers will vary according to gender when asked about guidelines for teaching sex education, reasons for offering sex education, reasons for not offering sex education, and topics to be taught in courses of reproductive health and sex education.

Question 3

General Research Form

Will decision makers who belong to a specific listed religion answer differently than those who do not?

Substantive Hypothesis

Opinions of decision makers who belong to a specific listed religion will differ from those who do not, when asked about guidelines for teaching sex education, reasons for offering sex education, reasons for not offering sex education, and topics to be taught in courses of reproductive health and sex education.

Question 4

General Research Form

Will decision makers who attend church regularly answer differently than those who do not attend church regularly?

Substantive Hypothesis

Opinions of decision makers who regularly attend church will differ from those who do not when asked about guidelines for offering sex education, reasons for offering sex education, reasons for not offering sex education, and topics to be taught in courses of reproductive health and sex education.

Question 5General Research Form

Will there be a relationship between perceived probability for implementation of information and perceived community support for the information to be taught in sex education courses?

Substantive Hypothesis

Opinions of decision makers regarding probability for implementation of information to be taught in sex education courses will be related to their opinions of how much community support exists regarding the information to be taught.

CHAPTER III

DESIGN AND METHODOLOGY

Overview

In this chapter, the methods employed in this study are presented, and the population used is defined. The instrument used in collecting data is reviewed, and the variables used in the design are named. The procedure for the administration of the instrument is outlined. The dependent variables are presented, and procedures for the statistical analysis applied to the data are described.

Population

The population for the study consisted of decision makers in each of the 21 public school systems located in southeastern Michigan. These decision makers were superintendents ($\underline{n} = 21$), assistant superintendents in charge of curriculum development and instruction ($\underline{n} = 17$), and school board members ($\underline{n} = 147$) of the districts.

The subject population was located in southeastern Michigan. The county encompassed approximately 508 square miles and included urban, suburban, and rural localities. The resident population, as estimated in the 1982 census, was approximately 694,000. The county's 21 school districts were representative of both large and

small student populations, with district sizes ranging from 1,157 to 23,503 (Macomb Intermediate School District, 1987, p. 3).

Development of the Instrument

Various questions from two existing questionnaires were pooled in order to provide measures of both the dependent and independent variables of concern central to this investigation. In a study undertaken at Indiana University by Wayne (1981), it was stated:

The apprehension among school administrators regarding sex education programming stems primarily from one factor--fear of public reaction. This fear continues to abound in spite of research findings which have constantly demonstrated a strong basis for support for sex education in schools. (p. 63)

By contacting all state boards of education in the United States, as well as the District of Columbia, Wayne (1981) accumulated guidelines formulated by states related to human reproductive education. The guidelines were then synthesized into 20 guidelines that were consistently listed among 43 states having written guidelines.

The instrument was then printed in such a manner as to include (a) a definition of family life/sex education, (b) an explanation of where guidelines were gathered, (c) directions for filling out the instrument, and (d) a brief explanation of the choices for responses. The instrument itself was two pages long. Approximate completion time was 15 minutes. Both measured variables--the degree of acceptance and the potential for implementation--were measured on a 5-point Likert-type scale. (See Appendix B.)

Marini and Jones (1982) created a lengthy instrument entitled, "Family Life and Sex Education Questionnaire," in which they measured superintendents' and board members' opinions regarding the instituting of programs, desired curriculum components, reasons for offering sex education in schools, reasons for not offering sex education in the schools, and a variety of additional views and comments which they repeatedly found in the literature. (See Appendix C.)

For the purpose of this study, only particular sections of both Wayne's (1981) and Marini and Jones' (1982) instruments were used. Wayne's concept of guidelines for implementation of human reproductive and sex education classes, and the potential for implementation of these guidelines, were combined with reasons for offering programs, reasons for not offering programs, and topics to be covered in human reproductive and sex education classes, which came from Marini and Jones' research questionnaire.

Ten of the guidelines investigated by Wayne (1981) were also found in the state of Michigan's (Michigan Department of Education, 1978), Sex Education Guidelines Including Reproductive Health and Family Planning. These were included in the questionnaire for this study. This study, similar to Wayne's, attempted to measure respondents' opinions and perceptions of acceptability, probability for implementation, and degree of community support regarding each of 10 guidelines. Additionally, questions from Marini and Jones' (1982) instrument were used, particularly seven items that measure

reasons for, and nine items that measure reasons against offering programs in human reproductive and sex education. Acceptability and perceived support regarding 16 items representing topics to be taught in a sex education program were also drawn from Marini and Jones' work. Not all of the questions were included, however, due to the excessive length of the original questionnaire and because all questions were not germane to the study.

Finally, the survey for this study contained seven demographic questions, namely measures of respondents' (a) gender, (b) age, (c) role, (d) church affiliation, (e) church denomination, (f) church attendance, and (g) perceptions of decision makers that policy decisions have community support.

These questions elicited responses that were used to compare and contrast decision-makers' reactions to guidelines for program implementation, reasons for offering sex education, reasons for not offering sex education, and various topics to be taught. An attempt was made to answer the five research questions listed in Chapter II: The Review of Related Literature.

Measures of the Dependent Variables

The four dependent variables presented in Chapter II were measured through computing weighted averages based upon respondents' answers to the four sections of a questionnaire entitled, "Opinions of School Policy Makers about Comprehensive Sex Education Programs," attached as Appendix D. The sections were:

1. Guidelines for teaching sex education (items 1-10).
2. Reasons for offering sex education (items 11-17).
3. Reasons for not offering sex education (items 18-26).
4. Topics to be covered in comprehensive sex education programs (items 27-42).

To obtain weighted averages for each of the scales, the individual items were summed in each section and the valid responses to each scale were then calculated. Three weighted averages--one each for the degree of acceptability, probability for implementation, and degree of community support--were obtained for items 1-10, guidelines for teaching sex education. Two weighted averages--one for perceived degree of importance and the other for perceived community support--were computed for each of the remaining three scales, reasons for offering sex education (items 11-17); reasons for not offering sex education (items 18-26); and topics to be covered in comprehensive sex education programs (items 27-42).

Items 27-42 relating to topics that could be included in sex education programs were answerable on a dichotomy, namely either "yes" or "no." Those were scored for analytical purposes as zero and one. All other statements on the survey were answerable on 3-point equal appearing interval scales, low, moderate, or high, which were scored 1, 2, or 3, respectively.

Measures of the Independent Variables

The questionnaire asked respondents to identify their gender, age, role, church affiliation, religious denomination, frequency of church attendance, and perceptions of community support for various policies and topics to be taught in human reproductive and sex education. Each question served as an independent variable. Where there were less than 10 responses to a category (such as religious denomination and perceived degree of community support), some collapsing and rearranging of responses was necessary.

In reference to religious denomination, respondents could choose from 11 listed religions. There also was a place to note no religion, or to write in a denomination not already listed. For statistical purposes, analysis was done by putting responses into four categories:

1. None.
2. Catholic and Episcopalian.
3. Protestant (including Congregational, Methodist, and Presbyterian).
4. Conservative Protestant (including Disciples of Christ, American Lutheran, American Baptist, Missouri Lutheran, and Southern Baptist) (Glock & Stark, 1968).

The independent variable related to perception of security when making decisions relating to various policies in sex education has four possible responses: (a) Strongly agree, (b) agree, (c) disagree, and (d) strongly disagree. Had it been

necessary, these four responses could have been redefined in such a way as to have a sufficient number of responses in which to apply statistical procedures.

Validation of the Instrument

Content validation, according to Kerlinger (1973), is judgmental in nature:

The items of a test must be studied, each item being weighted for its presumed representativeness of the universe. This means that each item must be judged for its presumed relevance to the property being measured, which is no easy task. (p. 450)

One means of achieving a sufficient level of content validation is to use a panel of experts to review and critique the content of the instrument. Their advice can be sought when answering questions such as, does the instrument address the issue of content in a complete sex education program? Are directions clear and precise? Are there enough alternatives for decision makers to react in an honest and open manner? Do the questions relating to the perceptions of community support allow the decision makers to clearly state their opinions? Is the questionnaire too long? Too short? What might be added or deleted to improve it?

Such a panel of experts was used for this study and was selected to include one or more leaders in the content area of human sexuality, school superintendents, school board members, and directors of curriculum development from school districts located

in Oakland County, Michigan. The list of selected experts and their titles included:

1. Health education specialist, Michigan State Department of Education, Michigan.
2. Science department chairman, public school system, Michigan.
3. School superintendent, Michigan.
4. Director of school curriculum, Michigan.
5. School board member, Michigan.

To encourage participation from all groups of concern (superintendents, curriculum directors, and school board members) in the study, the assistant superintendent in charge of communication and management training in the subject county's intermediate school district was requested to write a letter of endorsement to send with questionnaire materials. His extensive work with those decision makers helped to give this research credibility to the surveyed population. A superintendent in the subject county who was past president of the county association of school administrators gave permission to be listed in the letter of endorsement. Also adding his name for endorsement of the study was the past president of the subject county's association for curriculum administrators.

Procedures for Questionnaire Dissemination

Packets including the cover letter, a questionnaire, and a prestamped and addressed envelope were sent to each respondent. To keep track of any questionnaire not returned, a numbering system was established for further follow-up. The numbering system and its purpose were explained in the cover letter of endorsement. A final follow-up phone call to those who had not returned the instrument was made during the third week following the initial mailing, and a second packet was sent. All completed questionnaires were sent to the Communication/Management Training Department at the intermediate school district's service center located in southeastern Michigan.

Procedures for Testing Hypotheses

This study tested eight hypotheses to examine differences between the opinions of decision makers on the importance of various reasons for (a) offering sex education and (b) for not offering sex education. (For a list of specific items, see Appendix D, p. 126.) The hypotheses investigated differences between the mean responses of decision makers in various categories of age, gender, religious affiliation/denomination, and church attendance. For each hypothesis, it was anticipated that the mean opinion of respondents representing at least one category would differ from the mean opinion of respondents representing at least

one other category regarding the particular independent variable being investigated.

Each hypothesis was tested using a one-way analysis of variance process. An alpha level of .05 was used and a modified least significant difference (LSD) test was applied to identify the locus of any observed difference, using the Statistical Package for the Social Sciences PC+ program (Nie, 1975).

Also tested were 16 additional hypotheses which investigated differences between decision makers regarding their opinions on the degree of acceptability of (a) the guidelines for teaching sex education and the degree of community support they perceived, (b) reasons for offering sex education, (c) reasons for not offering sex education, and (d) specific topics to be taught in sex education. (For a list of specific items, see Appendix D, pp. 126-129.) The hypotheses again investigated differences between the mean responses of decision makers in various categories of age, gender, religious affiliation/denomination, and church attendance. For each hypothesis, it was anticipated that the mean opinion of respondents representing at least one category would differ from the mean opinion of respondents representing at least one other category regarding the particular independent variable being investigated.

Finally, the study tested a hypothesis regarding the relationship between the opinions of decision makers on (a) probability for implementing the sex education guidelines in their districts, and

(b) the perceived degree of community support sex education guidelines would have in their districts.

To test this hypothesis, a Pearson Product Moment Correlation was calculated. Specifically investigated was the relationship between the mean response to the 10 items which measured probability for implementation of the guidelines and the mean response to the 10 items which measured degree of community support for the guidelines. It was anticipated that a statistically significant relationship would exist. The hypothesis was tested by calculating the correlation and determining if it accounted for more variance than would be expected through chance alone 5 times out of 100 (i.e., $\alpha = .05$).

Generalizability

The specific subject matter and particular decision makers selected for this study were both fixed factors, and the results are not generalizable beyond the particular topics and subject groups that were used. In this regard, it is hoped that the description of the population will suffice for future researchers who might wish to use the bridge argument of Cornfield and Tukey (1956) when generalizing results to an hypothesized population with similar characteristics.

Summary

In the preceding chapter, the population used in the research was described. Both dependent and independent variables were defined. The development of the questionnaire also was presented. Procedures for validation and dissemination of the instrument were provided.

All hypotheses were delineated and the specific analyses used for testing those hypotheses were described. Finally, the generalizability of the study was discussed.

The results of all analyses are described in Chapter IV. Included in that chapter are appropriate tables and graphs.

CHAPTER IV

ANALYSIS OF RESULTS

Overview

The purpose of this study was to provide a description of school decision-makers' opinions about what should be contained in comprehensive programs of human reproductive and sex education, the degree to which course information was likely to be part of their curriculum, and how much support their communities would give to various parts of the curriculum. An attempt to explain differences in their opinions was made through investigating such traits as age, gender, religious preference, and the decision-maker's perception of public support for sex education programs.

Described in this chapter are various characteristics of the population investigated in this study, namely 21 superintendents, 17 assistant superintendents in charge of curriculum and/or instruction, and 147 school board members in the third largest county in southeastern Michigan. A summary of the analyses is described and results shown.

Data Entry

On August 15, 1987, the monthly meeting of superintendents took place at the intermediate school district in the county in which the study took place. At this meeting, each of the 21

superintendents was given individually labeled packets for themselves, their assistants (if applicable), and each member of their respective school boards. Each, in turn, contained a cover letter of endorsement from the assistant superintendent of communication and management training at the intermediate school district, a questionnaire entitled, "Opinions of School Policy Makers About Comprehensive Sex Education Programs," and two stamped envelopes with the intermediate school district's address preprinted--one in which to return the questionnaire, and the other to return the coded number attached to each questionnaire. All packets (21 superintendents, 17 assistant superintendents, and 147 school board members) were then disseminated at the next scheduled monthly school board meeting, or were placed in individually marked mailboxes at each school system's administrative office.

Beginning the week of August 28, 1987, and continuing until September 30, 1987, reminder telephone calls were made to those subjects who had not returned the questionnaire. Forty-seven individuals requested another copy of the questionnaire. Thirteen subjects said they would complete the instrument they had already been provided. Four school board members reported their terms were up as of the end of the present school year, and, therefore, did not return the instrument. Two were returned without demographic information. Because questionnaires were color coded by the respondent's position, the data were easily divisible into position categories for analytical purposes.

All data were prepared for analyses, entered onto an IBM compatible microcomputer, and analyzed using the Statistical Package for the Social Sciences, SPSS PC+ (Nie, 1975). The program was used both for the purpose of computing all scales, as well as conducting all analyses required in order to test the study's hypotheses.

Table 1 summarizes the response rate for each group. The group with the highest response rate was those respondents who are administrators in the area of curriculum and/or instruction. One reason for this may be that these decision makers have the perception that contributing to research of this nature is part of their job.

Table 1
Response Rate of Decision Makers to the Questionnaire

Position	No. Sent	No. Returned	Percent Responding
Superintendents	21	19	90%
Asst. Superintendents	17	16	94%
School Board Members	147	100	68%

Computation of Weighted Averages

Respondents' categories on each of the independent variables (i.e., gender, age, role, religious denomination, frequency of

church attendance, and perceptions of community support for various policies and topics to be taught in human reproductive and sex education) were identified through self-selection on the questionnaire.

The four dependent measures (i.e., guidelines for teaching sex education, items 1-10; reasons for offering sex education, items 11-17; reasons for not offering sex education, items 18-26; and topics to be covered in comprehensive programs of sex education, items 27-42) were obtained through computing weighted averages based on the respondents' answers to the four sections of the questionnaire respectively. To obtain weighted averages for each of the scales, the individual items were summed and the number of valid responses to each scale were also then calculated. The weighted average was the quotient resulting from dividing the sum of the responses to a scale by the number of valid responses for each scale. Three weighted averages were computed for the first measure; one each for the degree of acceptability, probability for implementation, and degree of community support. Two weighted averages were computed for each of the remaining three scales; one measured perceived degree of importance, and the other measured perceived community support.

As can be seen in Table 2, 87 respondents (65.4%) were male. There were 46 (34.6%) females who returned the questionnaire. The largest age group fell in the 40-49 years of age range, a total of 51 (38.5%). There were only 14 respondents who were in the range of 60 years of age or over (11.5%).

Table 2

Distribution of Responses to Measures of the Independent Variables

Variable	Frequency of Response	Percent of Response
Gender		
Male	87	65.4%
Female	46	34.6
Age		
30-39 years of age	24	18.0
40-49 years of age	51	38.5
50-59 years of age	44	33.0
60 years of age or over	14	10.5
Position		
Superintendent	19	14.0
Asst. supt. of instruction/curric.	16	11.9
School board member	100	74.1
Religion		
None	11	8.3
Catholic	65	49.2
Congregational	2	1.5
Methodist	13	10.0
Episcopalian	2	1.5
Jewish	1	.8
Presbyterian	6	4.5
American Lutheran	11	8.3
American Baptist	3	2.3
Missouri Lutheran	4	3.0
Southern Baptist	2	1.5
Other	12	9.1
Church Attendance		
Weekly	70	54.6
Monthly	22	17.2
For holidays	18	14.1
Not at all	18	14.1
Feels Secure in Obtaining Community Support		
Strongly agree	20	15.5
Agree	96	71.1
Disagree	9	6.4
Strongly disagree	4	2.0

The religion most frequently indicated by respondents was Catholic (49.2%). There were only three missing cases within this scale, and 90% of the respondents listed one of the stated religions as their own. While seven subjects did not state frequency of church attendance, 54.6% said they attend weekly, and only 14.1% do not attend at all.

Table 2 shows frequency distributions of the responses regarding the independent variables, namely gender, age, position, religion, church attendance, and whether or not the respondent feels secure in obtaining community support when making policy decisions relating to sex education programs. The next section contains summaries of the analyses which were conducted for the research hypotheses. Results of the analyses of variance, as well as the Pearson Product Moment Correlation comparing the factors in each hypothesis are given and tables for each are presented.

Hypotheses

This study tested eight hypotheses to examine differences between the opinions of decision makers on the importance of various reasons for (a) offering sex education and (b) not offering sex education. The hypotheses investigated differences between the mean responses of decision makers in various categories of age, gender, religious affiliation/denomination, and church attendance. For each hypothesis, it was anticipated that the mean opinion of respondents representing at least one category would differ from

the mean opinion of respondents representing at least one other category regarding the particular independent variable being investigated.

A one-way analysis of variance process was used to test each hypothesis. An alpha level of .05 was used, and a modified least significant difference (LSD) test was applied to identify the locus of any observed difference.

Tables 3 and 4, 5 and 6, 7 and 8, and 9 and 10 summarize the results of the analyses which investigated differences between age, gender, religion, and church attendance, respectively, for (a) the importance of reasons for not offering sex education and (b) the importance of reasons for offering sex education. While tables for all of the analyses have been included, descriptions are provided only for the three hypotheses for which differences were found.

Table 4 shows the analysis of variance and the mean response of each age group to the questions regarding the importance of reasons for not offering sex education. A modified least significant difference (LSD) test was conducted in order to identify the specific locus of those differences. Specifically, the respondents in the 60 and over age category indicated that the reasons for not offering sex education were more important than did subjects who were either in the lowest category (i.e., 30-39 years of age) or the second youngest age category (i.e., 40-49 years of age). Similarly, respondents in the lowest age category indicated that the reasons for not offering sex education were less important

than did respondents in the second oldest category (i.e, 50-59 years of age).

Table 8, "Analysis of Variance for Religion on Perceived Importance of Reasons for Not Offering Sex Education," shows data as they were analyzed using the groupings:

1. None.
2. Catholic (including Episcopalian).
3. Protestant (including Congregational, Methodist, and Presbyterian).
4. Conservative Protestant (including Disciples of Christ, American Lutheran, American Baptist, Missouri Lutheran, and Southern Baptist).

These groupings were based upon rationale presented by Glock and Stark (1968). Results showed Catholics believed that reasons for not offering sex education were more important than did Conservative Protestants.

Table 9, "Analysis of Variance for Church Attendance on Perceived Importance of Reasons for Offering Sex Education," shows that respondents who reported they attend church weekly indicated less importance to the reasons for offering sex education than did respondents who reported that they attend church either monthly or not at all.

Table 3

Analysis of Variance for Age on Perceived Importance
of Reasons for Offering Sex Education

Source	<u>df</u>	Mean Squares	<u>F</u> Ratio	<u>F</u> Prob.
Between groups	3	.169	1.307	.275
Within groups	129	.129		

Group	Size	Mean	<u>SD</u>
30-39 years of age	24	2.482	.350
40-49 years of age	51	2.525	.413
50-59 years of age	44	2.630	.267
60 years of age or over	14	2.636	.415

Table 4

Analysis of Variance for Age on Perceived Importance
of Reasons for Not Offering Sex Education

Source	<u>df</u>	Mean Squares	<u>F</u> Ratio	<u>F</u> Prob.
Between groups	3	.250	3.625	.015
Within groups	129	.165		

Group	Size	Mean	<u>SD</u>
30-39 years of age	24	1.727	.404
40-49 years of age	51	1.847	.438
50-59 years of age	44	1.963	.453
60 years of age or over	14	2.189	.555

Table 5

Analysis of Variance for Gender on Perceived Importance
of Reasons for Offering Sex Education

Source	<u>df</u>	Mean Squares	<u>F</u> Ratio	<u>F</u> Prob.
Between groups	1	.106	0.811	.369
Within groups	131	.130		

Group	Size	Mean	<u>SD</u>
Male	87	2.543	.384
Female	46	2.603	.312

Table 6

Analysis of Variance for Gender on Perceived Importance
of Reasons for Not Offering Sex Education

Source	<u>df</u>	Mean Squares	<u>F</u> Ratio	<u>F</u> Prob.
Between groups	1	.051	0.233	.630
Within groups	131	.216		

Group	Size	Mean	<u>SD</u>
Male	87	1.914	.468
Female	46	1.873	.460

Table 7

Analysis of Variance for Religion on Perceived Importance
of Reasons for Offering Sex Education

Source	<u>df</u>	Mean Squares	<u>F</u> Ratio	<u>F</u> Prob.
Between groups	3	.113	0.928	.430
Within groups	115	.122		

Group	Size	Mean	<u>SD</u>
None	11	2.675	.333
Catholic	67	2.520	.387
Protestant	21	2.569	.250
Conservative Protestant	20	2.625	.307

Table 8

Analysis of Variance for Religion on Perceived Importance
of Reasons for Not Offering Sex Education

Source	<u>df</u>	Mean Squares	<u>F</u> Ratio	<u>F</u> Prob.
Between groups	3	.619	2.992	.034
Within groups	115	.207		

Group	Size	Mean	<u>SD</u>
None	11	1.809	.263
Catholic	67	1.996	.493
Protestant	21	1.847	.481
Conservative Protestant	20	1.667	.357

Table 9

Analysis of Variance for Church Attendance on Perceived
Importance of Reasons for Offering Sex Education

Source	<u>df</u>	Mean Squares	<u>F</u> Ratio	<u>F</u> Prob.
Between groups	3	.509	4.843	.003
Within groups	124	.105		

Group	Size	Mean	<u>SD</u>
Weekly	70	2.481	.359
Monthly	22	2.724	.200
Holidays	18	2.612	.335
Not at all	18	2.722	.288

Table 10

Analysis of Variance for Church Attendance on Perceived
Importance of Reasons for Not Offering Sex Education

Source	<u>df</u>	Mean Squares	<u>F</u> Ratio	<u>F</u> Prob.
Between groups	3	.336	1.557	.203
Within groups	124	.216		

Group	Size	Mean	<u>SD</u>
Weekly	70	1.929	.460
Monthly	22	2.005	.587
Holidays	18	1.862	.455
Not at all	18	1.705	.288

Tables 11 through 14, 15 through 18, 19 through 22, and 23 through 26 summarized the results of the analyses which investigated differences between age, gender, religion, and church attendance, respectively, for the measures of the degree of acceptability of (a) the guidelines for teaching sex education and the degree of community support they perceived, (b) reasons for offering sex education, (c) reasons for not offering sex education, and (d) specific topics to be taught in comprehensive sex education programs. For each hypothesis it was anticipated that the mean opinion of respondents representing at least one category would differ from the mean opinion of respondents representing at least one other category regarding the particular independent variable being investigated. Tables for all the analyses have been included, but descriptions are provided only for the hypothesis for which differences were found.

The only differences found to be statistically significant can be seen in Table 26, "Analysis of Variance for Church Attendance on Perceived Public Support of Topics to be Taught in Sex Education Programs." With respect to the items which measured perceived community support for topics to be taught in comprehensive sex education courses, respondents who indicated that they attend church weekly reported a higher degree of perceived public support than did respondents who indicated they attend church only monthly.

Finally, the study tested a hypothesis regarding the relationship between the opinions of decision makers on (a) the probability

for implementing the sex education guidelines in their districts, and (b) the degree of community support the sex education guidelines would have in their districts. To test this hypothesis, a Pearson Product Moment Correlation was calculated. Specifically investigated was the relationship between the mean response to the 10 items which measured probability for implementation of the guidelines and the mean response to the 10 items which measured the degree of community support for the guidelines. The correlation, $r = .675$ ($p < .001$), indicated the existence of a fairly high relationship between the variables. Specifically, the higher the probability decision makers indicated for implementation of the various information elements, the higher their reported perceived degree of community support for the information to be taught in comprehensive courses of human reproductive and sex education courses.

Table 11

Analysis of Variance for Age on Acceptability of
Guidelines for Teaching Sex Education

Source	<u>df</u>	Mean Squares	<u>F</u> Ratio	<u>F</u> Prob.
Between groups	3	.022	0.270	.847
Within groups	129	.083		

Group	Size	Mean	<u>SD</u>
30-39 years of age	24	2.556	.255
40-49 years of age	51	2.547	.316
50-59 years of age	44	2.589	.255
60 years of age or over	14	2.607	.325

Table 12

Analysis of Variance for Age on Perceived Public Support
of Reasons for Offering Sex Education

Source	<u>df</u>	Mean Squares	<u>F</u> Ratio	<u>F</u> Prob.
Between groups	3	.250	1.516	.214
Within groups	129	.165		

Group	Size	Mean	<u>SD</u>
30-39 years of age	24	2.220	.377
40-49 years of age	51	2.161	.419
50-59 years of age	44	2.293	.406
60 years of age or over	14	2.386	.412

Table 13

Analysis of Variance for Age on Perceived Public Support
of Reasons for Not Offering Sex Education

Source	<u>df</u>	Mean Squares	<u>F</u> Ratio	<u>F</u> Prob.
Between groups	3	.027	0.164	.920
Within groups	129	.167		

Group	Size	Mean	<u>SD</u>
30-39 years of age	24	2.019	.352
40-49 years of age	51	2.052	.418
50-59 years of age	44	2.089	.408
60 years of age or over	14	2.068	.464

Table 14

Analysis of Variance for Age on Perceived Public Support
of Topics to be Taught in Sex Education Programs

Source	<u>df</u>	Mean Squares	<u>F</u> Ratio	<u>F</u> Prob.
Between groups	3	.000	0.043	.988
Within groups	129	.001		

Group	Size	Mean	<u>SD</u>
30-39 years of age	24	0.077	.036
40-49 years of age	51	0.076	.028
50-59 years of age	44	0.075	.020
60 years of age or over	14	0.074	.016

Table 15

Analysis of Variance for Gender on Acceptability
of Guidelines for Teaching Sex Education

Source	<u>df</u>	Mean Squares	<u>F</u> Ratio	<u>F</u> Prob.
Between groups	1	.121	1.495	.224
Within groups	131	.081		

Group	Size	Mean	<u>SD</u>
Male	87	2.547	.292
Female	46	2.610	.269

Table 16

Analysis of Variance for Gender on Perceived Public Support
of Reasons for Offering Sex Education

Source	<u>df</u>	Mean Squares	<u>F</u> Ratio	<u>F</u> Prob.
Between groups	1	.101	0.600	.440
Within groups	131	.168		

Group	Size	Mean	<u>SD</u>
Male	87	2.219	.424
Female	46	2.277	.380

Table 17

Analysis of Variance for Gender on Perceived Public Support
of Reasons for Not Offering Sex Education

Source	<u>df</u>	Mean Squares	<u>F</u> Ratio	<u>F</u> Prob.
Between groups	1	.019	0.118	.732
Within groups	131	.165		

Group	Size	Mean	<u>SD</u>
Male	87	2.051	.410
Female	46	2.077	.400

Table 18

Analysis of Variance for Gender on Perceived Public Support
of Topics to be Taught in Sex Education Programs

Source	<u>df</u>	Mean Squares	<u>F</u> Ratio	<u>F</u> Prob.
Between groups	1	.000	0.632	.428
Within groups	130	.001		

Group	Size	Mean	<u>SD</u>
Male	87	0.074	.026
Female	45	0.078	.027

Table 19

Analysis of Variance for Religion on Acceptability of
Guidelines for Teaching Sex Education

Source	<u>df</u>	Mean Squares	<u>F</u> Ratio	<u>F</u> Prob.
Between groups	3	.051	0.741	.530
Within groups	115	.069		

Group	Size	Mean	<u>SD</u>
None	11	2.664	.201
Catholic	67	2.564	.284
Protestant	21	2.519	.218
Conservative Protestant	20	2.572	.252

Table 20

Analysis of Variance for Religion on Perceived Public Support
of Reasons for Offering Sex Education

Source	<u>df</u>	Mean Squares	<u>F</u> Ratio	<u>F</u> Prob.
Between groups	3	.131	0.749	.525
Within groups	115	.174		

Group	Size	Mean	<u>SD</u>
None	11	2.234	.357
Catholic	67	2.186	.462
Protestant	21	2.242	.370
Conservative Protestant	20	2.344	.317

Table 21

Analysis of Variance for Religion on Perceived Public Support
of Reasons for Not Offering Sex Education

Source	<u>df</u>	Mean Squares	<u>F</u> Ratio	<u>F</u> Prob.
Between groups	3	.315	1.849	.142
Within groups	115	.171		

Group	Size	Mean	<u>SD</u>
None	11	2.164	.342
Catholic	67	2.111	.419
Protestant	21	1.989	.475
Conservative Protestant	20	1.894	.350

Table 22

Analysis of Variance for Religion on Perceived Public Support
of Topics to be Taught in Sex Education Programs

Source	<u>df</u>	Mean Squares	<u>F</u> Ratio	<u>F</u> Prob.
Between groups	3	.000	0.605	.613
Within groups	114	.000		

Group	Size	Mean	<u>SD</u>
None	10	0.070	.015
Catholic	67	0.075	.023
Protestant	21	0.069	.011
Conservative Protestant	20	0.074	.023

Table 23

Analysis of Variance for Church Attendance on Acceptability
of Guidelines for Teaching Sex Education

Source	<u>df</u>	Mean Squares	<u>F</u> Ratio	<u>F</u> Prob.
Between groups	3	.043	0.524	.666
Within groups	124	.081		

Group	Size	Mean	<u>SD</u>
Weekly	70	2.551	.297
Monthly	22	2.582	.270
Holidays	18	2.585	.306
Not at all	18	2.643	.222

Table 24

Analysis of Variance for Church Attendance on Perceived Public
Support of Reasons for Offering Sex Education

Source	<u>df</u>	Mean Squares	<u>F</u> Ratio	<u>F</u> Prob.
Between groups	3	.256	1.639	.184
Within groups	124	.156		

Group	Size	Mean	<u>SD</u>
Weekly	70	2.211	.411
Monthly	22	2.234	.407
Holidays	18	2.210	.345
Not at all	18	2.437	.358

Table 25

Analysis of Variance for Church Attendance on Perceived Public
Support of Reasons for Not Offering Sex Education

Source	<u>df</u>	Mean Squares	<u>F</u> Ratio	<u>F</u> Prob.
Between groups	3	.058	0.343	.794
Within groups	124	.169		

Group	Size	Mean	<u>SD</u>
Weekly	70	2.079	.392
Monthly	22	2.096	.536
Holidays	18	2.055	.421
Not at all	18	1.978	.275

Table 26

Analysis of Variance for Church Attendance on Perceived Public
Support of Topics to be Taught in Sex Education Programs

Source	<u>df</u>	Mean Squares	<u>F</u> Ratio	<u>F</u> Prob.
Between groups	3	.002	2.771	.045
Within groups	123	.001		

Group	Size	Mean	<u>SD</u>
Weekly	70	0.080	.031
Monthly	22	0.065	.005
Holidays	18	0.070	.011
Not at all	17	0.070	.013

Summary

In this chapter, the purpose of the study was restated. Methodology for data entry and computation of weighted averages was discussed. Response rates of decision makers according to position were given. Distribution of responses to the measures of the independent variables, namely gender, age, position, religion, church attendance, and perceived community support, were listed. All hypotheses were stated in their substantive forms and results were reported. Tables were included as deemed necessary.

Summarized in Chapter V are the purposes, findings, and conclusions of this study. Implications are discussed and recommendations for further study are made.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Introduction

This chapter contains a brief summary of this study from its inception through the statistical analysis of the data, the statement of conclusions, the recommendations of the reasearcher based upon the findings, and the recommendations for further research.

Summary of Purpose and Rationale

The state of Michigan recognizes the need for comprehensive programs in human reproductive and sex education starting in kindergarten and progressing through high school. Through enactment of Act 226, Public Acts of 1977 (Michigan State Board of Education, 1977), it was expected that public school systems would place comprehensive programs in the educational curriculum. Despite apparent support among the public, as well as permissive legislation in the form of Act 226, Public Acts of 1977, this had not happened in the state as of 1987. An example of this discrepancy between what was desired and what occurred was was seen in the third largest county in the state of Michigan where there are no comprehensive programs from kindergarten through grade 12 presently being offered (Burkhardt, 1987; Lang, 1987).

The primary purpose of this study was to provide school districts, as well as public and governmental agencies, with a description of the opinions of policy makers in a southeastern Michigan county about what should be contained in comprehensive programs of human reproductive and sex education. An attempt to explain differences in their opinions was made through traits such as age, gender, religious preference, church attendance, and the perception of public support for sex education programs.

Specifically, the study attempted to answer the following questions:

1. Will opinions of decision makers differ according to certain age groups when asked about guidelines for teaching sex education, reasons for offering sex education, reasons for not offering sex education, and topics to be taught in courses of human reproductive health and sex education?

2. Will opinions of decision makers differ according to gender when asked about guidelines for teaching sex education, reasons for offering sex education, reasons for not offering sex education, and topics to be taught in courses of human reproductive health and sex education?

3. Will opinions of decision makers who belong to a specific listed religion differ from those who do not when asked about guidelines for teaching sex education, reasons for offering sex education, reasons for not offering sex education, and topics to be taught in courses of human reproductive health and sex education?

4. Will opinions of decision makers who regularly attend church differ from those who do not when asked about guidelines for teaching sex education, reasons for offering sex education, reasons for not offering sex education, and topics to be taught in courses of human reproductive health and sex education?

5. Is there a relationship between decision-makers' opinions regarding the probability for implementation of information to be taught in sex education courses and their opinions about how much community support exists regarding information to be taught?

Review of the Study

The population for this study consisted of decision makers in each of the 21 public school systems located in southeastern Michigan. These decision makers were all superintendents ($n = 21$), all assistant superintendents in charge of curriculum and/or instruction ($n = 17$), and all school board members ($n = 147$) of the districts.

The instrument used to survey decision makers was created by using portions of questionnaires by Wayne (1981) and Marini and Jones (1982). The data were collected during the months of August, September, and October 1987. The study compared the opinions of decision makers about guidelines to be used when implementing sex education courses, reasons for offering sex education, reasons for not offering sex education, and topics to be covered in comprehensive programs of sex education to the independent variables of age,

gender, church affiliation, church attendance, and decision-makers' perceptions of public support of programs in human reproductive and sex education.

There were three statistical techniques applied in the analyses of the data. An Analysis of Variance was used for the first four hypotheses. Where differences appeared to be significant, a Modified Least Significant Difference (LSD) test was computed in order to identify the locus of those differences. A Pearson Product Moment Correlation was calculated for Hypothesis 5 in order to provide a measure of the degree of relationship between the two variables of concern reflecting the weighted averages of (a) opinions about probability for implementation of information to be taught in sex education; and (b) the perceived degree of community support for the information to be taught in human reproductive and sex education.

Findings and Conclusions

The following were the major findings of the study which correspond to the five research questions:

1. There were differences found in certain age groups of decision makers when giving opinions about reasons for not offering sex education. Specifically, the respondents in the 60 years of age and over age category indicated that the reasons for not offering sex education were more important than did subjects who were

either in the lowest category (i.e., 30-39 years of age) or the second youngest age category (i.e., 40-49 years of age). Similarly, respondents in the lowest age category indicated that the reasons for not offering sex education were less important than did respondents in the second oldest category.

2. There were no differences found when investigating whether male and female decision makers would respond differently when asked opinions about guidelines for teaching sex education, reasons for offering sex education, reasons for not offering sex education, and topics to be taught in courses of human reproductive health and sex education.

3. No differences were found when decision-makers' listed religion was compared with their responses on the questionnaire to items about guidelines for teaching sex education, reasons for offering sex education, reasons for not offering sex education, and topics to be taught in courses of human reproductive health and sex education. However, by grouping religions into four categories: (a) None; (b) Catholic (including Episcopalian); (c) Protestant (including Congregational, Methodist, and Presbyterian); and (d) Conservative Protestant (including Disciples of Christ, American Lutheran, American Baptist, Missouri Lutheran, and Southern Baptists), results of analysis showed that Catholics believed the reasons for not offering sex education were more important than did Conservative Protestants.

4. Some decision makers of different church attendance rates did respond to the questionnaire differently, based upon church attendance than those decision makers who reported not attending church at all. With respect to the importance of reasons for offering sex education, respondents who reported that they attend church weekly indicated less importance to the reasons for offering sex education than did respondents who reported that they attended church either monthly or not at all.

When examining items which measured perceived community support for topics offered in courses of human reproductive health and sex education, decision makers who indicated that they attended church weekly also indicated a higher degree of community support for listed topics than did decision makers who attended church only monthly.

5. A relationship between decision makers regarding the probability for implementation of information to be taught in sex education courses and their opinions regarding the existence of community support relative to the information to be taught was found. The correlation, $r = .675$, indicates a fairly high positive relationship between these variables; the higher the probability they indicated for implementation of various informational elements, the higher their reported perceived degree of community support for the information to be taught in comprehensive courses of human reproductive and sex education.

Conclusions

The demographic data for this study suggest certain conclusions about the makeup of decision makers in the third largest county in southeastern Michigan. While research discussed in Chapter II (The Review of Related Literature) suggested that there were differences between the way men and women respond to the same information (Domino, 1982; Medora & Woodward, 1982; Slaney & Gaballero, 1983), the data presented in this study do not support this assumption. It is interesting to note, however, that even in 1987 there are still almost twice as many men as women holding decision making positions.

In trying to discern if age would have an effect on how decision makers reported opinions about human reproductive and sex education programs in their schools, data suggest that at least to some extent it does. Respondents in the 60 years of age and over category found reasons for not offering sex education programs more important than did subjects in either the lowest age category (i.e., 30-39 years of age) or the second youngest age category (i.e., 40-49). Sexuality itself was generally not a topic of discussion in the lives of the older respondents. Older respondents' reticence to implement comprehensive programs may come as a result of their own lack of sex education and inability to communicate about sexual issues. Some of these decision makers were at an age where they may also have been sensitive to small but vocal

groups which have used the reasons given in the questionnaire to attempt a halt in implementation of comprehensive programs of sex education.

Respondents in the lowest age category (i.e., 30-39) thought that reasons for not offering sex education were less important than did respondents in the second oldest category. These differences may also be due to such factors as administrative experience and experience with sex education curriculum within their schools.

Superintendents responding to the questionnaire believed they were reasonably secure in obtaining community support when making policy decisions. While two superintendents strongly agreed to the statement on the questionnaire relating to this, three strongly disagreed. The rest of those responding filled in the agree category. One superintendent wrote, "I feel strongly that schools are not the experts in the field of sex education--family's still number one for me and many parents." He also stated that he finds no mention of understanding of love as a topic to be covered in sex education.

The assistant superintendents were the group that responded in the highest percentage (94%). As was stated earlier, this may have been due to the perception that contributing to education research is part of their duty as a decision maker in the position of curriculum/instructional development. While one questionnaire in this category was turned in without the demographic information, all others were complete, with no additional comments.

School board members represented the largest number of subjects in the study. Without exception, all questionnaires that were turned in had all areas of the instrument completed. During a telephone interview in which the researcher attempted to have a questionnaire returned, one school board member said, "I've got enough trouble. I don't want to get into that." Another school board member suggested that perhaps a doctoral student could come up with something more important to ask questions about.

Noteworthy is the fact that 98% of those respondents who returned the questionnaire answered the item asking about what specific organized religion they belonged to. Catholic was listed by 49.2% of the subjects. This supports other data stating Catholicism as the dominant organized religion in the subject county.

Over 85% of the respondents attended church weekly, monthly, or at least for holidays. As Allport (1959) reported, religious sentiments of mankind, whatever the fate of institutional religion may be, are very much alive and will perhaps always remain alive, for their roots are very deep.

Recommendations

Based on the results of this study, the following recommendations are made.

It is recommended that area intermediate school districts survey local school districts yearly to have current information

relating to course content and grade level at which any sex education is being implemented.

It is recommended that efforts be made to coordinate programs that would include all suggested topics in Sex Education Guidelines Including Reproductive Health and Family Planning (Michigan Department of Education, 1978) in programs from kindergarten through the 12th grade within the school districts of the subject county in southeastern Michigan.

It is recommended that advisory committees explore the process of curriculum change in general, as well as specifics to implementing comprehensive programs in human reproductive and sex education.

It is recommended that inservice experiences be given to all decision makers in the subject county relating to human reproduction and sex education.

It is recommended that continued inservice experiences be given to those involved in program coordination and implementation of human reproductive and sex education.

Recommendations for Further Study

Because the scope of this study, like all studies, was limited for various reasons, the following recommendations are made for further study in the area of human reproductive and sex education.

Since this study began, the mounting fear of Acquired Immune Deficiency Syndrome (AIDS) has brought to the forefront even more

dramatically the need for comprehensive education in human reproduction and sexuality. Further study of the effect this devastating disease has had on program implementation will add greatly to educational research.

The comprehensive advisory committee appears to be very important to curriculum implementation of human reproductive and sex education. A study describing the makeup of these committees in terms of gender, age, and position would be helpful when developing change strategies. Exploring who is on these committees and how they arrive at decisions may help to increase the speed and efficiency of program implementation.

Michigan's funding structure for education is not the same as it is in many other states in the country. A study investigating the different structures and methods of implementing programs of human reproductive and sex education would be beneficial when considering reforms that are necessary to improve the quality of sex education in Michigan's schools.

Summary

This chapter contained a summary of the purpose and rationale for the study. The design of the study and data collection were reiterated. Findings related to the hypotheses were stated. Conclusions about the population surveyed were developed. Recommendations in general were made, as well as recommendations for further study.

APPENDICES

Appendix A

Utica Public Schools Standards of Quality Curriculum Improvement Project

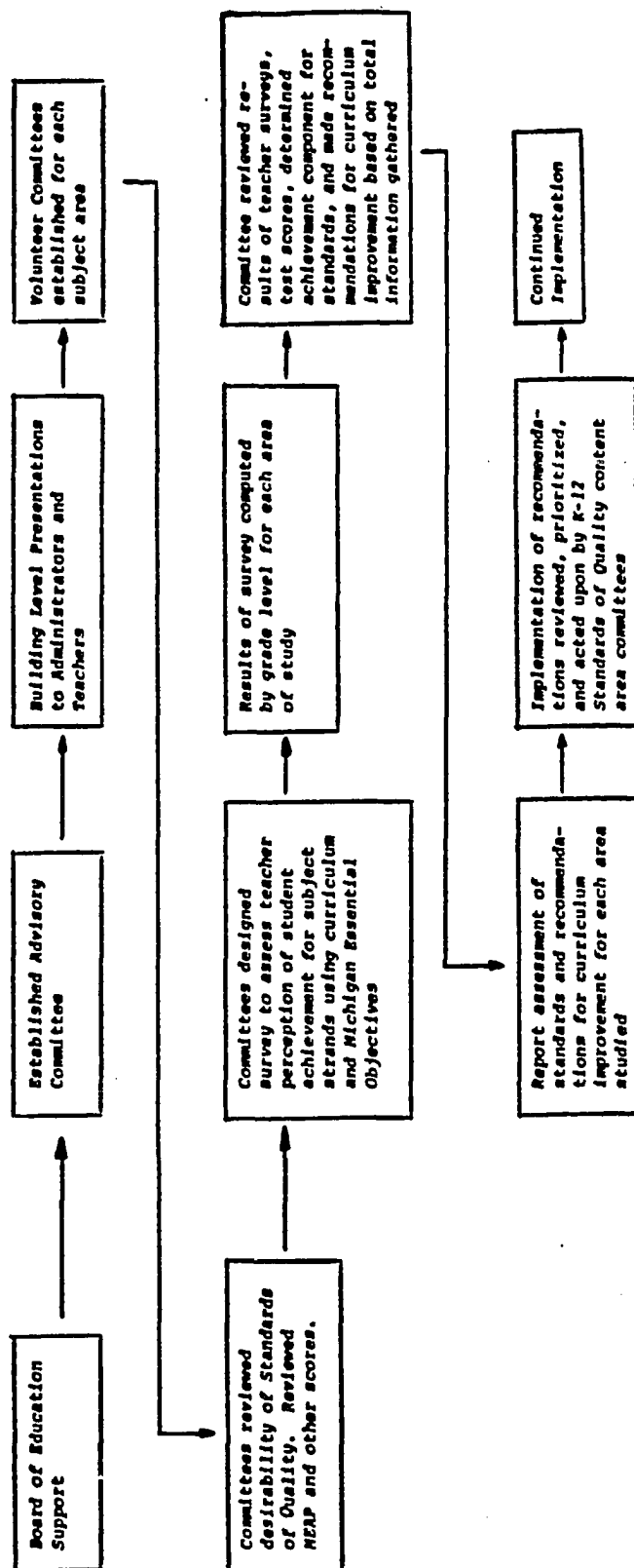
STANDARDS OF QUALITY
A PLAN FOR CURRICULUM IMPROVEMENT

The proliferation of national reports on public education have stressed the need for an increased emphasis on excellence in American education. As a state response to the intensive public concern for quality education, the State of Michigan's Board of Education has issued its educational plan, Better Education for Michigan Citizens: A Blueprint for Action. The Plan stresses the need for equity as well as excellence in education and directs specific recommendations to local and intermediate school districts, to the governor and legislature and to institutions of higher education. The first recommendation made to local and intermediate school districts suggests that every local school board develop a long-range (3 to 5 years) School Improvement Plan using, as a base, the Program Standards of Quality Document being developed by the State Board of Education.

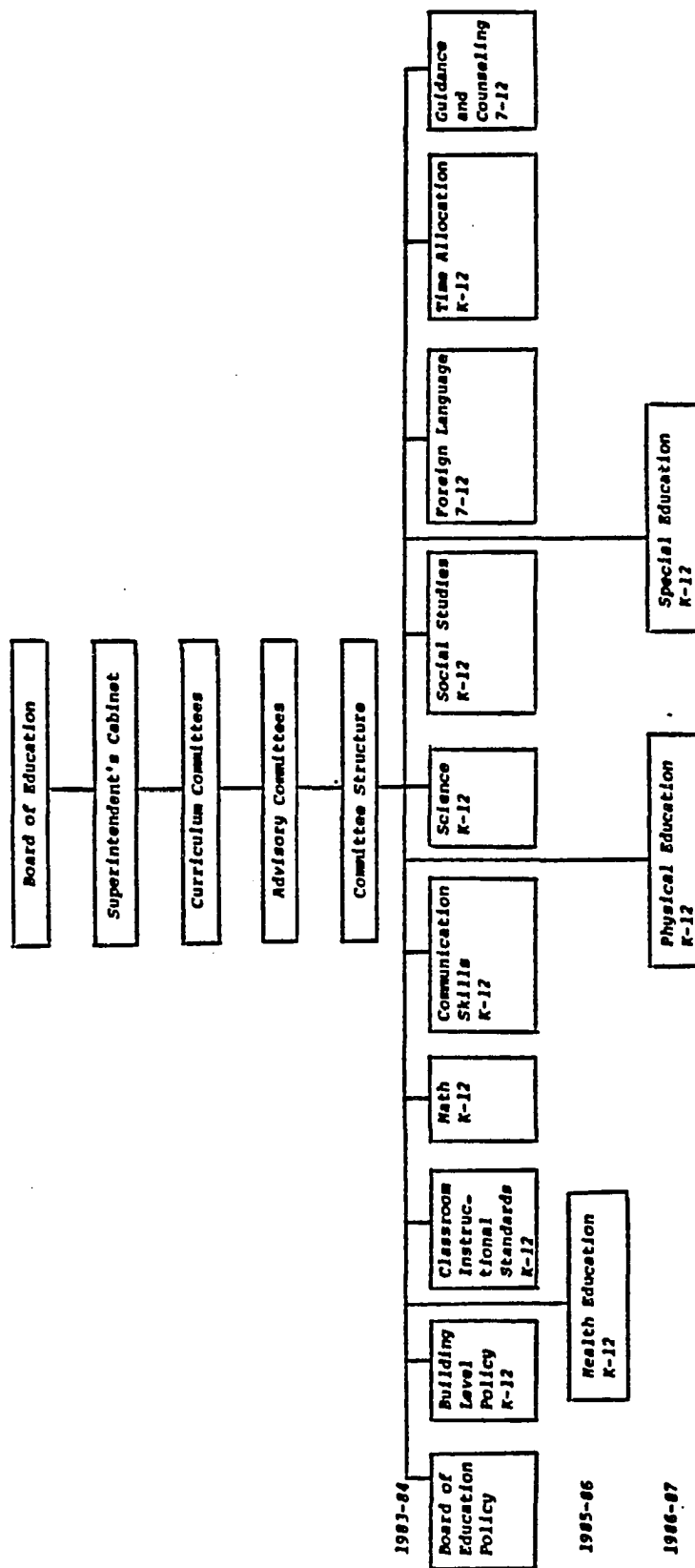
The purpose of these "Standards of Quality" is to provide school districts a tool for curriculum evaluation through self-assessment. The standards document was field-tested throughout Michigan during the 1983-84 school year. School districts participating in the field-test were encouraged to select subject or program areas of their choice and evaluate the standards themselves as part of the field-test. Those using the standards could modify the wording of a specific standard and even add or delete a standard. Each standard was evaluated in terms of its desirability and attainment.

The Utica Community School District, through agreement between the Administration and Utica Education Association, was a participant in the field-test of the proposed standards. A report of the school district's assessment of the field tested standards was presented to the Michigan Department of Education on May 18, 1984. The report which follows is a comprehensive view of the ten areas of the Program Standards of Quality which were studied in Utica. An explanation as to how the assessment of the standards was made and recommendations for further study or curriculum improvement are included in the reports.

PROCESS FOR IMPLEMENTATION OF ASSESSMENT PHASE
STANDARDS OF QUALITY
UTICA COMMUNITY SCHOOLS



UTICA COMMUNITY SCHOOLS
Standards of Quality
Program Organisation



Appendix B

Wayne's Proposed Administrative Guidelines

Proposed Administrative Guidelines **for** **Developing and Implementing** **Family Life/Sex Education Programs** **for** **Indiana Schools**

<u>GUIDELINES:</u>	<u>Degree of Acceptance</u>	<u>Potential for Implementation</u>
1. In order to provide coordination, guidance, direction and counseling for the development of FLSEPs in Indiana, a state-level Family Life/Sex Education Advisory Board (FLSEAB) should be established	1 2 3 4 5	1 2 3 4 5
2. The ultimate responsibility for the development and implementation of FLSEPs rests with the individual school districts within the state of Indiana	1 2 3 4 5	1 2 3 4 5
3. The successful development and implementation of relevant FLSEPs are greatly dependent upon the initiative, leadership and support of the school principal	1 2 3 4 5	1 2 3 4 5
4. The FLSEP for a given school district should reflect the particular needs, interests and mores of its community	1 2 3 4 5	1 2 3 4 5
5. The development of an effective FLSEP within a district can be greatly facilitated if it reflects the input of those affected. Formation of a Citizens Advisory Committee, representing a cross-section of the community, can provide assistance and guidance in developing and implementing a FLSEP unique to the community	1 2 3 4 5	1 2 3 4 5
6. The specific FLSE curriculum, in terms of objectives, content, learning experiences and teaching materials, should be articulated by professional educators acting upon the recommendations of students, parents and the Citizens Advisory Committee	1 2 3 4 5	1 2 3 4 5
7. Since FLSE includes in its objectives teaching for human responsibility, it should be integrated throughout the entire school curriculum, not just in specific disciplines such as health and biology	1 2 3 4 5	1 2 3 4 5
8. Integration of FLSE throughout the curriculum does not preclude the development of elective FLSE courses dealing with specific topics - such as preparation for marriage and/or parenthood, venereal disease education, etc. - if there is a perceived need for these courses within a district	1 2 3 4 5	1 2 3 4 5
9. Consideration should be given to the use of consultants in developing a FLSEP within a district. These consultants would be used where there is a felt need for expertise	1 2 3 4 5	1 2 3 4 5
10. A FLSEP should go beyond the mere presentation of sex information (anatomy, physiology, etc). Provisions should be made for the development of healthy, positive attitudes toward human sexuality and an appreciation of its potential for promoting personal growth and social responsibility ..	1 2 3 4 5	1 2 3 4 5

	<u>Degree of Acceptance</u>	<u>Potential for Implementation</u>
11. The community should be kept constantly aware of the development of the FLSEP within a district. This would involve the Citizens Advisory Committee and a positive, ongoing, public relations program	1 2 3 4 5	1 2 3 4 5
12. No specific areas of human sexuality should be automatically precluded from inclusion in the curriculum until given thorough consideration by the Citizens Advisory Committee in light of the community's needs, interests and mores	1 2 3 4 5	1 2 3 4 5
13. Each school district should prepare a written curriculum guide for its FLSEP. This would be a product of the Curriculum Development Committee (see Guideline # 6) and the Citizens Advisory Committee	1 2 3 4 5	1 2 3 4 5
14. Provisions should be made for a review of all materials used in the district's FLSEP by interested parents and citizens	1 2 3 4 5	1 2 3 4 5
15. Any program developed and implemented should have provisions made for its periodic evaluation and revision	1 2 3 4 5	1 2 3 4 5
16. Adults, as well as students, should be an equal focus of a district's FLSEP. Consideration should be given to the development of an adult FLSEP to parallel that of the students	1 2 3 4 5	1 2 3 4 5
17. Provisions should be made for individual counseling and guidance for those individuals expressing a need for assistance beyond the scope of the FLSEP.	1 2 3 4 5	1 2 3 4 5
18. Adequate provisions should be made to insure the confidence and competence of teachers relative to FLSE. Such provisions could include pre-service and in-service education as well as allowing teachers with major responsibilities in the FLSEP, the opportunity to attend FLSE workshops and seminars	1 2 3 4 5	1 2 3 4 5
19. The state level FLSEAB would have as one of its vital functions the responsibility of insuring that teacher training institutions provide courses assuring the preparation of all teachers in FLSE	1 2 3 4 5	1 2 3 4 5
20. Provisions should be made for the development of pilot FLSEPs in the state of Montana with the assistance of the State Level FLSEAB. These programs would offer guidance in the development of programs, methods, content, materials and evaluative procedures	1 2 3 4 5	1 2 3 4 5

*FLSEP = Family Life/Sex Education Program
 *FLSE = Family Life/Sex Educators

Appendix C

Marini and Jones' Family Life and Sex Education Questionnaire

PLEASE NOTE:

Copyrighted materials in this document have not been filmed at the request of the author. They are available for consultation, however, in the author's university library.

These consist of pages:

116-121 Appendix C

U·M·I

Appendix D

Opinions of School Policy Makers about Comprehensive Sex Education Programs



Macomb Intermediate School District

Educational Service Center • 44001 Garfield Road • Mt. Clemens, Michigan 48044-1497 • 313/286-8800

August 5, 1987

Dear Macomb County Policy Maker:

In January we sent you a list of the top ten issues. First on the list was "Schools as Parents". Increasingly, we said, schools are being asked to teach subjects that have been the domain of family and church. Sex education is one of those topics.

The enclosed questionnaire asks for your opinions about guidelines to be followed when implementing, or not implementing sex education programs. It should take less than fifteen minutes to complete, and your individual responses will remain confidential.

Terri Voit is conducting this survey as part of her doctoral program at Western Michigan University. Obviously, she needs your assistance.

When the study is completed, the findings will be sent to all Macomb County Superintendents. Completing the questionnaire is a good way to help yourself and your Macomb County colleagues. I urge you to take the time now to complete it.

Thanks for your help.

Sincerely,

Dr. William J. Banach
Assistant Superintendent
Communication/Consultant Services

P.S. This survey project has been endorsed by Dr. Frank Higgins, Past President, Macomb County Association of School Administrators; Dr. Harold Seibert, Past President Macomb County Association of Curriculum Administrators, and Max McCullough, Past President Macomb County School Board Association.

School Board

Glen H. Peters, President • John A. Bozymowski, Vice President • Charles C. Milonas, D.D.S., Treasurer • Gerald M. McCaffrey, Trustee • Edward V. Farley, Trustee

Administration

Dr. Robert G. Lutz, Superintendent

OPINIONS OF SCHOOL POLICY MAKERS ABOUT COMPREHENSIVE SEX EDUCATION PROGRAMS

**THANK YOU FOR COMPLETING
THE ATTACHED QUESTIONNAIRE.**

PLEASE RETURN IT BY AUGUST 19, 1987.

- 1. Tear off the bottom portion of this page (with the number) and return it in the smaller of the two attached envelopes.**
- 2. After completing the questionnaire, return it in the larger of the two attached envelopes.**

This numbering system allows for a follow-up mailing to those who have not returned their questionnaire. Your individual responses will be kept confidential. A report will be sent to each superintendent once the study has been completed.

**TEAR OFF THIS NUMBERED PORTION AND
RETURN IN THE ATTACHED SMALL ENVELOPE.**

Nº 378

OPINIONS OF SCHOOL POLICY MAKERS ABOUT COMPREHENSIVE SEX EDUCATION PROGRAMS

GENERAL INFORMATION

Please Indicate:

Gender: ☐ Male ☐ Female

Age: ☐ Under 30 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 60 +

Position: ☐ School Board Member
☐ Superintendent
☐ Assistant Superintendent/Curriculum Director
☐ Other (please specify) _____

The organized religion to which I belong is

- | | |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Presbyterian |
| <input type="checkbox"/> Catholic | <input type="checkbox"/> American Lutheran |
| <input type="checkbox"/> Congregational | <input type="checkbox"/> American Baptist |
| <input type="checkbox"/> Methodist | <input type="checkbox"/> Missouri Lutheran |
| <input type="checkbox"/> Episcopalian | <input type="checkbox"/> Southern Baptist |
| <input type="checkbox"/> Disciples of Christ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Jewish | |

I attend church ☐ Weekly ☐ Monthly ☐ For Holidays ☐ Not at all

I feel reasonably secure in obtaining community support when I make policy decisions relating to sex education.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

Read each of the following statements that are related to Sex Education implementation in your school district.

1. Respond to how acceptable the concept is to you;
2. Respond to the probability for implementation of that concept in your district;
3. Respond to how much community support that concept would have.

L = Low Degree M = Moderate Degree H = High Degree

Statement	Degree of Acceptability	Probability for Implementation	Degree of Community Support
1. The ultimate responsibility for sex education programs rests with individual school districts.	L M H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	L M H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	L M H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. Successful sex education programs depend upon leadership and support of school officials.	L M H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	L M H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	L M H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. The sex education program for a given school district should reflect the needs, interests, and mores of the community.	L M H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	L M H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	L M H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4. Consultants should be used in developing a sex education program within a district.	L M H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	L M H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	L M H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5. Students should be given the opportunity to develop a positive attitude toward human sexuality.	L M H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	L M H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	L M H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6. The community should be kept informed of the development of sex education programs.	L M H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	L M H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	L M H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7. A citizen's Advisory Committee should be used in the development of the sex education program.	L M H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	L M H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	L M H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
8. An adult sex education program should be provided.	L M H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	L M H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	L M H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
9. Individual counseling and guidance should be provided.	L M H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	L M H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	L M H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
10. Teachers of sex education should be given special training.	L M H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	L M H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	L M H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

The following are REASONS which have been given FOR offering sex education in the schools.

1. Decide how important you believe each reason is;
2. Decide on the degree of community support you think there would be for each reason.

L = Low Degree M = Moderate Degree H = High Degree

Statement	Degree of Importance			Degree of Community Support		
11. Individuals in our society are inadequately prepared to discuss subjects of sex and reproduction plainly and without embarrassment.	L <input type="checkbox"/>	M <input type="checkbox"/>	H <input type="checkbox"/>	L <input type="checkbox"/>	M <input type="checkbox"/>	H <input type="checkbox"/>
12. Most parents lack information and the ability to carry out sex instruction of their children.	L <input type="checkbox"/>	M <input type="checkbox"/>	H <input type="checkbox"/>	L <input type="checkbox"/>	M <input type="checkbox"/>	H <input type="checkbox"/>
13. Children and adolescents most often obtain their sex information from their peer group.	L <input type="checkbox"/>	M <input type="checkbox"/>	H <input type="checkbox"/>	L <input type="checkbox"/>	M <input type="checkbox"/>	H <input type="checkbox"/>
14. In general, religion is beginning to recognize the difficulty of providing successful sex education alone.	L <input type="checkbox"/>	M <input type="checkbox"/>	H <input type="checkbox"/>	L <input type="checkbox"/>	M <input type="checkbox"/>	H <input type="checkbox"/>
15. Adolescents often lack judgement and maturity to form mature sexual attitudes.	L <input type="checkbox"/>	M <input type="checkbox"/>	H <input type="checkbox"/>	L <input type="checkbox"/>	M <input type="checkbox"/>	H <input type="checkbox"/>
16. Sex education should also deal with feelings that adolescents develop in the process of maturing.	L <input type="checkbox"/>	M <input type="checkbox"/>	H <input type="checkbox"/>	L <input type="checkbox"/>	M <input type="checkbox"/>	H <input type="checkbox"/>
17. The word 'sex' is often incorrectly used, as though the only sexual dimension in life is intercourse. Sex can include many kinds of relationships, feelings and ideas at various ages and stages.	L <input type="checkbox"/>	M <input type="checkbox"/>	H <input type="checkbox"/>	L <input type="checkbox"/>	M <input type="checkbox"/>	H <input type="checkbox"/>

The following are REASONS which have been given for NOT offering sex education in the schools.

1. Decide how important you believe each reason is;
2. Decide on the degree of community support you think there would be for each reason.

L = Low Degree M = Moderate Degree H = High Degree

Statement	Degree of Importance			Degree of Community Support		
18. Parental reaction	L <input type="checkbox"/>	M <input type="checkbox"/>	H <input type="checkbox"/>	L <input type="checkbox"/>	M <input type="checkbox"/>	H <input type="checkbox"/>
19. Church reaction	L <input type="checkbox"/>	M <input type="checkbox"/>	H <input type="checkbox"/>	L <input type="checkbox"/>	M <input type="checkbox"/>	H <input type="checkbox"/>
20. Encouraging youth to be promiscuous	L <input type="checkbox"/>	M <input type="checkbox"/>	H <input type="checkbox"/>	L <input type="checkbox"/>	M <input type="checkbox"/>	H <input type="checkbox"/>
21. Lack of time during school day	L <input type="checkbox"/>	M <input type="checkbox"/>	H <input type="checkbox"/>	L <input type="checkbox"/>	M <input type="checkbox"/>	H <input type="checkbox"/>
22. Students lack maturity to deal with subject matter	L <input type="checkbox"/>	M <input type="checkbox"/>	H <input type="checkbox"/>	L <input type="checkbox"/>	M <input type="checkbox"/>	H <input type="checkbox"/>

L = Low Degree M = Moderate Degree H = High Degree

Statement	Degree of Importance			Degree of Community Support		
23. Inadequately prepared teachers	L <input type="checkbox"/>	M <input type="checkbox"/>	H <input type="checkbox"/>	L <input type="checkbox"/>	M <input type="checkbox"/>	H <input type="checkbox"/>
24. Lack of funds	L <input type="checkbox"/>	M <input type="checkbox"/>	H <input type="checkbox"/>	L <input type="checkbox"/>	M <input type="checkbox"/>	H <input type="checkbox"/>
25. Subject matter not proper concern for the school	L <input type="checkbox"/>	M <input type="checkbox"/>	H <input type="checkbox"/>	L <input type="checkbox"/>	M <input type="checkbox"/>	H <input type="checkbox"/>
26. Sex education can't be taught without moral education and whose morals do we teach	L <input type="checkbox"/>	M <input type="checkbox"/>	H <input type="checkbox"/>	L <input type="checkbox"/>	M <input type="checkbox"/>	H <input type="checkbox"/>

Below are listed 25 topics that could be included in a sex education program.

1. Decide if you would include the topic;
2. Rate the degree of community support for each topic.

L = Low Degree M = Moderate Degree H = High Degree

Topic	Include the Topic		Degree of Community Support		
27. Differences between the sexes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	L <input type="checkbox"/>	M <input type="checkbox"/>	H <input type="checkbox"/>
28. Structure and function of reproductive organs	Yes <input type="checkbox"/>	No <input type="checkbox"/>	L <input type="checkbox"/>	M <input type="checkbox"/>	H <input type="checkbox"/>
29. Changes at Puberty	Yes <input type="checkbox"/>	No <input type="checkbox"/>	L <input type="checkbox"/>	M <input type="checkbox"/>	H <input type="checkbox"/>
30. Menstruation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	L <input type="checkbox"/>	M <input type="checkbox"/>	H <input type="checkbox"/>
31. Menopause	Yes <input type="checkbox"/>	No <input type="checkbox"/>	L <input type="checkbox"/>	M <input type="checkbox"/>	H <input type="checkbox"/>
32. Masturbation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	L <input type="checkbox"/>	M <input type="checkbox"/>	H <input type="checkbox"/>
33. Nocturnal emissions	Yes <input type="checkbox"/>	No <input type="checkbox"/>	L <input type="checkbox"/>	M <input type="checkbox"/>	H <input type="checkbox"/>
34. Contraception	Yes <input type="checkbox"/>	No <input type="checkbox"/>	L <input type="checkbox"/>	M <input type="checkbox"/>	H <input type="checkbox"/>
35. Conception	Yes <input type="checkbox"/>	No <input type="checkbox"/>	L <input type="checkbox"/>	M <input type="checkbox"/>	H <input type="checkbox"/>
36. Pregnancy and fetal development	Yes <input type="checkbox"/>	No <input type="checkbox"/>	L <input type="checkbox"/>	M <input type="checkbox"/>	H <input type="checkbox"/>
37. Abortion	Yes <input type="checkbox"/>	No <input type="checkbox"/>	L <input type="checkbox"/>	M <input type="checkbox"/>	H <input type="checkbox"/>

L = Low Degree M = Moderate Degree H = High Degree

Topic	Include the Topic		Degree of Community Support		
38. Homosexuality	Yes <input type="checkbox"/>	No <input type="checkbox"/>	L <input type="checkbox"/>	M <input type="checkbox"/>	H <input type="checkbox"/>
39. Social and economic consequences of adolescent pregnancy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	L <input type="checkbox"/>	M <input type="checkbox"/>	H <input type="checkbox"/>
40. Peer pressure and sexual exploitation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	L <input type="checkbox"/>	M <input type="checkbox"/>	H <input type="checkbox"/>
41. Availability of family planning resources	Yes <input type="checkbox"/>	No <input type="checkbox"/>	L <input type="checkbox"/>	M <input type="checkbox"/>	H <input type="checkbox"/>
42. Impact of media on sexual behavior	Yes <input type="checkbox"/>	No <input type="checkbox"/>	L <input type="checkbox"/>	M <input type="checkbox"/>	H <input type="checkbox"/>

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