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The Implementation of Human Reproductive Programs Following PA 226 of 1977 in Michigan K-12 Public School Districts

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THE IMPLEMENTATION OF HUMAN REPRODUCTIVE PROGRAMS
FOLLOWING PA 226 OF 1977 IN MICHIGAN K-12
PUBLIC SCHOOL DISTRICTS

by

Jerry L. Hilton

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
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The purpose of this study was to investigate the degree to which the Michigan K-12 Public School Districts have chosen to implement Public Act 226 of 1977. This statute from the Michigan Legislature deals with the topic of sex education in the public schools. The review of literature resulted in four hypotheses—based upon the setting, size, basic instructional expenditures and the location of the district within the state. A research instrument was mailed to all 529 public school districts and had an 87% return rate with good representation from the entire state. For this study the state of Michigan was broken down into four regions, namely the Detroit Tri-County, the Lower Lower Peninsula, the Upper Lower Peninsula, and the Upper Peninsula.

The first research hypothesis stated that the degree of compliance would depend on the specific setting of the school district. The data showed that the metropolitan setting is a leader in implementing the statute. The second research hypothesis offered that the larger public school districts will have a higher degree of compliance than the smaller ones. The data showed a trend in the state toward the larger districts.
leading in implementation of the guidelines. The third research hypothesis stated that the degree of implementation will depend on the basic instructional spending behind each child within the district. The data did not support this hypothesis but the larger districts are spending more for basic instructional programs. The fourth research hypothesis asserted that the degree of implementation would be determined by the location of the district within the state of Michigan. The data showed this hypothesis to be true. The Detroit Tri-County had a higher rate of implementation than the other three regions.

This study could show direction to those wishing to provide further effort toward helping non-implementing districts to comply with PA 226 of 1977. The research identifies the smaller, poorer school districts outside of the Detroit Tri-County as in need of additional assistance.
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ACKNOWLEDGEMENTS

This student would like to dedicate this dissertation to his late maternal grandmother, Mrs. Matilda C. Bornholdt. She gave me the encouragement to begin my first classes at Jackson Community College in the fall of 1952. Her love will always be remembered.

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Jerry L. Hilton

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CHAPTER I

THE PROBLEM AND ITS BACKGROUND

Introduction

This descriptive study investigates the degree to which Michigan Public School Districts have chosen to implement Public Act 226 of 1977 from the 79th Legislature of the State of Michigan. This study is based on the funding, setting, and size of the individual school district.

Governor Milliken signed into law PA 226 on November 30, 1977. His signature made programs of instruction permissive in reproductive health, including family planning in the public school districts in the state of Michigan.

The Background

Pearsall (1980) maintained that only 15% of all mothers and 8% of the fathers talk with their children about sexual matters. Pearsall offered statistics stating that of all the females that become pregnant each year 40% are teenagers and 30,000 or 2.3% of these teenagers are under fifteen years of age.

Gordon (1980, p. 18) also cited the serious problem of teenage sexual activity today. He noted that "there are more teenage pregnancies and sexually transmitted diseases than ever among the young people." He went on to say "there were 1,300,000
teenage pregnancies in 1981 and the number is increasing each year." Less than 10% of our public school students receive any type of sex education even though, as Gordon pointed out, over 80% of the American parents favor sex education as part of the curriculum. Gordon claimed "that peer pressure is causing teenagers to have sexual relations before they are ready and that sexually transmitted diseases, especially herpes, has affected millions of youngsters." He concluded with the statement that "Public school sex education programs, if implemented, would reduce the unwanted pregnancies by 20%.

The Guttmacher Institute (1981, p. 2) publication held that "some 12 million of the 29 million young people between the ages of 13 and 19 have had sexual intercourse." Not only are they active but they are learning the sexual facts from a wide variety of sources today. Parents, schools, friends, the clergy, and the media all have input to the knowledge of the teenager. Setting values and learning what is "normal" or "correct" is coming at them from many sides at one time.

The role of the public schools has been expanded over the years. More of the parental responsibilities have been taken over by the public schools.

Sex education is a controversial topic that brings out some
strong emotions from the society in general and from the parents in particular. Parents are understandably emotionally involved with the development of their children. In spite of this fact, the Sorenson Report (1973) showed that only 16% of the young people feel comfortable seeking advice from their parents on sexual matters.

The State of Michigan has recognized this problem and taken steps to correct it through legislation. The legislation offers an opportunity to our public schools to improve their human reproductive programs to meet the needs of the youngsters of the 1980's. It is hoped that through the implementation of PA 226 of 1977 the public school districts will be able to cut back on the number of teenage pregnancies, abortions, infant deaths, and sexually transmitted diseases.

Green (1977) pointed out that only 29 states require the teaching of health education in the public schools and only six of those states mandate family life or sex education as part of the curriculum. Michigan has a program organized on a voluntary basis for grades K to 12 and does not require that each student have a course in health education before graduation.

A number of statutes led up to PA 226 of 1977 and are currently in force in Michigan as given in the General School Code (1976). They may be found in Appendix I.
Chapter Two will show Michigan has had a long history of enacting laws related to health education and sex education. Appendix F illustrates those laws in force. PA 226 of 1977 is the latest statute from the Michigan Legislature directly related to the teaching of sex and sexuality in the public schools. This statute is called by many educators "permissive legislation" since it is not mandatory that each public school district take the option of implementing the statute. A local public school district may continue most programs presently in place in the school district under Section 1501 of the General School Code of 1976 until they wish to take the option of implementing the guidelines of PA 226 of 1977. PA 226 of 1977 in its entirety may be found in Appendix H. An implementation deadline date was not written into either the statute or the guidelines. As a result, many districts are either moving slowly or ignoring the statute.

The State Board of Education was directed to draft a set of guidelines for the statute's implementation. A special task force involving health educators, medical professionals, teachers, administrators, and other agency personnel was selected to draw up the guidelines to accompany the statute.

There are fifteen (15) general steps for implementation which are outlined in the Guidelines (1978) and have been given to each public school district in Michigan to consider. They are:
1. Secure administrative and board approval.

2. Appoint a local advisory board.

3. Identify prospective supervisor and teaching staff members.

4. Adopt state guidelines or develop guidelines locally.

5. Assess present instructional resources.

6. Establish district-wide goals and objectives.

7. Select and organize content and material for instructional needs.

8. Determine needs of the staff for inservice education.

9. Screen and review available resources.

10. The advisory board reviews the program of instruction. The advisory board monitors comments from the public and may suggest revisions in the proposed program of instruction.

11. The local school board receives the final product after input from various groups. The board authorizes the superintendent to implement the program.

12. Assign a supervisor and teaching staff to the program.

13. Parents of children who may be enrolled in the course are notified of their right to review the program and materials. The parents are told of their right to have their child excused from the class. A copy of the Parent Notification Form is found in Appendix G.

14. The program of instruction may now be implemented.

15. Program is evaluated regularly with periodic reviews by the advisory board as well as periodic opportunities for review of materials by parents.

The steps given in the guidelines are not always followed in the order listed. The steps may be impractical to follow and need
to be evaluated by each district to meet its needs. Many districts find number five, the assessment of the present instructional programs and resources to be vital as a first step. The assigning of a Department of Education approved supervisor is also one of the first steps for many and not number twelve as given in the guidelines. Another requirement left off this listing is the necessity for teachers in the area of human reproductive education to meet specific educational requirements in order to teach under PA 226 of 1977. These requirements are specific in the guidelines and are found in Appendix J.

This study will investigate the extent to which Michigan Public School Districts have implemented PA 226 of 1977.

Statement of the Problem

The main objective of this research is to investigate the degree to which the public schools in the state of Michigan are implementing PA 226 of 1977 based upon funding, setting and size. A local district has taken the option of implementing the guidelines of the statute when it begins following the fifteen steps listed earlier. Each step should be followed but not necessarily in order to insure success. A description needs to be given of those districts that have taken the option compared to those that have not chosen to implement the guidelines.
The dependent variable under investigation here is the degree of implementation by the public school districts of PA 226 of 1977. The question asked is how well is the statute being implemented in the state of Michigan.

The dependent variable concerning implementation of the statute will be examined by looking at the Detroit Tri-County, the Lower Lower Peninsula, the Upper Lower Peninsula and the Upper Peninsula of Michigan (Appendix B). The three independent variables of funding, setting and size will be examined in each region.

Limitations of the Study

This study will not evaluate such areas as local attitudes toward sex and sexuality. It will also not examine the religious make-up of the individual communities and the influence resulting from this variable. These attitudes create community values that influence the public school decisions. Where might health education, including sex education, rank in importance to the individual administration and Board of Education? These attitudinal questions are an important next step in looking at the statute and its success in the Michigan Public School Districts.
Assumptions of the Study

It has been verified by the Department of Education that each public school district in the state of Michigan has been informed that PA 226 of 1977 is in existence and what it entails. This study would not be possible without these two assumptions, namely that each district has a free choice of whether to adopt the guidelines or not and that each district has had adequate communication concerning the statute.

Summary

Public Act 226 of 1977 is an attempt on the part of the state of Michigan to improve the human reproductive curricular offerings in the state. The statute's goal is to improve the decision-making skills of the youngsters in Michigan in the areas of sex and sexuality.

Over the years a number of statutes have passed our State Legislature culminating with PA 226 of 1977. This statute now frees the public schools to offer a comprehensive program of sex education including family planning.

The purpose of the study was to determine if the size of the district, its setting, and its instructional spending within the four sections of Michigan would be the determining factors in whether a district chose to implement the statute. This study
could assist the Department of Education in identifying districts in need of special assistance.

The remaining chapters will contain a review of literature, a historical overview of sex education in Michigan, the methodology to be used in this research, findings, and conclusions drawn from the total research.
CHAPTER II

REVIEW OF SELECTED RELATED LITERATURE

Introduction

The area of human reproduction and all of its ramifications has been controversial for its entire history. Legislative enactments pertaining to sex education in the public schools has brought out a wide range of values from the public since its inception and has sparked some lively debates statewide. This review of literature will look at the history of human reproductive education in the public schools of Michigan and will follow its path up to the present. This historical review will show that the interest in the topic of sex education and the desire for a comprehensive program in Michigan public schools has been growing for many years.

This chapter will also explore previous research in the field and look at the importance of human reproductive education. This section will show that communities throughout the country have had a growing interest in sex education and its growth in our public schools.

Historical Overview

Early Thinking

Cave paintings reveal the magical qualities associated with...
sexual activity during prehistoric times. Bruess and Greenberg (1981) point out that fertility cults and phallic statues were common over 6,000 years ago. Ancient Jews found stringent laws related to sexuality in the Bible, but the ancient Greeks and later the Romans shifted from the very conservative view to a more indulgent attitude.

Three thousand years ago when the Hebrew tribes returned from their Babylonian exile, the small struggling tribe felt having more children was the surest way to increase their power. More children meant a larger army and the consolidation of more territory. "Our whole definition of sexual relations limiting it to reproductive activity has come from this time" noted Hite (1979, p. 51).

Sex has always played a major role in human affairs and has been prominent in man's customs, religions, art, moralities and laws. Our American standards, attitudes and laws as set forth by Bruess and Greenberg (1981) are derived mainly from the Old Testament Jewish patterns. Another major influence upon our sexual traditions was that of the early Christian fathers who adapted the Jewish sexual regulations but added to these traditions a negative attitude toward sex and women.

Bruess and Greenberg (1981) described the Judeo-Christian sexual tradition as it was transmitted in an intensified form to

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America by the Puritan fathers of the seventeenth century. The Puritan fathers developed a highly regulated and anti-sexual pattern which today is still the unofficial sexual, moral and legal structure of the nation.

The eighteenth and nineteenth centuries saw emphasis on the physiological aspects of sexuality and warned about sexual excesses. The latter part of the nineteenth century saw a swing to the Victorians who wanted to suppress sexual drives.

Carrera (1971) confirmed that as early as the 1880's groups such as the American Purity Alliance, the YMCA, YWCA, The National Congress of Mothers (PTA) and the Child Study Association sponsored lectures and panels on sex related topics. He also indicated the National Education Association and the Congress of Parents and Teachers advocated sex education in the schools in the early 1890's.

The Early Sex Education

By 1900 dedicated sex educators were hard at work noted Penlard (1981) in her historical sketch. They suffered a twinge of ambivalence however about teaching students about sex. Many felt it quite cruel to destroy the children's myth of the stork or the cabbage patch to explain the birth of a baby.

Sex education pioneers embarked zealously upon their task
of trying to protect the young from "distorted" knowledge or ideas. The distortion they feared the most Penlard (1981) reported was the new idea gaining popularity at the turn of the century. This "wild" idea was that pleasure might be an acceptable motivation for sexual behavior. Young people must be taught "right" information about sex so that they do not fall prey to immoral activities.

Means (1962, p. 91) reported that sex instruction in the schools of Michigan may have been stimulated by the 1919 White House Conference on Child Welfare where they stated that "the problem of sex instruction becomes more properly a task of the schools."

Traditional sexual values since the Hebrew tribes mentioned earlier has been clearly understood by "moral" people. Self control and restraint were the hallmarks. The only acceptable purpose of sex was procreation. These values were echoed by most sex educators of that era. The debate on whether sex education should be taught in the home or school began at this time and continues into the 1980's.

Post World War I Legislation in Michigan

World War I had a social impact on traditional moral viewpoints in our state and nation. Bruess and Greenberg (1981, p. 16)
noted "the role of the female underwent significant change."
She had more social freedom and showed the freedom in choosing a mate and in styles of dress. The family structure also moved from a patriarchal style to a companionship style involving more democracy and recognition of the rights of others.

**PA 274 of 1919**

Out of this era came PA 274 of 1919. PA 274 of 1919 introduced by Senator Miller gave the public school districts in Michigan the permissive rights to establish programs of health and physical education in each district. The PTA (1981) Family Impact Services publication paraphrased the three key points of this statute as:

... provided that nothing in this Act shall be construed or operate to authorize compulsory physical examinations or compulsory medical treatment of school children, nor to allow the teaching of sex hygiene and kindred subjects in the public schools of the state ... (p. 6)

PA 274 of 1919 was the first reference to sex in legislation dealing with public schools. However, the Act did not define either sex hygiene or kindred subjects, according to Schaar (1980). One can only surmise that the teaching of birth control was a "kindred" subject. This was the beginning of the 58 year ban on teaching birth control in the public schools.
PA 319 of 1927

The second bill to pass the legislature in Michigan was PA 319 of 1927. PA 319 of 1927 was introduced as Senate Bill 277 by Senator Horton as outlined in Hahn (1980). This statute again referred to sex hygiene and kindred subjects as topics not to be taught in the public schools of Michigan.

PA 216 of 1937

This statute introduced in the House by Representative Belen as HB 520 removed for the first time the restriction against teaching sex hygiene and kindred subjects in the public schools. The schools for the first time had authority to teach sex education although the term sex education was not placed into law until 31 years later according to Schaar (1980).

Two provisions were written into the statute, namely, that parents have a right to remove their youngster without penalty if they wish from the class and an outright ban on teaching of birth control.

PA 319 of 1927 was amended to provide that instructors of physical education and kindred subjects must hold a degree from a school of medicine, public health, or nursing. PA 319 of 1927 with its amended paragraph restricted the majority of teachers in
the public schools from teaching the subject in a comprehensive curriculum as a course offering.

Post World War II Legislation in Michigan

PA 226 of 1949

PA 226 of 1949 was introduced by Representative Erlandsen to again amend PA 274 of 1919. PA 226 of 1949 addressed itself to the school districts providing qualified instructors from the field of education and for all districts of 3,000 students or larger to provide the necessary place for training in health and physical education. However, according to the PTA (1981) publication:

It is not the intention or purpose of this Act to give the right on instruction in birth control and it is hereby prohibited by any person to offer or give any instruction in said subject of birth control or offer any advice or information with respect to the said subject . . . (p. 7).

The clause remained giving the parent permission to take their youngster out of any class when they feel a need, and still without any penalty whatever.

PA 269 of 1955

PA 269 of 1955 was introduced in the Senate by Senator Porter as Senate Bill 1052. The amendment modified the wording somewhat from previous statutes. PA 269 of 1955 gave the public school
description of qualified teacher further clarification stating according to the Public School Code (1955) Section (340.782):

... any program of instruction in sex hygiene be supervised by a registered physician, a registered nurse, or a person holding a teacher's certificate qualifying such person in this field... (p. 7)

The prohibition on instruction in birth control continued and the right to be excused upon parental request also remained.

The Governor's Task Force

In 1965 Governor Romney appointed a task force to develop recommendations concerning university and family life education reported Hahn (1980). The task force concluded that information concerning sexuality should be taught by teachers of family life. There was also a feeling that the field of family life should be based primarily in the area of health and physical education. There was disagreement on who should teach, but for the first time a state subcommittee expressed hope that the ban on teaching birth control might be lifted so that students might be appraised of alternatives and make informed choices in light of their individual values.

Recent Legal Efforts in Michigan

**Senate Bill No. 416 of 1967**

Senators Craig and VanderLaan tried to offer an amendment to
PA 269 of 1955 in 1967. PA 416 of 1967 was sent to the committee on education and was not brought before the Senate. The bill died in the education committee.

**PA 44 of 1968**

Senate Bill 925 of 1968 became PA 44 of 1968. PA 44 of 1968 introduced by Senators Craig and VanderLaan defined for the first time the term "sex education," as it relates to the public schools. PA 44 of 1968 became law in 1968 without the signature of the then Governor Romney.

**Senate Bill No. 416 of 1968**

Senate Bill No. 416 of 1968 introduced by Senators Craig and VanderLaan passed the legislature in 1968. Senate Bill No. 416 of 1968 would have allowed birth control instruction in the public schools in Michigan. Schaar (1980, p. 1) wrote "while we have no records to substantiate this fact, the Department of Education has analyzed that Governor Romney vetoed the legislation on May 28, 1968."

Attorney General Frank J. Kelley in his Opinion 4699 (1970) substantiated that Senate Bill 416 of 1968, in which the prohibition against birth control was deleted, was vetoed by Governor Romney on May 28, 1968.
**Senate Bill No. 237 of 1969**

Senate Bill No. 237 of 1969 was introduced by Senators Gray and Bursley. The bill would have amended PA 269 of 1955. The birth control part was scratched and the bill died in the Senate Committee on Education.

**Attorney General Opinion 4699 of 1970**

Attorney General Frank Kelley handed down an Opinion concerning PA 44 of 1968. A number of questions developed concerning the statute. One of the questions asked if "family planning" encompassed teaching of birth control methods? Kelley (1970) maintained that the state laws at this time do not allow the teaching of birth control in the public schools. He didn't elaborate on Section 789 of the statute which clearly defines how sex education should be taught in our public school districts without the inclusion of birth control.

**Senate Bill No. 1181 of 1972**

Senate Bill No. 1181 of 1972 was introduced by Senator Bursley and recommended to the Committee on Education. This bill was another effort to amend Sections 782 and 789 of PA 269 of 1955 which prohibited the teaching of birth control. This section of the school code had been left basically the same since 1955.
Senate Bill No. 1181 of 1972 died in the Senate Education Committee.

House Bill No. 6109 of 1972

Representative Allen introduced House Bill No. 6109 in 1972. House Bill No. 6109 of 1972 was another attempt to amend the sections prohibiting the teaching of birth control in the schools. The bill died in the House Education Committee.

Senate Bill No. 221 of 1973

Senator Bursley introduced Senate Bill No. 221 of 1973 to amend the sections of PA 269 of 1955 prohibiting the teaching of birth control. Senate Bill No. 221 of 1973 died in the Senate Education Committee as did so many other bills preceding it.

House Bill No. 4719 of 1973

House Bill No. 4719 of 1973 was yet another attempt to introduce birth control instruction in the public schools. Representative Mowat introduced the bill and it died in the House Public Health Committee.

House Bill No. 4669 of 1975

Representative Collins brought House Bill No. 4669 of 1975 before the House. House Bill No. 4669 of 1975 was one of three
bills introduced during 1975. This bill contained language allowing birth control teaching in the public schools and again died in the House Education Committee.

**Senate Bill No. 1154 of 1975**

Senator Bursley introduced Senate Bill No. 1154 of 1975 to clarify the law relative to teaching health education and to permit schools to teach birth control. As with many predecessors, Senate Bill No. 1154 of 1975 did not leave the Senate Education Committee hearings.

**Senate Bill No. 399 of 1975**

Senator Bursley led the fight again with Senate Bill No. 399 of 1975. Serious work went into this bill and there were many changes in order to have it pass, however, it was reported to the Senate floor and was defeated by a 12 to 22 vote.

**PA 451 of 1976**

Senator Bursley and his colleagues led out again in 1976 with PA 451 to bring about the revisions and improvements in PA 44 of 1968. The language dealing with the parts of the school code was clarified, but the prohibition against teaching birth control remained.
Senate Bill No. 545 of 1977

Senator Bursley tried once more and failed to pass a bill before the Senate on birth control with Senate Bill No. 545 of 1977, while the House Bill No. 4425 was passing by a 69 to 33 vote according to Porter (1977).

PA 226 of 1977

House Bill No. 4425 which amended the school code eventually became PA 226 of 1977. This bill was introduced by Representative Rose Collins and provided for the teaching of reproductive health including family planning. The 58 year ban on teaching of birth control in the public schools of Michigan came to an end on November 30, 1977 when Governor Milliken signed PA 226 of 1977 into law. The law in its entirety may be found in Appendix H of this study. An overview of the State Guidelines may be found in Chapter I.

A Postscript of PA 226 of 1977

This research study will show the progress since 1977 of PA 226 of 1977 based on funding, setting, and size of the individual school district. After the guidelines were published, the Department of Education asked people throughout the state to write to Dr. John Romas, Health Education Specialist for the
Department of Education, with suggestions concerning any possible changes. A number of comments were sent to Dr. Romas with the majority in favor of the statute and its provisions.

In 1978 a set of guidelines were drawn to be distributed statewide. The Department of Education and the Department of Public Health have worked these five (5) years since the statute went into law to assist those public school districts choosing to implement the Act. Designated staff members from both branches of the state government have held inservice training sessions in public schools, given speeches to interested groups, met with administrators, teachers, and parents individually and in general have been willing to travel the state to assist the public school districts in their efforts to understand and implement PA 226 of 1977.

Previous Research and Analyses

Barriers to Sex Education

The proportion of Americans who support sex education in the schools was 77% and increasing each year maintained the Gallup Poll in 1978. Yet Kirby (1979) points out only 10% of the students in our country receive a comprehensive sex education program. School boards and administrators in these hard economic times do not want to create any controversy whatever. Often insufficient
funds are cited as a reason for not developing the curriculum. The lack of trained teachers is often an excuse given along with administrative fears of upsetting parents. Clawar (1977, p. 80) in his work agrees with this writer's observations when he wrote: "This lack of training of teachers appears to be the main reason for opposition among potential school teachers of sex education. They perhaps more so than the administrators are aware that they do not possess many of the special skills required for teaching human sexuality." A recent research study by Scales (1980) indicates that adverse reaction is uncommon and usually characterizes only a small percentage of the community. In fact Scales points out only 1% to 3% of parents ever refuse permission for their child to participate in a sex education program. Nevertheless, this fear remains a significant barrier to sex education.

West Virginia. Scales (1980) described the controversy in Kanawha County, West Virginia. This community had smoldering cultural differences according to Scales between the mountain families and the city schools their children attended. The arguments started over the issue of sex education and then spread to battles over appropriate science and literature resources. The basic conflict was between the moral and absolutism with the "situational ethics" of the situation resulting. The National Education Association (1975) outlined this classic conflict by further describing the conflict between the mountain families
with their fundamental beliefs. This topic gave the fundamentalist a tangible object on to which they could focus their resentment of both the educational decision-making process and their perception of the moral undermining of their children. The conflict is still unresolved.

**Cleveland, Ohio.** Simpson (1978) did a comprehensive study of the Cleveland agencies and schools for the perceived barriers to sex education. He found seven reasons given by the residents.

1. A perceived lack of funds.
2. Administrative desire to avoid conflict.
3. Failure to perceive a need for the program.
4. Administrative beliefs that other groups are offering the program.
5. Administrative belief that the public is not comfortable with human sexuality.
6. The confusion among professionals about the rapid change in sexual values and life styles.
7. Defining human sexuality only as intercourse and sex education as intervention to prevent the negative consequences of intercourse.

Most of the barriers listed in Cleveland have been voiced as major concerns by such authors as Scales (1980) and Gordon (1982).
Zelnik and Kim (1982) recently published a detailed study which dealt with a large population of over 5,000 teenagers. Their data came from a nationwide survey of adolescent ages 15 to 21 conducted from 1976 to 1979. The population came from urban, suburban, and rural areas. Some had sex education and some had not.

Overall the study found courses containing sex education did not result in increased or earlier sexual activity of the teenagers. During the older teens (17 and up) women who took sex education classes were shown to be slightly less sexually active than those in that age group who did not take the classes. Importantly, in every category, there was evidence that never married, sexually active young women who had had sex education classes experienced fewer unwed pregnancies than those young women who had not had sex education classes.

Sex education that includes information on contraception the study showed depresses levels of pregnancies among sexually active teenagers. At the same time sex education was shown in this research during this period. The implications for sex education at the middle school or junior high level are clear. To think that these early adolescents are unaware of human sexuality is to ignore a substantial amount of research to the contrary.
The Michigan PTA Study

The Michigan Congress of Parents, Teachers and Students centered in Lansing, Michigan did a study of the impact of PA 226 of 1977 on families across the state. This study interviewed parents and teens in urban, suburban and rural settings across the state of Michigan.

Of the 126 respondents to the question (PTA, 1981, p. 5-10), Do you think that sex education should be taught in the schools?, 120 of the 126 (95%) said yes. The research shows the information presented in Table 1 for the urban, suburban and rural areas of the state.

Table 1
Percent in Concurrance That Sex Education Should be Taught in the Public Schools

<table>
<thead>
<tr>
<th></th>
<th>Parents</th>
<th>Teens</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban</td>
<td>31 (95%)</td>
<td>26 (95%)</td>
<td>57 (95%)</td>
</tr>
<tr>
<td>Suburban</td>
<td>25 (96%)</td>
<td>25 (95%)</td>
<td>48 (96%)</td>
</tr>
<tr>
<td>Rural</td>
<td>10 (91%)</td>
<td>5 (100%)</td>
<td>15 (94%)</td>
</tr>
<tr>
<td>TOTALS</td>
<td>66 (94%)</td>
<td>54 (96%)</td>
<td>120 (95%)</td>
</tr>
</tbody>
</table>

A second question asked, Do you think schools should include information about birth control in the sex education classes?
One hundred twelve of one hundred twenty-six persons answered yes for a 95% rate in favor. Percentages were broken down in Table 2 from the study.

Table 2
Percent in Concurrance That Birth Control Information Should be Included in Sex Education Classes

<table>
<thead>
<tr>
<th></th>
<th>Parents</th>
<th>Teens</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban</td>
<td>29 (88%)</td>
<td>25 (25%)</td>
<td>54 (54%)</td>
</tr>
<tr>
<td>Suburban</td>
<td>22 (85%)</td>
<td>21 (21%)</td>
<td>43 (43%)</td>
</tr>
<tr>
<td>Rural</td>
<td>10 (91%)</td>
<td>5 (5%)</td>
<td>15 (15%)</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td>61 (87%)</td>
<td>51 (91%)</td>
<td>112 (89%)</td>
</tr>
</tbody>
</table>

Although the sample of Michigan parents and teens covered a cross section of religions, races, and sections of the state, the small size of the sample and the insufficient data analysis could cast a shadow on the validity of the work. Therefore from this research the first research question was generated which asks whether the degree of implementation will depend on the specific setting of the local public school district.

The Media and Sex Education

Too often the media coverage tends to give the impression
the majority of parents are against sex education in the public schools. Often reporters will give more coverage to stories of opposition to sex education according to the Syracuse University's Institute for Family Research and Education (1977). A radio telephone survey in Syracuse during the first year of a three year analysis showed the great majority of the community's adults in favor of sex education. Less than one-fifth felt that knowledge stimulates irresponsibility and two-thirds said that sexually active teenagers should have access to birth control information.

The Wisconsin Rapids Controversy

The Impact (1982) outlined in detail the experience in Wisconsin Rapids when Dr. Sol Gordon from the Institute for Family Research and Education came to town to speak to the local high school teenagers and college students. As was expected, vocal opposition was strong and the appearance of Dr. Gordon was a major event in the community. The media played the visit up very big and gave outstanding coverage to the very emotional negative side of the issue. Attendance was voluntary at the speech and after all the debate and media buildup only 38 of 1836 high school students were not allowed to attend by their parents. After such a big buildup concerning this "immoral" man coming to town, the adults were surprised to hear him advocate "teenagers should not have sex," and that abstinence is the best form of birth control
for teenagers. After Dr. Gordon's day in Wisconsin Rapids, the media editorials came out solidly behind his speech and values in terms of teenage sex and sexuality.

Ann Landers and Phil Donahue

Ann Landers has done more to bring sex and sexuality out of the closet than any other journalist in the country. Her courage in dealing openly in a professional manner with topics of emotional importance in the areas of sex and sexuality have been read by millions for two generations.

Another member of the media willing to deal with controversy is Phil Donahue. Gordon (1982, p. 3) was quoted as saying, "Phil Donahue has legitimized controversy for his millions of middle American viewers." Phil Donahue went to Syracuse, New York according to Gordon and distributed a questionnaire on Sex Education in the Schools. Donahue asked, "Should contraceptive information be made available to high school students?" His random sample consisted of 3,112 people from throughout the city. Two thousand six hundred and seven respondents (84%) answered yes and 505 respondents (16%) said no; a clear mandate from the respondents to proceed with the contraceptive information.

The Georgia Efforts

In 1978 Georgia undertook one of the most ambitious projects
in the nation according to the U.S. Department of Health, Education and Welfare (1979). The Georgia State Department of Human Resources coordinated the effort to discourage teenage pregnancy. Interested professional and religious organizations from throughout the state were involved. One important part of the effort was the role of the students acting in a leadership capacity on the advisory boards. The highly coordinated, concentrated effort has clear goals and is successful.

The Connecticut Curriculum Development


The state board of education shall develop a curriculum guide for the development of family life, family planning, human sexuality, parenting, nutrition, emotional and physical psychological hygiene, economic and social aspects of family life, provided the curriculum guides shall not include information pertaining to abortion as an alternative to family planning. (p. 83)

The statute also mentions the voluntary nature of the Act similar to other states where if a parent wishes, a child may be excused from the class.

The Pennsylvania Experience

Pennsylvania has been developing a sex education program for
a number of years as evidenced by State Board of Education (1965) guidelines and the program for Program Development and Implementation (1975).

These two documents spell out the ambivalence felt in the state toward sex education and the possibility of teaching about birth control. The State Board of Education has defined sex education, given objectives to the public school districts, listed programs of program development. The teaching of birth control is strictly prohibited.

The New Jersey Program

Darden (1981) examined the teaching of sex education in the state of New Jersey. He found only 40% of the pupils were receiving instruction in family life and sex education in public schools. This came after a New Jersey State Board Family Life Committee recommendation in 1967 that the public schools offer classes in sex education. This ruling stirred up a considerable controversy in New Jersey and resulted in a great deal of debate. The legislature is reacting to the vocal opposition and has been reluctant to pass encompassing legislation on the subject. This stand is in spite of several state and national polls which show the public favorable to the inclusion of sex education in the public schools. The New Jersey Department of Education is only one of three states in the country to have a mandated program of
sex education in its public schools. The future is uncertain in this stormy atmosphere.

The Nevada Efforts

After a good deal of debate, McNab (1981) reports the state of Nevada passed Assembly Bill No. 650 (AB 650) related to sex education in May of 1979.

Some highlights of the Bill include: (a) permission to establish a course in the public schools on the human reproductive system, (b) a local school board if they choose to teach about reproduction must have an advisory board to the board, (c) the topic must be taught by a qualified person, in many cases a teacher or school nurse, (d) parents must be notified that a course will be offered, (e) a form must be signed by the parent giving consent for the child to attend the class, (f) all instructional materials to be used in the course must be available for inspection by parents.

All parties involved both in favor of and opposed have debated since 1979 the issue and fears of such a program. The program continues with a recommendation to any states thinking of developing such a program to take some positive steps ahead of time to avoid some of the controversy. Nevada, through hard work and a commitment by the people, is working toward a positive sexual health program for their children.
A Suburban Michigan Study

The L'Anse Creuse Public School District in Macomb County in Michigan surveyed the parents and high school seniors on the topic of sex education in the community (L'Anse Creuse Advisory Committee, 1980). The population consisted of 400 seniors from this suburban district outside of Mt. Clemens, Michigan, roughly half of the class of 1981 and 480 community parents attending functions being held in the various buildings in the fall of 1980.

On the question of where did you learn about sex and sexuality, the students answered (a) books and magazines, (b) friends and schoolmates, and (c) parents and relatives last. The public schools played a very minor role. One might ask how accurate would the first two major sources be for the students?

Another key question on the survey asked the parents which topics they felt the public schools should teach in the field of sex and sexuality? The parents mentioned in order, (a) sexually transmitted diseases, (b) body parts, (c) adolescent development, (d) sexual behavior, and (e) sexual responsibility. On the question concerning which topics should be taught in the public schools they listed in order, birth control, sex attitudes, pregnancy, sex responsibilities, childbirth and family planning. The top interest of 17 and 18 year olds did not agree with their parents. Birth control information was the area of greatest interest to this age level.
A separate question asked if the school district should teach moral values with the sexual facts and 92% of the answering parents felt that correct values should be taught by the teachers along with the factual information. A key question to the 400 seniors was where did they learn about sex and sexuality? They listed in order friends, parents, and books.

PA 226 of 1977 of Michigan allows the public school district to take the option of teaching about birth control if the community wishes. This would meet the wishes of the seniors in this rather typical suburban public school district. The concern of parents might be whether this knowledge will encourage more premarital sexual activity and in turn add to the teenage pregnancy and sexually transmitted disease statistics.

One last and interesting question centered on reasons the seniors felt for such a rise in teenage pregnancy and sexually transmitted diseases these past few years. Their answers listed in order are: (a) T.V. and movies, (b) different life styles today, (c) a need for affection, (d) use of birth control methods, and (e) poor communication between parents and their children. Most researchers today recognize as the students did the strong influence the media has on their lives today.
A Summary Of U.S. Sex Education Programs

Recently the U.S. Department of Health, Education and Welfare published a five volume evaluation of the nation's sex education programs. This large outstanding effort was carried out by MATHTECH, Inc., a firm of researchers led by Kirby, Alter and Scales (1980, p. 74-76). This report reviews the literature, identifies important features and lists program authors.

The list of organizations presently investigating and making a positive contribution to the knowledge on sex education was impressive. Some of the better known organizations are listed here that are not traditionally known for dealing with sexual research.

1. Young Men's Christian Association.
2. Young Women's Christian Association.
5. National PTA.
7. United Church of Christ.
8. Catholic Alternatives.

"Advocates of sex education have established for themselves a truly formidable set of goals" the summary continued. "These in-
clude changing student attitudes, knowledge, self-perception, skills, fears, and social and sexual behaviors." Sex education teachers should not be criticized too heavily for not totally succeeding in such an extensive undertaking.

Size Factors

The Simpson (1978), Zelnik and Kim (1982) and Thornburg (1981) studies were all made on large urban or suburban populations. Is this representative of the nation when the smaller districts are not being represented? The Scales (1980) research on the moral attitudes in West Virginia should cause an investigator to question the use of only large, urban student populations in a research effort on sex education.

The Michigan PTA (1981) study was based on a very small sample of the state of Michigan. However, it did look at the urban, suburban, and rural setting as a criteria for a public school district deciding to implement the statute. The study found urban parents and teenagers were in favor of sex education more often than rural parents and teenagers. This research might show a trend in thinking for the public school districts throughout the state of Michigan.

Boles and Davenport (1975) described two possible sets of values coming from the urban and rural settings. This possible
difference in attitude toward sex and sex education might also apply directly to the large urban and rural sections of the state of Michigan. There is a strong possibility that there will be considerable differences in the degree of implementation shown by the setting of the school districts in Michigan. It is expected that the metropolitan and larger urban districts will be more likely to implement than the smaller rural districts.

From this literature review, the second research question centered on whether size was a factor in determining whether a district chose to implement the statute? It is very likely there would be a meaningful difference between the degree of implementation in each of the four sections of the state of Michigan based on the size of the school.

Basic Instructional Funding

Scales (1980), Darden (1981), Kirby (1979), McNab (1981) and the Michigan PTA (1981) study all referred to the basic instructional funding behind the student as another key factor in the development of sex education instruction in public school districts. In many cases the larger district is also the wealthier district.

With the state of Michigan in an economic recession, the public schools however are limited in their ability to expand
and implement new curricula. It is very likely that the basic instructional expenditures of each school district will have a direct effect upon the degree of implementation of PA 226 of 1977.

From this research the third research question asks how important is the basic instructional spending behind each student to the decision to implement PA 226 of 1977. This research anticipates that the combination of large size, high spending and an urban or urban fringe setting will result in the highest implementation of the statute.

Location Within the State

The Michigan Department of Education identified four regions in Michigan. They are the Detroit Tri-County, the Lower Lower Peninsula, the Upper Lower Peninsula, and the Upper Peninsula. Based on the entire literature review plus the added location variable, a fourth research question was generated. Are there any differences between the four regions of the state in terms of the degree of implementation?

Summary

A historical review of the literature of human reproductive education in the public schools of Michigan was discussed.
Legislative enactments were listed followed by previous research in the field. Research questions were generated from this literature review.

Chapter III will discuss the methodology of the study followed by the findings of the research in Chapter IV, and the conclusions of the study in Chapter V.
CHAPTER III

METHODOLOGY

Introduction

This chapter contains the population of respondents in terms of some demographic characteristics. It will discuss the selection and mail survey methodology as well as the data analysis procedures.

Issues will be discussed relative to the instrumentation used, including developmental procedures, methods, and development of the implementation scale score. Finally, procedures used in the data processing and data analysis will be outlined to finish the chapter.

Population

This instrument was mailed to all 529 K-12 public school districts in the state of Michigan. The study will not report on the private and parochial schools or the role of the Intermediate School Districts in the counties of Michigan. The population was identified from the Michigan State Board of Education 1980-81 Bulletin 1014 which listed 529 K-12 districts in the state.

The survey instrument was sent to the superintendents of all 41
of the public school districts in the state of Michigan. A public school district is defined as a school district which is supported by local and state tax funds and operates under state statutes.

Data Collection

The Instrument

The survey instrument was developed cooperatively between the leadership in the Michigan Department of Education, the Michigan Department of Public Health and this researcher (Appendix C). A copy of the instrument may be found in Appendix A.

This researcher was directly responsible for questions two and three. Question number two asks if the district has taken steps to comply with the Act. This is important in identifying the districts. Question number three asks the district administrator to check off the degree of compliance from an eight point choice. The eight combined stages of compliance are included in this section.

This researcher for the sake of comparison has broken down the eight implementation steps into three levels. Zero through two will be classified as being low in compliance and three through five will be the medium group. A score of six through
eight will qualify those districts to be labeled as high in compliance. However there is no weighting or specific order attached to the eight categories.

The remainder of the instrument gave answers to the Michigan Department of Education and the Michigan Department of Public Health; answers to questions concerning problems the districts may have or were having in implementing the statute. These questions may be seen in Appendix A.

The instrument was first mailed under a cover letter (Appendix D) from Dr. Maurice S. Reizen, Chief of the Bureau of Personal Health Services in January 1982. A follow-up letter (Appendix E) and survey from Dr. Reizen went to the public school districts which failed to respond in February of 1982. This researcher collected all the raw data received by June 1982 as a cut-off date. Four hundred and fifty-nine of the 529 public school districts had answered by June 1982, for a 87% return of the instrument. Seventy-six of the instruments were unusable due to incomplete data. Due to a breakdown in communication between this researcher and the Department of Public Health, 76 of the data collection instruments were analyzed without identifying the public school district. This occurred when 383 instruments were already in this researcher's possession. Three hundred eighty-three or 72% of the instruments were used to compile the
the data. These instruments were those received by the April 1, 1983 deadline. This type of instrument has been used by the Michigan Department of Public Health for the past three years to evaluate the growth of PA 226 of 1977. Any possible problems have been worked out through this period and the instrument had proven to be reliable according to Jubb (1982).

It was important to know for this research if the district was or was not taking the option to implement and to what extent, the individual district was implementing. The guidelines consisted of fifteen (15) steps.

The fifteen (15) steps found in Chapter One from the guidelines were combined into eight (8) categories for the sake of the instrument. The eight implementation steps were: a) planning, b) board action, c) advisory board appointed, d) supervisor approved by the Michigan Department of Education, e) qualified teachers are identified, f) curriculum developed, g) parent notification form sent, and h) classroom instruction.

The guidelines and the survey instrument list the steps toward implementation in a specific order. Districts not only do not see the order as compulsory to follow, they often implement only stages that fit their present needs.

An implementation scale score has been developed to represent the degree to which a district has implemented PA 226 of
1977. For each implementation step completed, one scale score point is added to the respondent's total score. The range of scale values would be from zero to eight. The scale score represents a continuum from no implementation to complete implementation. The lower the scale score, the less implementation which has been completed.

The content validity of the instrument was established through a review of the instrument by the Health Specialist at the Michigan Department of Education and the Chief of the Bureau of Personal Health Services in the Michigan Department of Public Health. Each leader in the Bureau of Personal Health Services read and evaluated the instrument to see if it will meet the goals for which it was designed. The Health Specialist from the Michigan Department of Education also evaluated the instrument and compared it to past surveys for its accuracy and clarity.

The reliability of this type of instrument was established by administrative use by the Department of Public Health. This was the third year an instrument of this nature was used for this purpose with success.

The instrument made possible identification of the districts, but only supplied a portion of the information needed to complete the four independent variables of this study. The four independent
variables of this study are: a) the basic instructional funding each district has behind each student, b) the setting of the district, i.e. urban or rural within the region, c) the size of the school district, and d) the differences in the four regions of Michigan.

Other Data Sources

The region and community type categories were secured from the Michigan Department of Education. They have classified four regions and five community settings. The settings are given as Metropolitan, City, Town, Urban Fringe, and Rural. This researcher named the four designated areas the Detroit Tri-County, the Lower Lower Peninsula, the Upper Lower Peninsula and the Upper Peninsula. Appendix B illustrates these geographic locations.

These figures for the basic general instructional expenditures were taken from the Michigan State Board of Education Bulletin 1014, 1980-81. Basic general instructional expenditures were defined by Bulletin 1014 of 1980-81 as: the cost of activities directly dealing with the teaching of students in the classroom situation. This includes the basic programs of instruction for preschool, elementary, middle and high school grades.
Data Processing

The data was key punched on standard IBM cards and verified. The data was then programmed and run through the Western Michigan University Computer System using the SPSS Program.

Hypotheses and Variable Illustrations

From the review of literature the following hypotheses were developed from the research questions:

1. There is a difference in the degree of implementation by the public school districts according to their setting.

2. There is a difference in the degree of implementation by the public school districts according to the size of each district.

3. There is a difference in the degree of implementation by the public school districts according to the basic instructional expenditure of the district.

4. There is a difference in the degree of implementation by the public school districts according to the location within the state.

For further illustration of the variables, Table 3 shows the breakdown given by the Michigan Department of Education for public school settings for Michigan Community school types.
Table 3
Michigan Community School Settings

<table>
<thead>
<tr>
<th>Type</th>
<th>Setting</th>
<th>Community Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Metropolitan Core</td>
<td>A population of 50,000 + and a focal point.</td>
</tr>
<tr>
<td>2</td>
<td>City</td>
<td>10,000 to 50,000 people and a focal point.</td>
</tr>
<tr>
<td>3</td>
<td>Town</td>
<td>2,500 to 10,000 inhabitants and a focal point.</td>
</tr>
<tr>
<td>4</td>
<td>Urban Fringe</td>
<td>Any population size next to a Metropolitan Core.</td>
</tr>
<tr>
<td>5</td>
<td>Rural</td>
<td>Less than 2,500 people.</td>
</tr>
</tbody>
</table>

The size variable will be figured according to the groupings used by the Michigan Board of Education in Bulletin 1014 of 1980-81. Table 4 illustrates these classifications.
Table 4
Public School Districts Size Classification

<table>
<thead>
<tr>
<th>Group</th>
<th>Number of Pupils</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>50,000 +</td>
</tr>
<tr>
<td>B</td>
<td>20,000 to 49,999</td>
</tr>
<tr>
<td>C</td>
<td>10,000 to 19,999</td>
</tr>
<tr>
<td>D</td>
<td>5,000 to 9,999</td>
</tr>
<tr>
<td>E</td>
<td>4,500 to 4,999</td>
</tr>
<tr>
<td>F</td>
<td>4,000 to 4,499</td>
</tr>
<tr>
<td>G</td>
<td>3,500 to 3,999</td>
</tr>
<tr>
<td>H</td>
<td>3,000 to 3,499</td>
</tr>
<tr>
<td>I</td>
<td>2,500 to 2,999</td>
</tr>
<tr>
<td>J</td>
<td>2,000 to 2,499</td>
</tr>
<tr>
<td>K</td>
<td>1,500 to 1,999</td>
</tr>
<tr>
<td>L</td>
<td>1,000 to 1,499</td>
</tr>
<tr>
<td>M</td>
<td>500 to 999</td>
</tr>
<tr>
<td>N</td>
<td>Less than 500</td>
</tr>
</tbody>
</table>

The study will divide the population into three sizes for the data analysis. Large districts will be groups A through F, which is 4,000 to 50,000 pupils and contains 105 districts.
Medium districts will be groups G through J which will be 2,000 to 4,000 pupils with a total of 149 local districts. The small districts will be groups K through N and all the districts will contain less than 2,000 pupils. This small group contains 320 local districts throughout Michigan.

The districts will be divided into three categories: high, medium and low spenders. The low spenders will allot $500 to $800 for basic instructional programs for each pupil. The medium group will spend $800 to $1,100, and the high spenders will allocate $1,100 to $1,700 per child. Bulletin 1014 of 1980-81 lists the poorest K-12 public school district in Michigan for 1980-81 school year at $531 for basic programs of instruction. The wealthiest school district was listed at $1,600 for 1980-81 in this category.

This study will compare the school districts in the four regions of the state based upon the Michigan Department of Education map found in Appendix B.

Data Analysis

The data analysis procedure used was the one-way ANOVA with a protected least squares post hoc analysis where appropriate. A t-test for independent groups was used for some of the data due to the fact that there were only two levels of some independent variables.
All null hypotheses of no difference concerning setting, size, financial backing, and location within the state were tested at the .05 level of significance. This level of significance is adequate for this research since a Type I error would not have overly serious consequences.

Summary

Chapter III discussed the methodology used in the study. Population, data collection, hypotheses and variable illustration, and data analysis was described.

Chapter IV will contain the findings of the analysis and Chapter V will contain the summary, conclusions, and implementations of the research findings.
CHAPTER IV

FINDINGS

Introduction

The purpose of this study was to learn if the public school districts in the state of Michigan are taking the option to implement PA 226 of 1977. Chapter One provided the rationale for the problem. Chapter Two had a historical overview of sex education instruction in Michigan, outlined the status of sex education, and offered four research questions. Chapter Three gave direction to the research and outlined the methodological aspects of the remaining chapters.

Chapter Four contains the respondent instrument return data, the size variable, the expenditure variable, the location variable, further data collected and the summary. Tables are used throughout the chapter to illustrate the data collected.

Respondent Instrument Return Data

This instrument was sent to 529 K-12 public school districts in the state of Michigan. Four hundred and fifty-nine instruments were returned for an 87% return rate on the survey. Seventy-six of the instruments were unusable and the final
analysis was made on 383 respondents which was 72% of the total K-12 public school population of the state of Michigan. Therefore based on the high response rate and no bias indicated by the non-respondents, the respondents represent the population of the study.

The Setting Variable

Table 5 illustrates the data for the Detroit Tri-County setting. The first research hypothesis stated that there would be a difference in the degree of implementation depending on the specific setting of the public school district within its region of the state. Table 5 shows that the largest group in the Detroit Tri-County are in an urban fringe setting. No significant differences were found among the means. All five of the settings could have a medium to high degree of implementation.
Table 5
ANOVA for the Detroit Tri-County Region Implementation According to the Setting

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>SS</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>4</td>
<td>47.14</td>
<td>1.11</td>
<td>.36</td>
</tr>
<tr>
<td>Within Groups</td>
<td>48</td>
<td>508.55</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td>52</td>
<td>555.69</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Metropolitan</td>
<td>2</td>
<td>7.50</td>
<td>.70</td>
</tr>
<tr>
<td>2 City</td>
<td>5</td>
<td>4.60</td>
<td>3.36</td>
</tr>
<tr>
<td>3 Town</td>
<td>8</td>
<td>3.37</td>
<td>3.46</td>
</tr>
<tr>
<td>4 Urban Fringe</td>
<td>33</td>
<td>5.54</td>
<td>3.13</td>
</tr>
<tr>
<td>5 Rural</td>
<td>5</td>
<td>4.20</td>
<td>4.02</td>
</tr>
</tbody>
</table>

*p * C .05 is significant

Table 6 is an ANOVA for the Lower Lower Peninsula according to the setting of the district. Significant differences were found among the means of the various settings in this region of the state. The implications of the findings of this data will be discussed further in Chapter V.
Table 6
ANOVA for the Lower Lower Peninsula Implementation
According to the Setting

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>SS</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>4</td>
<td>279.68</td>
<td>7.10</td>
<td>.042*</td>
</tr>
<tr>
<td>Within Groups</td>
<td>204</td>
<td>2,007.19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td>208</td>
<td>2,286.88</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Metropolitan</td>
<td>8</td>
<td>5.75</td>
<td>2.49</td>
</tr>
<tr>
<td>2 City</td>
<td>14</td>
<td>2.28</td>
<td>3.17</td>
</tr>
<tr>
<td>3 Town</td>
<td>42</td>
<td>4.88</td>
<td>3.17</td>
</tr>
<tr>
<td>4 Urban Fringe</td>
<td>19</td>
<td>2.31</td>
<td>3.11</td>
</tr>
<tr>
<td>5 Rural</td>
<td>126</td>
<td>2.34</td>
<td>3.15</td>
</tr>
</tbody>
</table>

*p < .05 is significant

In Table 7 the Town and Metropolitan settings have shown significant differences at the .05 level from the other three settings. Protected least squares post hoc analysis was used to show that the pairings between the Metropolitan and the City,
Metropolitan and Urban Fringe, Metropolitan and Rural settings are significant at .05. Also the pairings between Towns and the Cities, Towns and the Urban Fringe and the Towns and Rural settings were significant at the .05 level.

Table 7

Post Hoc Analysis of the Lower Lower Peninsula Implementation by Setting

<table>
<thead>
<tr>
<th>Setting</th>
<th>Mean</th>
<th>Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metropolitan</td>
<td>5.57</td>
<td>1 *</td>
</tr>
<tr>
<td>City</td>
<td>2.28</td>
<td>2 *</td>
</tr>
<tr>
<td>Town</td>
<td>4.88</td>
<td>3 * *</td>
</tr>
<tr>
<td>Urban Fringe</td>
<td>2.31</td>
<td>4 *</td>
</tr>
<tr>
<td>Rural</td>
<td>2.34</td>
<td>5 *</td>
</tr>
</tbody>
</table>

*p \( < \) .05 is significant

Table 8 is the ANOVA for the Upper Lower Peninsula according to the setting. There was no significant differences between the means at the .05 level of significance. The Upper Lower Peninsula and the Upper Peninsula lack the large metropolitan, urban fringe and cities of the Detroit Tri-County and Lower Lower Peninsula regions.
Table 8
ANOVA for the Upper Lower Peninsula Implementation
According to the Setting

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>SS</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>2</td>
<td>11.58</td>
<td>.60</td>
<td>.55</td>
</tr>
<tr>
<td>Within Groups</td>
<td>73</td>
<td>703.08</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td>75</td>
<td>714.67</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 City</td>
<td>3</td>
<td>2.66</td>
<td>3.78</td>
</tr>
<tr>
<td>3 Town</td>
<td>11</td>
<td>3.66</td>
<td>3.13</td>
</tr>
<tr>
<td>5 Rural</td>
<td>62</td>
<td>2.25</td>
<td>3.07</td>
</tr>
</tbody>
</table>

*p < .05 is significant

Table 9 describes the setting for the Upper Peninsula.
There was no significant differences between the means. There were only three categories to evaluate due to the fact that there were no metropolitan areas or urban fringes in this rural environment.
Table 9
ANOVA for the Upper Peninsula Implementation
According to the Setting

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>SS</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>2</td>
<td>37.35</td>
<td>1.57</td>
<td>.21</td>
</tr>
<tr>
<td>Within Groups</td>
<td>42</td>
<td>498.42</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td>44</td>
<td>535.77</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 City</td>
<td>4</td>
<td>3.35</td>
<td>3.40</td>
</tr>
<tr>
<td>3 Town</td>
<td>10</td>
<td>4.90</td>
<td>3.66</td>
</tr>
<tr>
<td>5 Rural</td>
<td>31</td>
<td>2.67</td>
<td>3.38</td>
</tr>
</tbody>
</table>

*p ^ .05 is significant

The first research hypothesis centered on whether the specific setting of a district would effect the degree of implementation. The results of this testing shows the only area of difference was in the Lower Lower Peninsula. The data showed that the Metropolitan and Town settings were significantly different at the .05 level from the City, Urban, Fringe and Rural settings.
The Size Variable

The second research hypothesis stated that there would be a difference in the degree of implementation of the guidelines according to the size of the district. Looking at the state of Michigan one finds a large number of cities and large urban fringe communities in the Detroit Tri-County area. The Upper Lower Peninsula and Upper Peninsula lack these large cities and urban settings.

Table 10 presents the results of the t-test for independent means the Detroit Tri-County according to size. In this table one may see the degree of compliance by the 45 large Detroit Tri-County Public School Districts. There seems to be for this region a trend developing between size and the degree of implementation. However, no significance was found at the .05 level.

Table 10

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medium</td>
<td>7</td>
<td>4.00</td>
<td>3.87</td>
<td>-1.03</td>
<td>.154</td>
</tr>
<tr>
<td>Large</td>
<td>45</td>
<td>5.35</td>
<td>3.12</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p < .05 is significant
Tables 11 and 12 illustrate the data for the Lower Lower Peninsula according to size. Significant differences were found between the means of the medium and large districts with the small districts. The small districts' means were far below the medium and large districts in implementing the statute.

Table 11
ANOVA for the Lower Lower Peninsula Implementation According to the Size

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>SS</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>2</td>
<td>367.24</td>
<td>19.32</td>
<td>.026*</td>
</tr>
<tr>
<td>Within Groups</td>
<td>206</td>
<td>1925.63</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td>208</td>
<td>2286.88</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Small</td>
<td>109</td>
<td>1.72</td>
<td>2.81</td>
</tr>
<tr>
<td>2 Medium</td>
<td>51</td>
<td>4.54</td>
<td>3.29</td>
</tr>
<tr>
<td>3 Large</td>
<td>49</td>
<td>4.12</td>
<td>3.32</td>
</tr>
</tbody>
</table>

*p < is significant

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Table 12 shows group one is small, group two is medium and group three is large. This table is the protected least squares post hoc analysis for the Lower Lower Peninsula by size and shows significant differences between the pairs of small and medium, and small and large groups.

Table 12
Post Hoc Analysis of the Lower Lower Peninsula Implementation According to Size

<table>
<thead>
<tr>
<th>Group</th>
<th>Mean</th>
<th>Pairwise Comparisons</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Small</td>
<td>1.72</td>
<td>1 * *</td>
</tr>
<tr>
<td>2 Medium</td>
<td>4.55</td>
<td>2 *</td>
</tr>
<tr>
<td>3 Large</td>
<td>4.14</td>
<td>3 *</td>
</tr>
</tbody>
</table>

\*p < .05 is significant

There were no significant comparisons found in the ANOVA according to the size for the Upper Lower Peninsula. There seems to be a trend toward compliance for the larger districts which will be discussed in Chapter V. This data is presented on Table 13.
Table 13
ANOVA for the Upper Lower Peninsula Implementation
According to the Size

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>SS</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>2</td>
<td>55.57</td>
<td>3.07</td>
<td>.054</td>
</tr>
<tr>
<td>Within Groups</td>
<td>73</td>
<td>659.10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td>75</td>
<td>714.67</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Small</td>
<td>60</td>
<td>2.00</td>
<td>2.81</td>
</tr>
<tr>
<td>2 Medium</td>
<td>10</td>
<td>3.00</td>
<td>3.73</td>
</tr>
<tr>
<td>3 Large</td>
<td>6</td>
<td>4.50</td>
<td>3.61</td>
</tr>
</tbody>
</table>

*p < .05 is significant

Table 14 shows the ANOVA for the Upper Peninsula according to size. No significant differences were found at the .05 level. The degree of compliance for all sizes of districts in the region were in the average range.
Table 14
ANOVA for all of the Upper Peninsula Implementation
According to the Size

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>SS</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>2</td>
<td>7.30</td>
<td>.29</td>
<td>.74</td>
</tr>
<tr>
<td>Within Groups</td>
<td>42</td>
<td>528.47</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td>44</td>
<td>535.77</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Small</td>
<td>35</td>
<td>3.20</td>
<td>3.52</td>
</tr>
<tr>
<td>2 Medium</td>
<td>8</td>
<td>2.87</td>
<td>3.53</td>
</tr>
<tr>
<td>3 Large</td>
<td>2</td>
<td>5.00</td>
<td>4.24</td>
</tr>
</tbody>
</table>

*p \( \leq .05 \) is significant

The Expenditure Variable

The third research hypothesis stated that there would be a difference in the degree of implementation of PA 226 of 1977 according to the basic instructional spending of the districts. The possibility exists that there may be a trend toward a higher degree of compliance by those districts that spend more for instruction.
Table 15 is a $t$-test for independent means the Detroit Tri-County Region. There was only one low spending district in this highly populated area which was dropped for data analysis purpose. This test showed a significant difference at the .05 level. The mean implementation level for the medium expenditure district was 4.31 and for the high expenditure district was 6.18.

Table 15

$t$-test for all the Detroit Tri-County Region Implementation According to the Expenditure Level

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Medium</td>
<td>29</td>
<td>4.31</td>
<td>3.44</td>
<td>2.41</td>
<td>.009*</td>
</tr>
<tr>
<td>2 Large</td>
<td>22</td>
<td>6.18</td>
<td>2.63</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p $\leq$ .05 is significant

Table 16 describes the Lower Lower Peninsula expenditure level. There was no significant differences between the means found at the .05 level. The compliance level for this region ranged from the medium to the low level with the means ranging from 2.44 for the low expenditure category to 3.36 for the high expenditure category.
Table 16
ANOVA for all of the Lower Lower Peninsula Implementation According to the Expenditure Level

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>SS</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>2</td>
<td>26.75</td>
<td>1.21</td>
<td>.29</td>
</tr>
<tr>
<td>Within Groups</td>
<td>206</td>
<td>2260.12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td>208</td>
<td>2286.88</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Low</td>
<td>65</td>
<td>2.44</td>
<td>3.07</td>
</tr>
<tr>
<td>2 Medium</td>
<td>133</td>
<td>3.20</td>
<td>3.38</td>
</tr>
<tr>
<td>3 High</td>
<td>11</td>
<td>3.36</td>
<td>3.77</td>
</tr>
</tbody>
</table>

*p < .05 is significant

Table 17 covers the expenditure level of the Upper Lower Peninsula. No significant differences were found between the means. The degree of compliance for all expenditure levels was in the low category. This may represent a trend when trying to determine possible implementation levels.
Table 17

ANOVA for all of the Upper Lower Peninsula Implementation
According to the Expenditure Level

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>SS</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>2</td>
<td>49.25</td>
<td>2.70</td>
<td>.07</td>
</tr>
<tr>
<td>Within Groups</td>
<td>73</td>
<td>665.41</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td>75</td>
<td>714.67</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Low</td>
<td>23</td>
<td>1.26</td>
<td>2.59</td>
</tr>
<tr>
<td>2 Medium</td>
<td>49</td>
<td>3.00</td>
<td>3.26</td>
</tr>
<tr>
<td>3 High</td>
<td>4</td>
<td>2.00</td>
<td>1.41</td>
</tr>
</tbody>
</table>

*p < .05 is significant

Table 18 illustrates the data for the Upper Peninsula expenditure level. There was no significant difference between the means at the .05 level of significance. All districts were reported to be in the medium compliance level of implementation.
Table 18
ANOVA for the Upper Peninsula Implementation
According to the Expenditure Level

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>SS</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>2</td>
<td>4.32</td>
<td>.17</td>
<td>.84</td>
</tr>
<tr>
<td>Within Groups</td>
<td>42</td>
<td>531.45</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td>44</td>
<td>535.77</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Low</td>
<td>10</td>
<td>3.00</td>
<td>3.11</td>
</tr>
<tr>
<td>2 Medium</td>
<td>27</td>
<td>3.07</td>
<td>3.68</td>
</tr>
<tr>
<td>3 High</td>
<td>8</td>
<td>3.00</td>
<td>3.58</td>
</tr>
</tbody>
</table>

*p < .05 is significant
The third research hypothesis stated there would be differences in the compliance levels based on the basic instructional spending per pupil for each district. Table 15 was found to be significant in the per pupil expenditure level. The reader will find in Tables 16, 17, and 18 that no significant differences were found between the means of the districts within the four regions. However it appears that the higher expenditure districts have higher compliance levels for implementing PA 226 of 1977. In all four regions the low spending districts have the lowest mean compliance level with the statute.

The Location Variable

The fourth research hypothesis stated that there would be a difference in the degree of implementation according to the location of the district within the state. The summary data for the state is found in Table 19. The ANOVA shows the means of all the four regions.
Table 19
ANOVA for the State Implementation
By Geographic Location

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>SS</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>3</td>
<td>241.43</td>
<td>7.45</td>
<td>.00*</td>
</tr>
<tr>
<td>Within Groups</td>
<td>379</td>
<td>4093.02</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td>382</td>
<td>4334.46</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Detroit Tri-County</td>
<td>53</td>
<td>5.07</td>
<td>3.26</td>
</tr>
<tr>
<td>Lower Lower Peninsula</td>
<td>209</td>
<td>2.97</td>
<td>3.31</td>
</tr>
<tr>
<td>Upper Lower Peninsula</td>
<td>76</td>
<td>2.43</td>
<td>3.08</td>
</tr>
<tr>
<td>Upper Peninsula</td>
<td>45</td>
<td>3.22</td>
<td>3.48</td>
</tr>
</tbody>
</table>

*p < is significant

Table 20 is the least protected squares post hoc analysis for all four regions by geographic location. There was a significant difference found between the Detroit Tri-County region and the other three regions of the state.
Table 20
Post Hoc Analysis for all Four Regions' Implementation by Geographic Location

<table>
<thead>
<tr>
<th>Region</th>
<th>Mean</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 DTC</td>
<td>5.07</td>
<td>*</td>
<td>*</td>
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The Detroit Tri-County region mean (\(x = 5.07\)) was slightly higher than the other three regions. The Lower Lower Peninsula had a mean of 2.97, the Upper Lower Peninsula showed a mean of 2.43 and the Upper Peninsula had a mean of 3.22. The least amount of compliance seems to be in the Upper Lower Peninsula.

Further Data Collected

To assist the reader in further understanding the data collected concerning the compliance with the guidelines a number of appendices have been included following Chapter V.
Appendix K describes the data concerning the eight steps of implementation and the percentage of compliance from the group. Appendix L illustrates the reasons given for not implementing by the districts throughout the state. The most frequent reason given (56.1%) is that the individual district has no sex education being taught at this time.

Summary

No significant differences were found for the setting variable, however, size was found to be a significant factor for the Lower Lower Peninsula. The expenditure variable was found to be significant for the Detroit Tri-County region. The location variable showed significant differences between the Detroit Tri-County region and the other three regions of the state.

Chapter Five will be broken down into the purpose and rationale of the study and will speak to the hypotheses generated within the research. This Chapter will also contain the summary, draw conclusions, and make recommendations for future research.
CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Introduction

Chapter Five is concerned with the summarization of the complete work as well as conclusions and implications which may be made. This Chapter will have six parts: (1) summary of the purpose and rationale; (2) the review of literature and hypotheses generated; (3) findings and conclusions; (4) implications of the study; (5) implications for future research, and (6) summary.

Summary of Purpose and Rationale

Michigan has a long history of enacting laws related to sex education in its public schools. This descriptive study has investigated the degree to which Michigan K-12 school districts have chosen to implement PA 226 of 1977. This statute is the latest and most comprehensive of its kind to be passed into law and to affect our public school districts. The dependent variable under investigation was the degree of compliance by the public school districts of the statute. The independent variables were setting, size, and the basic per pupil instructional expenditures of the public school districts in the four
regions of the state of Michigan.

An assumption was made at the beginning of the study that equal information and equal opportunities had been given to each K-12 public school district to implement the statute since 1978.

Summary of the Review of the Literature and Hypotheses Generated

A review of literature indicated sex education in the public schools of Michigan had been an on-going controversial argument both in and out of the legislature since the beginning of the 20th century. The conservative values our Christian and Jewish forefathers placed with the parents and the legislators in the state seems to have had a direct effect on the teaching of human reproduction in our public schools.

A series of bills starting in 1919 with PA 274 have tried to clarify the role of the public schools in the teaching of sex and sexuality. The culmination of all these efforts came in 1977 when PA 226 of 1977 passed our legislature and was signed into law by Governor Milliken. The controversial part of this bill, which created so much debate, was the permission to teach birth control for the first time in our public schools.

Looking at other states one sees this same controversy in one stage or another throughout the country. Many nationwide
studies have shown that the majority of parents favor sex education in our public schools. However, a small vocal minority have been active in the media and have placed pressure on the Board of Education to limit the sex education in many communities.

The Michigan Department of Education has identified four district regions for the state of Michigan. These geographic locations are different in their settings and size. The Detroit Tri-County area with its heavy urban influence is a different environment than the more rural regions of the state. The review of literature presented the possibility that the setting, size and basic per pupil expenditure would be determining factors for a district to decide to implement the statute's guidelines.

The first research hypothesis of this study was that the degree of compliance would depend on the specific setting of the school district within the state of Michigan. The second research hypothesis stated that the larger public school districts will have a higher degree of compliance than the small districts. The third research hypothesis examined the basic instructional spending behind each child in each public school district. The fourth research hypothesis studied the degree of implementation in all four regions. This hypothesis states
that the degree of implementation would be determined by the location of the district within the state of Michigan.

Findings and Conclusions

Detroit Tri-County

Limited evidence was found to support setting as an implementing variable. However the data showed that the Detroit Tri-County setting is a leader in implementing the statute.

There was little support for the research hypothesis that size would be a factor in the degree of implementation. However a trend appears to be developing that the larger districts in the Detroit Tri-County region are more likely to implement the guidelines.

No support was found for the research hypothesis that the expenditure level would determine the degree of implementation. However there appears to be a tendency for the larger districts to spend more per pupil for basic instructional programs.

Lower Lower Peninsula

Support was found for the setting hypothesis as being an important variable for this region. The degree of compliance for the Towns was only slightly below the Metropolitan settings.
Differences were found for the size variable concerning the medium and large districts compared to the small ones. Therefore size is a factor in determining whether a district decides to implement the statute within the Lower Lower Peninsula.

There was no evidence to support the hypothesis that expenditure was a factor in choosing to implement the statute.

**Upper Lower Peninsula**

No support was found for any of the three independent variables as determinates of implementation within this region. Therefore it is a possibility that neither setting, size, nor expenditure level are determining factors in the level of implementation of the statute for the Upper Lower Peninsula.

**Upper Peninsula**

No support was found for the three variables as determinates of implementation within this region. Therefore there is a possibility that neither setting, size, nor expenditure level are determining factors in the level of implementation of the statute within the Upper Peninsula. However it should be pointed out that there are few Metropolitan or Urban Fringe school districts within this region.
**Location**

The location variable looked at all four regions of the state for comparison. The Detroit Tri-County region had a higher rate of implementation than the other three regions. One could conclude from this data that the Detroit Tri-County region with a higher rate of implementation has a greater amount of sex education instruction than the Lower Lower Peninsula, the Upper Lower Peninsula and the Upper Peninsula.

Therefore research hypothesis four which stated that there would be a difference in the degree of implementation of the statute depending upon location within the state was accepted.

**Implications of the Study**

This study shows direction to those wishing to further assist in implementing the statute. Further efforts should be made in the following areas:

1. A concerted effort should be given to help all smaller poorer districts outside of the Detroit Tri-County region.

2. Additional effort should be given to increase the communication concerning the implementation of the statute to all school districts in the state.
3. Increased additional assistance should take the form of inservice workshops, financial reimbursement, guest speakers, and pilot studies.

In the PTA (1981) study which looked at the state from an urban, suburban, and rural setting, a number of similar implications were drawn. That study also found that the more urban setting favored teaching sex education over the rural setting.

Other research such as the studies by Zelnik and Kim (1982), Scales (1980), and Thornburg (1981), all look at the sex education program in the public school in its relationship to the number of teenage pregnancies developing. This research is one of the initial studies in the state of Michigan to look at the law and how well the public school districts are implementing PA 226 of 1977. An attempt was made to determine if certain variables described those school districts which were more likely to implement the guidelines. This study found that the setting and the size of the public school district might possibly be determining factors in the decision to implement the statute. The study also found that the location variable was a determining factor when deciding to implement the statute.

Recommendations for Future Research

This study may help other researchers to clarify some future directions for continuing research. There are several questions
which remain unanswered and for a clearer understanding of the problem need to be studied.

1. Researchers should examine the towns in the Lower Lower Peninsula for further reasons the towns might have to implement the statute.

2. The Detroit Tri-County needs to be given further study to learn additional reasons for such a strong degree of implementation from this region.

3. Other researchers should study the attitudes and values placed on sex education programs coming from these four regions of the state.

4. Further research should examine the possible different values existing between the rural and more populated areas in Michigan.

5. A comparison should be made between Michigan's PA 226 of 1977 and the sex education statutes in other states.

6. Implementation practices among other states should be examined and compared to the guidelines of PA 226 of 1977.

7. Research should be made to see if setting, size, and the basic instructional spending level are determining factors in other states as well as Michigan.

Summary

It is believed that this investigation demonstrated that the location of the school districts is a factor in the decision
to implement the guidelines of PA 226 of 1977. However the data showed some trends developing which might include a tendency toward the larger, wealthier districts being more likely to implement the statute. When attempting to enhance the level of implementation of this statute, the knowledge of how these factors affect the attitudes of the administration within a particular district has implication for those persons anticipating the possibility of change. Elements which are likely for more efficient long range planning of the human resources necessary for further implementation are a challenge the leadership in the state of Michigan will have to consider. While adding to the existing knowledge of the current level of implementation, it is hoped that the results of this study will encourage further research into the problem addressed.
APPENDICES
APPENDIX A

1982 Questionnaire on the Status of PA 226 of 1977
1982 QUESTIONNAIRE
ON THE STATUS OF
P.A. 226 OF 1977

1. Are you (your school district) aware of the provisions of P.A. 226 of 1977, which permits/permits instruction in sex education, including reproductive health and family planning?  
   (1) Yes  
   (2) No  

2. Has your district taken steps to come under compliance with this act?  
   (1) Yes  
   (2) No  

3. If yes, please check the stages you have reached:  
   (Check all that apply)  
   (1) Board Action  
   (2) Advisory Board  
   (3) Supervisor  
   (4) Planning  
   (5) Qualified Teachers  
   (6) Curriculum Developed  
   (7) Parent Notification  
   (8) Form Sent  
   (9) Classroom Instruction

4. If no, please check why not:  
   (1) No sex education being taught in the district  
   (2) Have not Taken the time  
   (3) Have had other priorities

If the answer to question #2 and #4 is no, please go directly to #8.

5. Did you have criteria for the selection of your Advisory Board?  
   (1) Yes  
   (2) No

6. How many persons serve on your Advisory Board?  
   (1) Under 10  
   (2) 10 to 19  
   (3) 20 to 29

7. Did you experience difficulty in qualifying teachers?  
   (1) Yes  
   (2) No

8. Did you adopt the state guidelines or develop your own?  
   (1) State  
   (2) Own

9. If you developed your own, have you submitted a copy to the Department of Education as required?  
   (1) Yes  
   (2) No

10. Have you been able to identify teaching materials appropriate for your districts?  
    (1) Yes  
    (2) No

11. Does your curriculum include family planning information?  
    (1) Yes  
    (2) No

12. If yes, at which grade(s)?  
    (1) 4th  
    (2) 5th  
    (3) 6th  
    (4) 7th  
    (5) 8th

13. Have you developed curriculum/policies which could be shared with other districts?  
    (1) Yes  
    (2) No

14. After parents received the State Board of Education's approved form notifying them of their right to review the materials and methods of instruction, what percent of parents pursued this review process?  
    (1) 0  
    (2) 10 to 24  
    (3) 25 to 49  
    (4) 50 to 74  
    (5) 75 to 100

15. What was the consensus of their review?  
    (1) Positive  
    (2) Negative  
    (3) Mixed

16. Have you had to address, in your district, problems/issues that have not been identified in this survey?  
    (1) Yes  
    (2) No

17. If yes, please identify:  

18. *Please check on the adjacent line if you wish to receive results of this survey.

   (1) Yes

Person answering survey:  
Name  
Title  
Address

District contact person, if different from person completing this survey:  
Name  
Title  
Address

If you would like assistance to have your school district in compliance with P.A. 226, please contact the Michigan Department of Education, Health Education Specialist (Box 3008, Lansing, MI 48902).
APPENDIX B

Regions of the State of Michigan
APPENDIX B

Regions of the State of Michigan

1. Detroit Tri-County
2. Lower Lower Peninsula
3. Upper Lower Peninsula
4. Upper Peninsula

Source: Michigan Department of Education
APPENDIX C

Letter on Instrument Preparation
June 23, 1982

Jerry L. Hilton
23607 Ronita
Mt. Clemens, MI 48045

Dear Mr. Hilton:

The purpose of this letter is to document that you were directly involved with the Michigan Department of Education and the Michigan Department of Public Health staff in the cooperative venture of revamping the questionnaire on P.A. 226 of 1977 and also in developing additional new material for the questionnaire for 1982.

My staff and I have appreciated your interest and your input.

Sincerely,

Darlene Hinkle, BSN, MS, Chief
Perinatal Health Section

DH/nab

cc: P. Morgan
    W. Jubb
APPENDIX D

Letter of Transmittal
Dear Superintendent:

Public Act 226 of 1977 is permissive legislation which permits the public schools in Michigan to provide programs of instruction in sex education, including reproductive health and family planning. This act specifies certain procedures which local school districts must follow to assure the school district is in compliance with the guidelines related to P.A. 226. These procedures include the adoption or development of guidelines for teaching in the area of sex education, the approval of a qualified supervisor, the identification of qualified teachers, the appointment of an advisory board, and the notification of parents of their right to review the materials and methods of instruction and to excuse their child from the class(es).

Staff from the Michigan Department of Public Health, in cooperation with the health education specialist from the Michigan Department of Education, has developed a survey to assess the current status of the implementation of P.A. 226. Please complete the attached survey and return it in the enclosed postage paid envelope by Friday, February 19, 1982. The survey information will be shared with the Michigan Department of Education.

If you have any questions, please call Darlene Hinkle (517) 373-2920 (MDPH) or Wanda Jubb (517) 373-1484 (MDE).

Your cooperation in completing this survey is appreciated.

Sincerely,

Maurice S. Reizen, M.D., Chief
Bureau of Personal Health Services

Enclosure
APPENDIX E

Follow Up Letter
February 25, 1982

Dear Superintendent:

In late January you were sent a survey designed to assess the extent to which P.A. 226 of 1977 has been implemented in Michigan schools. We have not yet received a completed survey from your school.

Enclosed is a copy of the survey and a self-addressed envelop for your use. It would be greatly appreciated if you would complete the form and return it at your earliest convenience.

Sincerely,

[Signature]

Maurice S. Reizen, M.D.
Director

"Equal Health Opportunity for All"
APPENDIX F

School Laws Related to Health Education
# APPENDIX F

## School Laws Related to Health Education in the Michigan Public Schools

1. **PA 187 of 1972**  
   Section 63 - Certification of School Nurses

2. **PA 242 of 1970**  
   Alternative Education Program for Pregnant Students

3. **PA 269 of 1955**  
   Section 1169 of School Code of 1976 Communicable Disease; Instruction

4. **PA 226 of 1969**  
   Section 1170 of School Code of 1976 Critical Health Problems Education Act

5. **PA 44 of 1968**  
   Section 1501 of School Code of 1976 Sex Education; defined

6. **PA 269 of 1955**  
   Section 1502 of School Code of 1976 Health and Physical Education

7. **PA 226 of 1977**  
   Sections 1503, 1506, 1507, 1508, and 1531 of School Code of 1976 Reproductive Health, Family Planning and Venereal Disease
APPENDIX G

Notification to Parents
APPENDIX G

Notification to Parents

The local school district shall use the written notice provided below to notify parents. Local school districts may wish to attach additional material to the notice.

---

NAME OF SCHOOL          DATE

ADDRESS

The Board of Education has established a program of instruction in sex education. As a component of the sex education program, reproductive health is offered in identified courses.

According to law (PA 226 of 1977) you have the right to review the materials to be used in these courses. The local Board of Education, in compliance with the statute, has made the materials available for your review. If you wish, please contact the school at __________________ to make arrangements for review of the materials.

Your child is eligible to participate in this course. By law you have the right to excuse your child from participation in the classes which includes reproductive health and/or family planning instruction if you choose. If you wish to exercise your right to excuse your child, without penalty from instruction in reproductive health, including family planning, please send written notice to __________________

---

Sincerely,

Superintendent of Schools
(or designated representative)
APPENDIX H

PA 226 of 1977

96
APPENDIX H

Act No. 226
Public Acts of 1977
Approved by Governor
November 30, 1977

STATE OF MICHIGAN
79TH LEGISLATURE
REGULAR SESSION OF 1977


ENROLLED HOUSE BILL No. 4425

AN ACT to amend sections 1503, 1506, 1507, 1508 and 1531 of Act No. 451 of the Public Acts of 1976, entitled as amended "An act to provide a system of public instruction and elementary and secondary schools; to revise, consolidate, and classify the laws relating to elementary and secondary education; to provide for the classification, organization, regulation, and maintenance of schools, school districts, and intermediate school districts; to prescribe rights, powers, duties, and privileges of schools, school districts and intermediate school districts; to provide for school elections and to prescribe powers and duties with respect thereto; to provide for the levy and collection of taxes; to provide for the borrowing of money and issuance of bonds and other evidences of indebtedness; to provide for and prescribe the powers and duties of certain boards and officials; to provide for licensure of boarding schools; to prescribe penalties; and to repeal certain acts and parts of acts," being sections 380.1503, 380.1506, 380.1507, 380.1508 and 380.1531 of the Compiled Laws of 1970

The People of the State of Michigan enact:

Section 1. Sections 1503, 1506, 1507, 1508 and 1531 of Act No. 451 of the Public Acts of 1976, being sections 380.1503, 380.1506, 380.1507, 380.1508 and 380.1531 of the Compiled Laws of 1970, are amended to read as follows:

Sec. 1503. (1) The board of a school district having a pupil membership of more than 1,000 shall engage qualified instructors and provide the necessary places and equipment for instruction and training in health and physical education. Other boards of education may make provisions for health education and physical education.
APPENDIX H  (Continued)

(2) This section shall not be construed to authorize compulsory physical examination or compulsory medical treatment of pupils.

(3) A school district, offering a course in health education or physical education shall engage qualified instructors for that instruction.

Sec. 1506. (1) A program of instruction in reproductive health shall be supervised by a registered physician, a registered nurse, or other person certified by the state board as qualified. Upon the written request of a pupil or the pupil's parent or guardian, a pupil shall be excused without penalty or loss of academic credit, from attending classes in which the subject of reproductive health is under discussion.

(2) As used in subsection (1) and sections 1507 and 1508, "reproductive health" means that state of an individual's well-being which involves the reproductive system and its physiological, psychological, and endocrinological functions.

Sec. 1507. (1) A board of a school district may engage qualified instructors and provide facilities and equipment for instruction in sex education, including family planning, human sexuality, and the emotional, physical, psychological, hygienic, economic, and social aspects of family life. Instruction may also include the subjects of reproductive health and the recognition, prevention, and treatment of venereal disease.

(2) The class described in subsection (1) shall be elective and not a requirement for graduation.

(3) A pupil shall not be enrolled in a class in which the subjects of family planning or reproductive health are discussed unless the pupil's parent or guardian is notified in advance of the course and the content of the course and is given a prior opportunity to review the materials to be used in the course and is notified in advance of his right to have the pupil excused from the class. The state board shall determine the form and content of the notice required in this subsection.

(4) Upon the written request of a pupil or the pupil's parent or guardian, a pupil shall be excused, without penalty or loss of academic credit, from attending the class described in subsection (1).
(5) A school district that provides a class as permitted by subsection (1) shall offer the instruction by teachers qualified to teach health education. A school district shall not offer this instruction unless an advisory board is established by the district board to periodically review the materials and methods of instruction used, and to make recommendations to the district regarding changes in the materials or methods. The advisory board shall consist of parents having children attending the district's schools, pupils in the district's schools, educators, local clergy, and community health professionals.

(6) As used in this section and section 1508, "family planning" means the use of a range of methods of fertility regulation to help individuals or couples avoid unwanted pregnancies; bring about wanted births; regulate the intervals between pregnancies; and plan the time at which births occur in relation to the age of parents. It may include the study of fetology. It may include marital and genetic information. Clinical abortion shall not be considered a method of family planning, nor shall abortion be taught as a method of reproductive health.

(7) A person shall not dispense, or otherwise distribute in a public school a family planning drug or device.

Sec. 1508. The state board shall:

(a) Aid in the establishment of educational programs designed to provide pupils in elementary and secondary schools, institutions of higher education, and adult education programs wholesome and comprehensive education and instruction in sex education.

(b) Establish a library of motion pictures, tapes, literature, and other education materials concerning sex education available to school districts authorized to receive the materials under rules of the state board.

(c) Aid in the establishment of educational programs within colleges and universities of the state and inservice programs for instruction of teachers and related personnel to enable them to conduct effective classes in sex education.

(d) Recommend and provide leadership for sex education instruction established by school districts including guidelines for family planning information.

(e) Establish guidelines and may review and recommend materials to be used in teaching family planning, reproductive health, and

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the recognition, prevention, and treatment of venereal disease. The guidelines established pursuant to this subdivision shall be formulated in cooperation with the departments of public health and mental health, and the state department of social services. The guidelines shall be established within 180 days after the effective date of this subdivision. A school district that provides instruction as permitted by section 1507 may adopt the guidelines established by the state board or shall establish its own guidelines in cooperation with its intermediate school district and its county or district department of public health. Family planning shall not be taught in a school district until the guidelines as required by this subdivision have been established by the state board or the local school district. However, the teaching of sex education, sex hygiene, or reproductive health as permitted under sections 1506 and 1507 before the enactment of this subdivision shall be permitted to continue pending the development of the guidelines required by this subdivision.

Sec. 1531. (1) The state board shall determine the requirements for and issue all licenses and certificates for teachers, and the requirements for and endorsement of teachers as qualified counselors in the public schools of the state.

(2) The state board shall certify as qualified the supervisors required in section 1506. The state board shall certify teachers as qualified to teach the class described in section 1507 (1), based upon the recommendation of a teacher training institution, upon an evaluation of the teacher's educational qualifications and experience, and upon any additional requirements the state board considers necessary.

This act is ordered to take immediate effect.
APPENDIX I

Statutes on Human Reproduction
APPENDIX I

Statutes on Human Reproduction in our General School Code

Section 1170 of the School Code of 1976 (MCL 380.1170):

1. mandates instruction shall be given in physiology and hygiene, with special reference to substance abuse, including the abusive use of tobacco, alcohol, and drugs, and their effect upon the human system.

2. mandates that comprehensive health education programs shall be developed as prescribed by Act.No. 226 of the Public Acts of 1969, being sections 388.381 to 388.385 of the Michigan Compiled Laws.
   a. authorizes the creation of a critical health problems education program designed to educate youth with regard to critical health problems;
   b. Defines "Critical Health Problems Education Program" to mean a systematic and integrated program designed to provide appropriate learning experiences, based on scientific knowledge of the human organism as it functions within its environment, and designed to favorably influence the health, understanding, attitudes, and practices of the individual child which will enable him/her to adapt to changing health problems of our society; and
   c. requires the program to include, but not be limited to, the following topics as the basis for comprehensive education curricula in all elementary and secondary schools: drugs, narcotics, alcohol, tobacco, mental health, dental health, vision care, nutrition, disease prevention and control, accident prevention, and related health and safety topics.

3. mandates that a child upon the written statement of parent or guardian that instruction in the characteristics or symptoms of disease is in conflict with his or her sincerely held religious beliefs shall be excused from attending classes where such instruction is being given and no penalties as to credit or graduation shall result therefrom.

Section 1501 of the School Code of 1976 (MCL 380.1501) defines "sex education" to mean the preparation for personal relationships between the sexes by providing appropriate educational opportunities designed to help a person develop understanding, acceptance, respect, and trust for himself or herself and others. Sex education includes the knowledge...
APPENDIX I  (Continued)

of physical, emotional, and social growth and maturation and understandings of the individual needs. It involves an examination of man's and woman's roles in society, how they relate and react to supplement each other, the responsibilities of each towards the other throughout life, and the development of responsible use of human sexuality as a positive and creative force.

Section 1502 of the School Code of 1976 (MCL 380.1502) states that health education and physical education for pupils of both sexes shall be established and provided in all public schools of this state. Every pupil attending public schools of this state so far as the pupil is physically fit and capable of doing so shall take the course in physical education.

Section 1503 of the School Code of 1976 (MCL 380.1503) mandates that the board of a school district having a pupil membership of more than 1,000 shall engage qualified instructors and provide the necessary places and equipment for instruction and training in health and physical education. Other boards of education may make provisions for health education and physical education. This section shall not be construed to authorize compulsory physical examination or compulsory medical treatment of pupils. A school district offering a course in health education or physical education shall engage qualified instructors for that instruction.

Section 1506 of the School Code of 1976 (MCL 380.1506) specifies that a program of instruction in reproductive health shall be supervised by a registered physician, a registered nurse, or other person certified by the State Board as qualified. Upon the written request of a pupil or the pupil's parent or guardian, a pupil shall be excused, without penalty or loss of academic credit, from attending classes in which the subject of reproductive health is under discussion. As used in subsection (1) and sections 1507 and 1508, "Reproductive Health" means that state of an individual's well-being which involves the reproductive system and its physiological, psychological, and endocrinological functions.

Section 1507 of the School Code of 1976 (MCL 380.1507) states that:

1. A board of a school district may engage qualified instructors and provide facilities and equipment for instruction in sex education, including family planning, human sexuality, and the emotional, physical, psychological, hygienic, economic, and social aspects of family life. Instruction may also include the subjects of reproductive health and recognition, prevention, and treatment of venereal disease.

2. The class described in subsection (1) shall be elective and not a requirement for graduation.
3. A pupil shall not be enrolled in a class in which the subjects of family planning or reproductive health are discussed unless the pupil's parent or guardian is notified in advance of the course and the content of the course and is given a prior opportunity to review the materials to be used in the course and is notified in advance of his right to have the pupil excused from the class. The State Board shall determine the form and content of the notice required in this subsection.

4. Upon the written request of a pupil or the pupil's parent or guardian a pupil shall be excused, without penalty or loss of academic credit from attending the class described in subsection (1).

5. A school district that provides a class as permitted by subsection (1) shall offer the instruction by teachers qualified to teach health education. A school district shall not offer this instruction unless an advisory board is established by the district board to periodically review the materials and methods of instruction used, and to make recommendations to the district regarding changes in the materials or methods. The advisory board shall consist of parents having children attending the district's schools, pupils in the district's schools, educators, local clergy, and community health professionals.

6. As used in this section and Section 1508, "Family Planning" means the use of a range of methods of fertility regulation to help individuals or couples avoid unwanted pregnancies; bring about wanted births; regulate the intervals between pregnancies; and plan the time at which births occur in relation to the age of parents. It may include the study of fetology. It may include marital and genetic information. Clinical abortion shall not be considered a method of family planning, nor shall abortion be taught as a method of reproductive health.

7. A person shall not dispense, or otherwise distribute in a public school a family planning drug or device.

Section 1508 of the School Code of 1976 (MCL 380.1508) states that the state board shall:

a. Aid in the establishment of educational programs designed to provide pupils in elementary and secondary schools, institutions of higher education, and adult education programs wholesome and comprehensive education and instruction in sex education.

b. Establish a library of motion pictures, tapes, literature, and other education materials concerning sex education available to school districts authorized to receive the materials under rules of the state board.
c. Aid in the establishment of educational programs within colleges and universities of the state and in-service programs for instruction of teachers and related personnel to enable them to conduct effective classes in sex education.

d. Recommend and provide leadership for sex education instruction established by school districts including guidelines for family planning information.

e. Establish guidelines and may review and recommend materials to be used in teaching family planning, reproductive health, and the recognition, prevention, and treatment of venereal disease. The guidelines established pursuant to this subdivision shall be formulated in cooperation with the Departments of Public Health and Mental Health, and the State Department of Social Services. The guidelines shall be established within 180 days after the effective date of this subdivision. A school district that provides instruction as permitted by Section 1507 may adopt the guidelines established by the State Board or shall establish its own guidelines in cooperation with its intermediate school district and its county or district Department of Public Health.
APPENDIX J

PA 226 of 1977
Professional Preparation Requirements
APPENDIX J

PA 226 of 1977 Professional Preparation Requirements

Any elementary and secondary teacher who teaches in the area of reproductive health, including family planning, shall possess a valid Michigan teaching certificate, in addition, each teacher shall meet all of the approval criteria listed below which includes professional preparation in the biological and behavioral sciences, sex education content areas, and health education content areas.

1. Professional preparation shall include study in the biological and behavioral sciences. Such study shall include at least six (6) semester hours of approved undergraduate or graduate course work from among the following: human biology, anatomy, physiology, human heredity or genetics, bacteriology, psychology, mental health, sociology, or cultural anthropology.

2. Professional preparation shall include study in sex education content areas which shall be approved by the Department of Education. Such study shall include:
   a. at least two (2) semester hours of approved undergraduate or graduate course work in sex education, human reproduction, family planning, marriage and family relations, human sexuality, family life education, or a combination of the above,
   or
   b. the completion of a Department of Education approved twenty (20) clock hours of in-service in sex education, human reproduction, family planning, marriage and family relations, human sexuality, family life education, or a combination of the above.

3. Professional preparation shall include study in special health education content areas. Such study shall include at least two (2) semester hours of approved undergraduate or graduate course work from among the following: growth and development, personal health, community health, the school health program, school health problems, or health problems of children and youth.

A local school district superintendent may submit a letter of recommendation to the Department of Education requesting temporary (one-year) approval of a prospective teacher of reproductive health, including family planning, who does not meet the above criteria. The Department of Education shall determine the approval status of each temporary (one-year) recommendation and respond to each requesting school district in writing. This temporary approval may be renewed only once.
It is strongly recommended that teachers of reproductive health, including family planning, continuously update their information. This may be done through the Professional Development Activities Program approved by the Department of Education.

Professional Development Activities

Any elementary or secondary teacher who teaches in the area of reproductive health, including family planning, shall be professionally prepared to teach in this special health area and shall be approved by the Department of Education for such instruction.

Professional development activities shall include at least twenty (20) clock hours of inservice in sex education, human reproduction, family planning, marriage and family relations, human sexuality, family life education, or a combination of the above.

Professional development activities in this area offered by colleges and universities, intermediate school districts, professional development centers, community health agencies, professional associations, and educational consulting organizations shall be approved by the Department of Education.
APPENDIX K

Summary Table on Degree of Implementation
APPENDIX K

The Degree of Compliance by K-12 Public School Districts
With PA 226 of 1977 by Those Districts Wishing to
Implement the Statute

<table>
<thead>
<tr>
<th>Category</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Planning</td>
<td>200</td>
<td>88.9</td>
</tr>
<tr>
<td>2. Board Action</td>
<td>156</td>
<td>69.3</td>
</tr>
<tr>
<td>3. Advisory Board Appointed</td>
<td>163</td>
<td>72.4</td>
</tr>
<tr>
<td>4. Supervisor Approved by MDE</td>
<td>110</td>
<td>48.9</td>
</tr>
<tr>
<td>5. Qualified Teacher Identified</td>
<td>156</td>
<td>69.3</td>
</tr>
<tr>
<td>6. Curriculum Developed</td>
<td>135</td>
<td>60.0</td>
</tr>
<tr>
<td>7. Parents Notified</td>
<td>125</td>
<td>55.6</td>
</tr>
<tr>
<td>8. Classroom Instruction</td>
<td>120</td>
<td>53.3</td>
</tr>
<tr>
<td>Maximum Possible</td>
<td>226</td>
<td>100.0</td>
</tr>
</tbody>
</table>
APPENDIX L

Reasons for Non-Compliance
### APPENDIX L

The Reasons Given for Non-Compliance by K-12 Public School Districts With PA 226 of 1977 on the Survey Instrument

<table>
<thead>
<tr>
<th>Category</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. No sex education being taught in the district.</td>
<td>87</td>
<td>56.1</td>
</tr>
<tr>
<td>2. Haven't taken the time.</td>
<td>15</td>
<td>9.7</td>
</tr>
<tr>
<td>3. Have had other priorities.</td>
<td>49</td>
<td>31.6</td>
</tr>
<tr>
<td>4. Financially cannot support the compliance steps.</td>
<td>32</td>
<td>20.6</td>
</tr>
<tr>
<td>Maximum Possible</td>
<td>155</td>
<td>100.00</td>
</tr>
</tbody>
</table>
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