A NEEDS ASSESSMENT FOR A SEX EDUCATION CURRICULUM
IN THE PUBLIC SCHOOL SYSTEM

by

Dorothy Patricia Cooper

A Masters Research Project in Partial Fulfillment
of the Requirements for the Degree
Master of Arts

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has been approved

June, 1989

APPROVED;

[Signatures]

Chairperson

Supervisory Committee

ACCEPTED:

[Signature]

Director of Graduate Studies
ABSTRACT

The role of sex education in the public school system was the subject investigated in this study. Research literature, various sex education curriculum, and current information provided by the United States Surgeon General, the United States Secretary of Education and the Arizona State Department of Health Services were reviewed. A survey instrument was developed to assess the need for a sex education curriculum for fifth, sixth, seventh, and eighth grade students in a public school system. The sample population chosen was residents of 6320 homes in a large metropolitan city in the Southwestern United States. The findings revealed that residents perceived a strong need for a detailed sex education curriculum for fifth, sixth, seventh, and eighth grade students. Overall, 80 percent to 98 percent of the residents surveyed indicated a need for developing a sex education curriculum. Of the 21 concepts listed, no concept received less than 80 percent, indicating the concepts should be included in a sex education curriculum. This study supports the findings of other studies which have discovered there is a need for a sex education curriculum in public schools.
DEDICATION

This work is dedicated to my husband, Guy Cooper, without whose encouragement, understanding, and trust in my ability, this project would not have been possible.
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CHAPTER 1

INTRODUCTION

Today with disturbingly high teenage pregnancy rates, the AIDS (Acquired Immune Deficiency Syndrome) epidemic, and widespread fears about other sexually transmitted diseases, many school educators believe that sex education in elementary schools is a must.

The AIDS epidemic is forcing every school district in the nation to reevaluate its approach to sex education. The U.S. Surgeon General, C. Everett Koop, has firmly declared that sex education—our only present defense against the disease—should begin in the elementary grades. Educators are recognizing that however difficult it may be to communicate openly and honestly about sex, it must be done. Sex education has become a matter of life and death for adolescents.

During the past twenty years, Americans have identified a host of social problems, besides the AIDS epidemic, which are besetting our teenagers: juvenile delinquency, drug use, suicide, child abuse, running away from home, and adolescent pregnancy. Most of these problems are portrayed as unprecedented in our history and are viewed as a serious threat to the well being of future generations. While acknowledging that the primary responsibility for dealing with these problems lies with parents; schools, local communities, and the federal government have
become involved in designing and implementing programs aimed at prevention and cure.

Adolescent pregnancy and childbearing are matters of substantial concern. Even the analysis and description of these phenomena are highly controversial. It is all too easy to avoid or to deal only obliquely with the issues that arouse so many deep seated emotions and convictions. There is, none the less, broad agreement that the personal and public costs resulting from unintended pregnancies and untimely births are far too high. Discontinued educations, reduced employment opportunities, unstable marriages, low incomes, and heightened health and development risks to the children of adolescent mothers are a few of the more obvious and immediate personal costs. Sustained poverty, frustration, and hopelessness are too often the long term outcome. Furthermore, the welfare, medicaid and foodstamp program costs for families begun by a birth to a teenager are reaching epidemic proportions.

Programs and services to prevent pregnancy and improve the life chances of teenage parents and their children have appeared in increasing numbers since the mid-1970's. Adolescent pregnancy is widely recognized in our society as a complex and serious problem. Regardless of ones political philosophy or moral perspective, the basic facts are disturbing: More than one
million teenage girls between the ages of 15 and 19 in the U.S. become pregnant each year; just over 400,000 teenagers obtain abortions; and nearly 470,000 give birth. The majority of these births are to unmarried mothers, nearly half of whom have not yet reached their 18th birthday. In the United States, girls under age 15 are at least five times more likely to give birth than young adolescents in any other developed country (Guttmacher, 1986).

Why do young people who are hardly more than children themselves become parents? Is it due to a lack of individual responsibility, maturity, knowledge, and values? Answers to these and other related questions are not readily available. There is widespread disagreement among political, educational, and religious leaders, as well as parents, regarding the problems of adolescent pregnancy and what to do about them. Unfortunately, educators, policy makers, and concerned citizens have been unable to find any easy or effective solutions to this increasing problem.

Schools and communities face important decisions regarding this issue. A variety of programs such as The Governor's Office for Children, Teen Pregnancy Coalition, the YWCA's Youth Outreach Program, Arizona Department of Health Services's Healthy Mothers/Healthy Babies, have been developed to impart
knowledge about sexual behavior, human relationships, reproduction, and contraception; and to influence teenager's attitudes about sexuality and fertility. These have included sex education and family life courses, assertiveness and decision making training, communication, and popular media approaches. These programs are provided by an array of community institutions, including schools, churches, youth service agencies, and public health agencies.

Sex education (i.e. the communication of information concerning human reproduction and family relationships) once regarded as the responsibility of parent and guardian, has to some extent become an accepted part of public education. While schools across the country demonstrate strong agreement on the goals of sex education, they differ somewhat on the content and comprehensiveness of their programs. Most schools offer short programs, ten hours or less, that tend to focus on anatomy, human reproduction, and physical and psychological changes during puberty. Many states have rules that must be followed when developing a sex education curriculum. Some states, such as Arizona, limit the number of hours sex education can be taught to six class periods or six hours.

Among both school based and community based programs there is evidence of increasing efforts to involve parents. This is
based on the assumption that improved parent-child communication on issues of behavior may help teenagers make more rational decisions.

While these issues require a prompt and powerful response from educators, that response must include a thoughtful public reappraisal. Several questions such as the following need to be raised:

A. Should schools teach sex education or should it be left entirely to parents? Does the Church have a role in sex education?

1. If schools are to teach a sex education program, what information should be included?
   
a. Should schools teach only abstinence? Should abstinence be included along with other pertinent information?
   
b. Should information regarding anatomy, physiology, reproduction, and birth be included?
   
c. Should information regarding contraception and abortion be included?
   
d. Should information regarding sexual abuse be included?
2. Do parents possess adequate information regarding sex education, or should a parent information program designed to aid parents in discussing human sexuality with their children also be included?

3. Do teachers possess adequate information about human sexuality? Do they feel comfortable with the subject? Should a teacher inservice be included to help teachers feel more comfortable with the subject matter?

The current study addressed these questions and obtained answers. The community was surveyed to determine their opinions and needs. The results of the surveys were used to determine a course of action.

As with all studies, this study had limitations. The study was approved by the District Governing Board. The content of the survey was similarly be approved by the District Governing Board. One large limitation of this study was the determination by the Governing Board that the survey be limited to fifth through eighth grades instead of kindergarten through eighth grades. Another issue that limited the interpretation of the study was the determination by the board that the demographics of the study be limited to school attendance area, number of children enrolled in district schools, number of
children in each grade level, number of preschool children, number of children of high school age or older, number of grandchildren, and number of respondents with no children. The demographics could have been used more fully to determine whether the samples obtained were representative of the community if they had included age of respondents, income level of the respondents, and single parent or two parent family.

The final decision regarding the results of the survey was also made by the Governing Board. In the event a curriculum was indicated, the Governing Board and the State Department of Education would have final approval. The State Department of Education had also developed guidelines that one must follow when organizing a sex education curriculum. These guidelines include:

A. A sex education curriculum must not exceed six class periods or six hours.

B. Lessons must be taught to boys and girls separately.

C. Written parental permission must be obtained before students are allowed to attend sex education classes.

D. Parents must be allowed to preview all materials before they are presented.
Teenage pregnancy is a problem that is still very much with us, in spite of considerable publicity since the mid-seventies. The situation is well documented by among others, the Alan Guttmacher Institute publication entitled *11 Million Teenagers—What Can Be Done about the Epidemic of Adolescent Pregnancies in the United States, 1976* and *Teenage Pregnancy: The Problem Hasn't Gone Away, 1981*. The studies (Dickman & Gordon, 1988) indicate the birth rate among adolescents has dropped but the pregnancy and abortion rates have risen; an increasing proportion of adolescents are sexually active, but the proportion using effective means of contraception has not risen as rapidly. Thus, more teens are at risk of becoming pregnant than at any time in the past. More than one million teens—1 in 10—become pregnant each year. Nearly 30,000 of these are under 15 years of age. About half of all teenagers are sexually active before they leave high school (Guttmacher, 1986). A 1986 Harris poll found that by age 13, 20 percent of U.S. teenagers have already had their first sexual experience. The average age at which teens become sexually active is 16 (Guttmacher, 1986). Before leaving high school, one in four girls will experience pregnancy. Eighty percent of the pregnancies of unmarried teenagers are
unplanned. The teenagers most likely to become pregnant are also those least able to cope with it; teens who are young, who live in urban centers, whose parents have limited education, who live with only one parent, and who have poor academic skills. Nearly 20 percent of teen mothers under age 18 have not completed ninth grade (Guttmacher, 1986).

Sexually active teens ages 15 to 19 have the highest overall rates of sexually transmitted diseases (STDs). Nearly one-half of all patients treated for sexually transmitted diseases are under age 25. Many public health officials believe that teenagers, because of their experimentation with sex and drugs may be at increasingly high risk of becoming infected with AIDS (Acquired Immune Deficiency Syndrome) virus. Of those teens who do use contraception, only 22 percent use the condom, while 78 percent use methods that offer no protection against the transmission of the AIDS virus of other STDs (Bennett, 1988).

Nearly one-fourth of the individuals infected with the life-taking AIDS virus are between 20 and 30 years old (Bennett, 1988). Since AIDS has an average incubation period of five to seven years, many of these young adults were probably infected with the virus as teens.

More than 40 percent of pregnant teens ages 15 to 19 obtain abortions. The Adolescent Pregnancy in the Metropolitan Areas
study, conducted by the United Way of Washington, D.C., found that the suicide rate of teen mothers is seven times higher than for other teenagers. Marriage does not necessarily offer a solution to the problems of teenage parents. Pregnant teens marry only about 10 percent of the time and the marriages tend not to last. The divorce rate for parents younger than age 18 is three times greater than for parents who have their first child after age 20 (Guttmacher, 1986).

Some would blame sex education programs for this dismal state of affairs, but fewer than 10 percent of today's youth receive a comprehensive sex education program (Barron, 1988). Consequently, we can hardly blame the behavior of most teens on a program they do not receive in school. Eight of 10 Americans favor sex education and 70 percent approve birth control instruction (Barron, 1988). Sex education is frequently recognized as a viable primary step in preventing unwanted adolescent pregnancies. Several recent studies of sex education and family life education programs have shown them to be effective in increasing student's knowledge and increasing understanding of these subjects. Recent research findings also suggest that knowledge of sexuality encourages more responsible behavior, as well as more tolerant sexual attitudes (Kirby, 1984; Eisen & Zellman, 1986; Dryfoos, 1985).
There is some evidence that sex education may influence attitudes, but research to date has documented only limited effects (Hayes, 1987). Available studies have found no association between the probability of initiating sexual activity and having had sex education (Zelnik & Kim, 1982; Kirby, 1984; Furstenburg et al, 1985). Zelnik and Kim (1984) found that among teenagers who were already sexually active, those who reported receiving sex education were somewhat more likely to use contraceptives and somewhat less likely to become pregnant.

Recognizing that many teens are not provided an opportunity to develop an understanding of human sexuality, as well as a variety of other sex-related topics (e.g. child rearing), the schools have begun to assume the responsibility for sex education. However, school officials frequently cite two reasons why they do not offer sex education even though they favor it: (1) lack of qualified teachers, and (2) fear of public reaction (Dickman & Gordon, 1988). Even when sex-education programs are implemented, several questions continue to confound their effectiveness: What topics should be covered and to what extent? Who should be responsible for presenting the material and how can this person be effective? How can this information be most effectively presented?
Information about sexuality was first discussed in schools around the turn of the century (Barron, 1988). The old sex education failed to prevent teenage pregnancy from skyrocketing. The pregnancy rate for the United States is still highest among the Western nations (Vinovskis, 1988).

Although sex education has become more common, programs frequently vary from state to state, town to town, and even school to school. In many schools, sex education remains little more than it was 25 years ago (Barron, 1988). Only four states (Maryland, New Jersey, Kentucky, and Nevada) and Washington, D.C. now require it in all schools. Fewer than 15 percent of U.S. children get really good sex education. In Virginia, sex education is now called "Family Life Education" (Barron, 1988). This curriculum covers reproduction, getting along with parents and peers, understanding one's own emotions, and knowing what to do about sexual abuse and AIDS.

Since Acquired Immune Deficiency Syndrome or AIDS has claimed about 28,000 lives in the United States and it is expected to claim millions more worldwide over the next few years. It is estimated that as many as 1.5 million Americans are infected with the virus that causes AIDS, but most of them do not know that they are infected (Bennet, 1988).
AIDS poses special problems and concerns for parents, teachers, and other adults responsible for the upbringing of children. Statistics show that a significant percentage of high school students currently practice high-risk sexual activities. Fifty percent of teenage women in high school have had sexual intercourse, and 16 percent report having four or more partners. More than 1,000,000 teenage pregnancies occur annually (that is over 3,000 conceptions daily) (Guttmacher, 1981). One in seven teenagers currently has a sexually transmitted disease (Lumiere & Cook, 1983).

A significant number of American teenagers currently use drugs intervenously. More than 200,000 enrolled students used heroin. Two million have used other opiates; seven million have used stimulants; over three million have used cocaine. Any of these substances may be injected intervenously (Johnson, O'Mally, & Bachman, 1984). Intervenous drug use is among the high risk choices that can lead to infection with the AIDS virus.

Future choices that involve risk behaviors are likely. Even if students are not now sexually active, most will engage in sexual activity at some point in their lives. Current epidemiologic trends suggest that teenagers are being infected more frequently than has been previously recognized. Few teens are currently diagnosed as having AIDS, but since the average
incubation period often exceeds five years, it is clear that some young adult AIDS cases resulted from infection contracted during their teen years. Further research (Kenney, 1987) also shows that most teenagers are not using condoms, which provide some, but by no means complete protection from the AIDS virus. In a 1986 survey of 1000 teenagers, the majority (53%) of sexually active boys did not use condoms (Bennett, 1986).

Increased sexual activity among teenagers has contributed greatly to their high rates of contracting sexually transmitted diseases such as gonorrhea and syphilis. This increased sexual activity also makes the transmission of AIDS more likely.

Many teenagers do not know the basic facts about AIDS. Recent surveys have demonstrated the need for teenagers to be made aware of the activities that put them at risk of contracting AIDS. Young people should be told the facts about AIDS, but information alone will not adequately protect them, behavioral changes must follow.

The AIDS epidemic is forcing the schools to reevaluate their approach to sex education. Public health experts worry that sexually active teenagers could emerge as a high risk group for AIDS, and the U.S. Surgeon General, C. Everett Koop says sex education should start in kindergarten and include information about AIDS (Koop, 1985). Although 40 of the nations 73 largest
school districts have already begun teaching about AIDS, and 24 more plan to take it up, most will leave AIDS education to the junior high level (6th, 7th, and 8th grades) (Bennett, 1988).

Family life experts put priority on teacher training. In Irvington, New Jersey, all teachers are required to attend six training workshops. Teachers have stated that they feel very uncomfortable teaching sex education materials. Training sessions could make them feel more comfortable with the subject (Barron, 1988). Current research indicates staff training is a must (Brick, 1987). Both teachers and administrators should be trained. Schools should offer as much training as possible. When feasible, the training should be offered as a graduate level course. Research indicates that a one afternoon inservice training session is not enough (Brick, 1987).

Some educators believe that teacher training should include a required course in human sexuality so that all teachers would:

A. Know the stages of normal sexual development;

B. Understand the pressures students must cope with in today's complex society;

C. Understand the values underlying different positions on contemporary sex related issues (like abortion, homosexuality and new reproductive technologies); and

D. Become aware of their own feelings, attitudes, and
values so that they will send conscious and discriminating messages to students (Bignell, 1982).

A preservice human sexuality requirement would acknowledge an important fact: that education about sexuality cannot be confined to sex education classes. Sexuality is more than sex. It involves a person's identity, role expectations, and self esteem; feelings and beliefs about masculinity and femininity, and how men and women express affection or love; and all the values in one's religious, cultural, and personal milieu. Teachers need preparation to deal constructively with these issues.

Young people have clearly stated that their parents have been inadequate in providing sex information (Morse, 1979). Parents, too, have reported themselves inadequate in the task (Bloch, 1979). Families do not often communicate about sexuality (Alter, 1982). When they do, they often feel uneasy and confused. Do parents perceive a need for assistance? Are they interested in structured sex education courses? The literature (Roberts, 1978) suggests affirmative answers to these questions.

Many studies demonstrate that parents feel they should be the primary sexuality educator of their children (Bloch, 1979) and many young people also favor parental responsibility for
sexuality education (Bennett & Dickerson, 1980), however, both parents and children feel that parents do not talk freely with their children about sexuality and do not provide sufficient information (Bennett & Dickerson, 1980) (Conley & Huff, 1974).

In a study by Roberts (1978) the majority of parents stated that they want some assistance in educating their children about sexuality. In particular, they want help learning to discuss sexual intercourse, premarital sex, masturbation, venereal disease, contraception, homosexuality, and rape. Most parents were interested in attending structured programs with their spouses.

In 1979, the Surgeon General established an initiative to reduce premature death in the United States. Broad health status goals were developed to reduce mortality and morbidity for infants, children, adolescents, adults, and the elderly. In 1983, Kolbe and Iverson analyzed these objectives and found that approximately one-third could be attained directly or indirectly through programing efforts in the nations schools (Allensworth & Wolford, 1988). These objectives have since become known as the 1990 Health Objectives for the nation.

A comprehensive sequential health curriculum, Kindergarten through 12 grade, that is taught by qualified teachers and provides structured experiences for to students to facilitate
knowledge, the development of positive attitudes, and the
practice of enhancing behaviors is the foundation of a health
instruction program recommended by Allensworth and Wolford, to
attain the 1990 Health Objectives for the Nation. The curriculum
should focus on the following topics: family planning, nutritional
needs during pregnancy, health effects to the fetus
and newborn, sexually transmitted diseases including AIDS,
accident prevention and health consequences of environmental
threats (Allensworth & Wolford, 1988).

As teenage pregnancy increases and the AIDS crisis
intensifies the confusion and contradictions in the messages
about sexuality that children and adolescents receive, educators
are realizing that however difficult it may be to communicate
openly and honestly about sex, it must be done (Brick, 1987).

The conservative forces that have traditionally opposed any
sex education in the schools now call for abstinence education.
United States Secretary of Education, William Bennett, for
example, is a prominent supporter of the argument that if youth
would simply "say no" until marriage, no further prevention
methods would need to be discussed.

In a society where over fifty percent of adolescents are
already sexually active, however, most educators are likely to
reject Bennett's viewpoint agreeing instead with the Surgeon
General, C. Everett Koop. The Surgeon General advocates abstinence, but insists that for those who choose not to refrain from intercourse, education must include explicit information about condoms and "safer sex".

Another issue complicates the choices before educators. Many sexologists (researchers, therapists, counselors, and educators dedicated to the healthy development of sexuality) are worried about the effects of AIDS education (and other problems like sexual abuse and premature pregnancy) on children (Flynn, 1987). They feel this type of education sends a strong sex-is-dangerous message.

Schools and communities face important decisions on these philosophical issues. While teenage pregnancy, STDs and the AIDS epidemic require a prompt and powerful response from educators, that response must include a thoughtful public reappraisal. What does each community want its children to learn about human sexuality?

An intensive search of the literature has indicated that this question must be answered for each community on an individual basis. This search has also identified the following three basic premises:

(1) Parents are the primary sex educators of their children. The role of a sex education curriculum would be to supplement rather than supplant that
parental function.

(2) Sexual intercourse is not appropriate behavior for students of public school age.

(3) Based on current social trends, a significant percentage of students will be sexually active despite the best efforts of parents, schools, and the community to the contrary.

Further study of the literature (Barron, 1988; Koop, 1985; Vinovski, 1988; Bennett, 1986; and Guttmacher, 1986) has indicated the following 21 concepts are essential elements of a well balanced sex education curriculum.

(1) Anatomy of the female reproductive system.

(2) Anatomy of the male reproductive system.

(3) How the male and female reproductive systems work.

(4) Physical changes that occur in the body during puberty.

(5) Emotional changes that occur during puberty.

(6) How reproduction takes place.

(7) How babies develop in the womb.

(8) The process of birth.

(9) Sexually transmitted diseases such as syphilis, gonorrhea, and AIDS and myths about these diseases.

(10) Birth control (medical facts, side effects, and myths).

(11) The consequences of early sexual activity (disease,
pregnancy, social and emotional problems).

(12) That sexual activity is inappropriate for pre-teen and teenage young people.

(13) The right to say "no" and how to say "no" to sexual activity.

(14) The methods to be used to self examine for breast and testicular tumors.

(15) How to identify instances of sexual abuse, including rape, molestation, and incest.

(16) How to protect oneself against sexual abuse.

(17) Ways to cope with sexual feelings.

(18) Myths associated with masturbation.

(19) Medical facts about abortion.

(20) The difference between love and sex.

(21) Responsibilities of being a parent.

A sex education curriculum addressing these 21 concepts would fulfill the 1990 Health Objectives established by the Surgeon General, C. Everett Koop, and would be a viable primary step in preventing unwanted adolescent pregnancies.
CHAPTER 3

METHOD

The present study was initiated in November, 1987. The sample population chosen for the study was the residents of 6320 homes in a large metropolitan city in the Southwestern United States.

A preliminary survey questionnaire was developed to determine question validity. This survey questionnaire was presented to 100 teachers and staff members in this particular district. They were asked to complete the questionnaire and return it as soon as possible as the information would be used to test the content validity of the questions. (see Appendix A)

In April, 1988, the School District Governing Board approved a community survey to determine which sex education concepts should be taught in the District. A survey questionnaire was constructed using the information gathered in the preliminary survey. This survey detailed 21 sex education concepts the respondents were requested to address, the grade level at which these concepts should be introduced, and a section for any comments they may feel relevant. (see Appendix B)

The survey was approved by the Governing Board in May, 1988. No further testing of the instrument was conducted as it was agreed that the survey was relevant as it defined the concepts
indicated to be necessary to a sex education curriculum. It was determined that it was convenient as it was easy to administer and could be easily interpreted. It was further determined that it was reliable as the results obtained from the survey would prove consistent with the desires of the community. The reliability of the instrument would be further tested at community meetings which were to be held following the completion of the study (Emory, 1985).

The Board indicated that its' intention was to solicit information from three separate populations—the parent population, a statistical sample of the community population, and, in addition, to offer the survey through the district newspaper to any one who wished to complete it. As these populations would be leaving for vacations, etc. during the first week of June, the sample frame for the community had to be devised, the survey reviewed and finalized, and the surveys mailed by the first week in June.

The same questionnaire was used for each of these populations. The questionnaire was, however, color coded to distinguish between the populations and allow for correlation between the three.

**Community Sample**

To obtain the sampling frame for a total community sample,
mailing labels were generated for all 6,320 residences in the school district. These labels were produced by United States Mail route. It was decided that in order to insure a reasonable sample return, one third of the total population or 2,106 survey instruments would be sent. A systematic random sample of every third address was then selected from each of the carrier routes proportional to the number of residences within that route. In this way it was insured that the surveys sent out would be representative of the total district and also be proportional to the number of residences by area. The surveys were then mailed to the 2,106 residences with an enclosed self-addressed envelope. The return envelope, however, was not stamped because the short time frame did not allow for the obtaining of a bulk mail number. Parents

A total of 2,194 surveys were sent to parents. These surveys were mailed directly to the home. Again, a self-addressed return envelope was enclosed with the survey, but no postage was supplied. Additional Community Survey

As previously noted, in addition to the statistical sample selected for the community survey, the community was also invited to complete the survey instrument furnished in the district newsletter.

Respondents were given 30 days in which to complete the survey instrument and return it to the district either by hand or
in the enclosed self-addressed return envelope.

The same questionnaire was used for each of the mailings. Questionnaires were color-coded, the parent survey was yellow, the random community survey was blue, and the survey included in the community newspaper was white. Results were tabulated and analyzed to assure that a representative sampling had been obtained.

The process of analysis developed for use in this study was as follows:

(1) Demographics; An analysis of the percentage of respondents was conducted. A comparison was done between responses from the parent survey and the community survey looking for a correlation between the two in regard to:

a) the percentage of respondents residing in each attendance area.

b) the percentage of respondents with children enrolled in the district schools.

c) the percentage with children enrolled at which grade level, kindergarten through eighth grade.

d) the percentage of respondents with preschool children.
e) the percentage of respondents with children of high school age or older.

f) the percentage of respondents with no children or grandchildren.

(2) To determine which concepts should be included in a sex education curriculum, an analysis of the parent survey responses and the community survey responses were conducted. A comparison was done between community responses and parent responses to determine whether a correlation could be discovered between the two groups.

(3) To determine at which grade level a concept should be introduced an analysis of the parent survey results and the community survey results was conducted. A comparison was done between community responses and parent responses to determine whether a correlation could be discovered between the two groups.

(4) The comments included on the survey questionnaires were analyzed according to three categories:

a) Were the comments in favor of sex education being taught in the public school system.

b) Were the comments against sex education being taught in the public school system.
c) Were the comments concerning certain issues or related to specific concepts.
Survey instruments were mailed to the three populations on June 3, 1988. Respondents were allowed 30 days to return completed surveys. July 10, 1988 was selected as the official cut-off day. Survey instruments received after that date were not counted.

**Demographics**

A total of 201 surveys were returned from the community. Two hundred were used in the analysis with one survey coming in after the analysis of the data. This resulted in a 9.5 percent return rate. Although this return rate is low, a return rate of 26 percent or more would be desirable, it was considered to be acceptable. Table 1 presents the percent of the community sample responding to selected demographic characteristics. It can be seen from Table 1 that 19 percent of the community sample indicated that School A was the school closest to their residence, 25 percent School B, 23 percent School C, and 32 percent School D. Thirty-three respondents did not answer this question. Thirty-six of the responding sample indicated that they had children in the district. Those that had children indicated that these children represented grades k-8 with 120 children in all. Thirty percent of the community sample
# Table 1

Sex Education Survey Results
Percent Responding

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Children Enrolled in the School District

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</tbody>
</table>

Children in Grades

<table>
<thead>
<tr>
<th>Grade</th>
<th>Community Sample</th>
<th>Parent Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kindergarten</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>First</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>Second</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>Third</td>
<td>9</td>
<td>12</td>
</tr>
<tr>
<td>Fourth</td>
<td>7</td>
<td>13</td>
</tr>
<tr>
<td>Fifth</td>
<td>11</td>
<td>14</td>
</tr>
<tr>
<td>Sixth</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>Seventh</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Eighth</td>
<td>10</td>
<td>8</td>
</tr>
</tbody>
</table>

Preschool Children

<table>
<thead>
<tr>
<th></th>
<th>Community Sample</th>
<th>Parent Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>30</td>
<td>20</td>
</tr>
<tr>
<td>No</td>
<td>70</td>
<td>80</td>
</tr>
</tbody>
</table>
Table 1 Continued

<table>
<thead>
<tr>
<th>High School Children or Older</th>
<th>Community Sample</th>
<th>Parent Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>20</td>
<td>29</td>
</tr>
<tr>
<td>No</td>
<td>80</td>
<td>71</td>
</tr>
</tbody>
</table>

Grandchildren

| Yes | 4   | 1   |
| No  | 96  | 99  |

No Children/Grandchildren

| Yes | 25  | 1   |
| No  | 75  | 99  |
indicated that they had preschool children and 20 percent indicated that they had children of high school age or older. Only four percent of the community sample had grandchildren and 25 percent of the sample indicated they had no children.

The breakdown by school attendance area and percent with children in each grade level, as indicated in Table 1, would indicate a correlation between the two sample populations. It is therefore reasonable to assume that this sample can be considered a representative sample of the total population of 6,320 residences in the district.

Tabulating the results of the parent survey, of the 2194 surveys, 428 were returned, yielding a return rate of 20 percent. Seven of the surveys were returned too late to be used in the analysis.

Table 1 presents the demographic characteristics of the parent sample. Of the total, 25 percent were in School A attendance area, 22 percent in School B, 25 percent in School C, and 28 percent in School C. Eighty four percent indicated that had children in the district. It is possible that some parents simply did not respond to this item as they assumed because it was sent to them as a parent it was evident that they were. Some, however, could have changed addresses and the person who received this survey instrument did not have children in grades
K-8. The proportion of children was somewhat higher at the primary grades than at the intermediate grades. The 421 returned surveys represented 670 children. Twenty percent of the parent sample had preschool children, 29 percent high school children and older, and one percent had grandchildren or no children. Again this one percent for respondents indicating no children could be the misreading of the item or the survey may have been delivered to a nonparent.

Tabulating the additional community survey, a total of 18 of these surveys were returned. Because of the small return rate, these surveys will not be presented as a separate entity. The results, however, from these 18 were quite similar to the results from the other survey instruments. The comments made on these surveys will be included on the Comments subsection of the Results section of this study.

Comparing the figures in Table 1 from the two samples, similarity is evident on some items and differences are evident on those items where one would expect differences. Considering children enrolled in the district schools, as would be expected, the proportion of the community sample is significantly smaller than that of the parent sample. In fact, the 36 percent is similar to national figures concerning the proportion of residences that have children in a school district. Similarities
are evident in the school attendance areas and the percentage of respondents with children in each grade level.

Community Perceptions Versus Parent Perceptions

The perceptions from the community sample and those of the parent sample were almost identical indicating which concepts should be taught in the school district and in which grade level they should be taught. Overall both the community sample and the parent sample were extremely positive toward the teaching of all concepts. As can be seen in Table 2, the parent sample tended to be slightly more positive (by approximately one or two percent) on most of the concepts. The only concept where the community sample was slightly more positive than the parent sample was concept 17, "ways to cope with sexual feelings," where 91 percent of the community sample indicated that this should be taught compared to 89 percent of the parent sample.

Where the parent sample was slightly more positive concerning the teaching of the concepts, the community sample preferred a slightly lower grade level for the introduction of the concepts (see Table 3). Considering only the percent of the two samples that indicated the fifth grade as the lowest at which the concept should be introduced, the community had higher percentages on 16 of the 21 concepts.

Because the results from the community sample and the parent
Table 2

Sex Education Survey Results
Percent Indicating Yes

<table>
<thead>
<tr>
<th>In the School District, students should be taught:</th>
<th>Community Sample</th>
<th>Parent Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Anatomy of the female reproductive system.</td>
<td>95</td>
<td>97</td>
</tr>
<tr>
<td>2. Anatomy of the male reproductive system.</td>
<td>95</td>
<td>97</td>
</tr>
<tr>
<td>3. How male and female reproductive systems work.</td>
<td>93</td>
<td>97</td>
</tr>
<tr>
<td>4. The physical changes that occur in the body during puberty.</td>
<td>95</td>
<td>98</td>
</tr>
<tr>
<td>5. The emotional changes that occur in the body during puberty.</td>
<td>96</td>
<td>98</td>
</tr>
<tr>
<td>6. How reproduction takes place.</td>
<td>93</td>
<td>94</td>
</tr>
<tr>
<td>7. How babies develop in the womb.</td>
<td>93</td>
<td>94</td>
</tr>
<tr>
<td>8. The process of birth.</td>
<td>90</td>
<td>92</td>
</tr>
<tr>
<td>9. Pertinent facts about sexually transmitted diseases such as syphilis, gonorrhea, AIDS, and myths about those diseases.</td>
<td>94</td>
<td>96</td>
</tr>
<tr>
<td>10. Birth control (medical facts, side effects, and myths).</td>
<td>89</td>
<td>90</td>
</tr>
<tr>
<td>11. The consequences of early sexual activity (disease, pregnancy, social and emotional problems).</td>
<td>94</td>
<td>96</td>
</tr>
<tr>
<td>12. Sexual activity is inappropriate for preteen and teenage young people.</td>
<td>91</td>
<td>95</td>
</tr>
<tr>
<td>13. The right to say &quot;No&quot; and how to say &quot;No&quot; to sexual activity.</td>
<td>95</td>
<td>96</td>
</tr>
</tbody>
</table>
Table 2 Continued

<table>
<thead>
<tr>
<th>In the School District students should be taught:</th>
<th>Community Sample</th>
<th>Parent Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. The methods used to self examine for breast and testicular tumors.</td>
<td>84</td>
<td>86</td>
</tr>
<tr>
<td>15. How to identify instances of sexual abuse, including rape, molestation, and incest.</td>
<td>93</td>
<td>92</td>
</tr>
<tr>
<td>16. How to protect oneself against sexual abuse.</td>
<td>96</td>
<td>96</td>
</tr>
<tr>
<td>17. Ways to cope with sexual feelings.</td>
<td>91</td>
<td>89</td>
</tr>
<tr>
<td>18. Myths associated with masturbation.</td>
<td>80</td>
<td>80</td>
</tr>
<tr>
<td>19. Medical facts about abortion.</td>
<td>83</td>
<td>85</td>
</tr>
<tr>
<td>20. The difference between love and sex.</td>
<td>89</td>
<td>92</td>
</tr>
<tr>
<td>21. Responsibilities of being a parent.</td>
<td>92</td>
<td>92</td>
</tr>
</tbody>
</table>
sample showed no significant differences, the discussions in the subsequent sections for the perceptions of the two samples will be presented together. The slight differences between the perceptions of the two groups will be noted within the sections.

Perceptions of Community Members with Children Versus those Without Children

The percent of respondents from the community sample with no children in the district schools was 64 percent. A question could be asked, "Do the perceptions of the community with children in the district schools differ from those who do not, concerning the teaching of the 21 concepts?" An analysis (cross tabulations) between the responses of those in the community sample with children in the schools and those who did not have children in the schools was conducted. No significant differences were found for any of the 21 concepts with respect to either whether or not they should be taught or in which grade level they should initially be introduced. Therefore, the subgroups of those with children and those without children in the community sample will not be addressed separately in the following discussions.

Concepts

Overall, the perceptions of the community and the parents endorsed the 21 concepts presented in the District Sex Education Survey, as indicated in Table 2. The percent of the
<table>
<thead>
<tr>
<th>In the School District, students should be taught:</th>
<th>Grade</th>
<th>Community Sample</th>
<th>Parent Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Anatomy of the female reproductive system.</td>
<td></td>
<td>61 20 15 4 57 24 14 4</td>
<td></td>
</tr>
<tr>
<td>2. Anatomy of the male reproductive system.</td>
<td></td>
<td>56 23 17 4 54 25 16 5</td>
<td></td>
</tr>
<tr>
<td>3. How male and female reproductive systems work.</td>
<td></td>
<td>46 29 21 4 40 31 21 8</td>
<td></td>
</tr>
<tr>
<td>4. Physical changes that occur in the body during puberty.</td>
<td></td>
<td>50 30 17 3 47 37 14 2</td>
<td></td>
</tr>
<tr>
<td>5. Emotional changes that occur in the body during puberty.</td>
<td></td>
<td>43 31 21 4 44 38 16 3</td>
<td></td>
</tr>
<tr>
<td>6. How reproduction takes place.</td>
<td></td>
<td>36 26 31 8 31 30 29 10</td>
<td></td>
</tr>
<tr>
<td>7. How babies develop in the womb.</td>
<td></td>
<td>36 20 30 14 31 28 28 14</td>
<td></td>
</tr>
<tr>
<td>8. The process of birth.</td>
<td></td>
<td>35 17 28 20 28 24 29 18</td>
<td></td>
</tr>
<tr>
<td>9. Pertinent facts about sexually transmitted diseases such as syphilis, gonorrhea, AIDS, and myths about those diseases.</td>
<td></td>
<td>35 20 31 14 29 24 32 15</td>
<td></td>
</tr>
<tr>
<td>10. Birth control (medical facts, side effects, and myths).</td>
<td></td>
<td>23 22 34 21 19 20 40 22</td>
<td></td>
</tr>
<tr>
<td>11. Consequences of early sexual activity (disease, pregnancy, social and emotional problems).</td>
<td></td>
<td>28 24 33 15 24 23 37 16</td>
<td></td>
</tr>
<tr>
<td>Topic</td>
<td>Grade</td>
<td>Community Sample</td>
<td>Parent Sample</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>-------</td>
<td>------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>In the School District, students should be taught:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Sexual activity is inappropriate for preteen and teenage young</td>
<td>40</td>
<td>26</td>
<td>8</td>
</tr>
<tr>
<td>people.</td>
<td>26</td>
<td>8</td>
<td>32</td>
</tr>
<tr>
<td>13. The right to say &quot;No&quot; and how to say &quot;No&quot; to sexual activity.</td>
<td>47</td>
<td>18</td>
<td>7</td>
</tr>
<tr>
<td>14. The methods used to self examine for breast and testicular</td>
<td>22</td>
<td>14</td>
<td>33</td>
</tr>
<tr>
<td>tumors.</td>
<td>33</td>
<td>31</td>
<td>22</td>
</tr>
<tr>
<td>15. How to identify instances of sexual abuse, including rape,</td>
<td>69</td>
<td>10</td>
<td>12</td>
</tr>
<tr>
<td>molestation, and incest.</td>
<td>10</td>
<td>10</td>
<td>12</td>
</tr>
<tr>
<td>16. How to protect oneself against sexual abuse.</td>
<td>68</td>
<td>12</td>
<td>8</td>
</tr>
<tr>
<td>17. Ways to cope with sexual feelings.</td>
<td>29</td>
<td>22</td>
<td>25</td>
</tr>
<tr>
<td>18. Myths associated with masturbation.</td>
<td>28</td>
<td>22</td>
<td>31</td>
</tr>
<tr>
<td>19. Medical facts about abortion.</td>
<td>19</td>
<td>16</td>
<td>32</td>
</tr>
<tr>
<td>20. Difference between love and sex.</td>
<td>27</td>
<td>14</td>
<td>34</td>
</tr>
<tr>
<td>21. Responsibilities of being a parent.</td>
<td>26</td>
<td>12</td>
<td>30</td>
</tr>
</tbody>
</table>
community sample indicating that the concepts should be taught ranged from a high of 96 percent for concept 5, "the emotional changes that occur during puberty," to a low of 80 percent indicating that concept 18, "myths associated with masturbation should be taught". All but five of the 21 concepts received a positive endorsement by 90 percent or more in the community sample. The five that fell below the 90 percent range were:

10 - Birth control (medical facts, side effects and myths) 89%
14 - Information regarding methods to be used for breast self exam and testicular self exam 84%
18 - Myths associated with masturbation 80%
19 - Medical facts about abortion 83%
20 - The difference between love and sex 89%

The perceptions of the parent sample, as previously noted, were quite similar to those of the community sample. The range of positive responses was 98 percent indicating that concept 4, "the physical changes that occur in the body during puberty," and item 5, "the emotional changes that occur during puberty," should be taught, to a low of 80 percent indicating that concept 18, "myths associated with masturbation," should be taught. It is evident that as with the community sample, concept 5 had the highest positive response, with item 18 having the lowest positive response. For the parent sample, of the 21 concepts presented on the survey, all but four had 90 percent or more
indicating that concept should be taught. The four that fell below the 90 percent range were:

14 - Information regarding methods to be used for breast self exam and testicular self exam 86%

17 - Ways to cope with sexual feelings 89%

18 - Myths associated with masturbation 80%

19 - Medical facts about abortion 85%

Grade at Which Concept Should be Taught

The percent indicating the grade at which a concept should be taught or introduced is presented in Table 3. It can be seen from Table 3 that the concepts receiving the highest percent of the samples indicating that grade five is the grade at which the concepts should be taught were the following:

<table>
<thead>
<tr>
<th>Concept</th>
<th>Community Sample</th>
<th>Parent Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 - How to identify instances of sexual abuse including rape, molestation, and incest.</td>
<td>69%</td>
<td>62%</td>
</tr>
<tr>
<td>16 - How to protect oneself against sexual abuse.</td>
<td>68%</td>
<td>65%</td>
</tr>
<tr>
<td>1 - Anatomy of the female reproductive system.</td>
<td>61%</td>
<td>57%</td>
</tr>
<tr>
<td>2 - Anatomy of the male reproductive system.</td>
<td>56%</td>
<td>54%</td>
</tr>
<tr>
<td>4 - The physical changes that occur in the body during puberty.</td>
<td>50%</td>
<td>47%</td>
</tr>
<tr>
<td>Concept</td>
<td>Community Sample</td>
<td>Parent Sample</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>13 - The right to say &quot;No&quot; and how to say &quot;No&quot; to sexual activity.</td>
<td>47%</td>
<td>38%</td>
</tr>
<tr>
<td>3 - How the male and female reproductive systems work.</td>
<td>46%</td>
<td>40%</td>
</tr>
<tr>
<td>5 - The emotional changes that take place in the body during puberty.</td>
<td>43%</td>
<td>44%</td>
</tr>
<tr>
<td>12 - That sexual activity is inappropriate for preteen and teenage young people.</td>
<td>40%</td>
<td>32%</td>
</tr>
<tr>
<td>6 - How reproduction takes place.</td>
<td>36%</td>
<td>31%</td>
</tr>
<tr>
<td>7 - How babies develop in the womb.</td>
<td>36%</td>
<td>31%</td>
</tr>
</tbody>
</table>

Concepts eight and nine show a difference between the community sample and the parent sample. The community sample shows the highest percentage for introducing the concepts at grade five, while the parent sample indicates grade seven. Of the 21 concepts presented, both the community sample and the parent sample indicated that 11 of those concepts should be introduced in fifth grade.

The results indicate that none of the 21 concepts should be introduced in sixth grade. However, five concepts were indicated for introduction in seventh grade and one concept was indicated for introduction in eighth grade. Concepts 19 and 21 show a difference between the community sample and the parent sample with the parent sample indicating the concepts should be introduced in seventh grade and the community sample indicating
the concepts should be introduced in eighth grade. These concepts are: 19 - Medical facts about abortion, and 21 - Responsibilities of being a parent.

Comments

Of the 201 surveys submitted by the community, 103 contained additional comments. Considering all the comments made, 98 comments were in favor of teaching sex education in the public school, compared to 20 comments that were against the teaching of sex education in the public school system. In this tally if a respondent made more than one comment these were tallied individually. The comments in favor of teaching sex education in the public school system were along the lines: "Yes! Teach it", "education of this type is needed", "teach values also", "teach AIDS education", "start before fifth grade", and "include parents". The comments against teaching sex education in the public school system raised questions regarding how it would be taught and the qualifications of the persons doing the teaching. Statements that it should only be taught by parents and taught in the home, and not in co-educational classes were also introduced.

The parents' comments were quite similar to those received from the total community. A total of 189 of the parents took the time to add additional comments to the survey. There were 172 comments for teaching sex education compared to 17 comments
against teaching it. Those comments for sex education included: "Yes, this education is needed", "it should be taught earlier than fifth grade", "parents should participate", "a parent education class should be provided", "sexual abuse education should be taught earlier", and "it should be taught in fifth grade and reviewed each year." The comments against teaching sex education included: "This should be taught at home", "morality should be taught at home", "abortion should not be considered", "teachers are not prepared to teach sex education", "it should be taught by the nurse", and "it should not be co-educational".

There were many comments relating to special issues and specific concepts. The two most common issues were sexual abuse and teenage pregnancy. Comments such as, "Please teach the children how to recognize sexual abuse, I was abused as a child." And, "I was a victim of sexual abuse, I feel the earlier the information is presented the better."

Concerning teenage pregnancy, the comments ranged from, "If I had had more information when I was a teenager, perhaps I wouldn't have gotten pregnant", to "I would like my child to have the facts so she can make informed choices regarding early sexual activity."
SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

Interest in sex education in elementary schools is rapidly increasing. High pregnancy rates, the AIDS epidemic, and fears about other sexually transmitted diseases are forcing school districts to re-evaluate their approach to sex education. Educators are realizing that the issue of sex education must be addressed.

A literature search has revealed an apparent need for sex education programs. It has also indicated that the programs should be based on certain predetermined premises and should consist of those concepts the community determines are essential to the program. Research also indicated that teacher training and parent education classes should be included in the development of a sex education curriculum.

The need for the development of a sex education curriculum was also supported by survey results. A total of 668 surveys were returned from the three sample populations. In analyzing the perceptions of the different publics' surveys, there was unanimity among these subpublics. The total community sample was quite similar in their responses to the parent sample. This was also found to be true when the community sample was broken down
into those members with children enrolled in school and those members with no children enrolled in school.

Overall, it appears there is demonstrated support for the proposed optional successional course in sex education. There is also demonstrated support for the teaching of the 21 concepts as outlined on the survey instrument. All concepts received support from 80 percent of the community and parent samples. In fact, the majority of the concepts had the support of 90 percent or more. Although the community feels strongly that all concepts should be taught, it appears that particular care should be taken with the teaching of myths associated with masturbation, medical facts about abortion, and the methods used to self exam for breast and testicular tumors.

As to when the concepts should be introduced, the results of the survey are not as direct. Decisions will have to be made by program staff, using the results from the survey, as well as knowledge of curriculum development to determine how the information should be sequenced over the four grades. A Scope and Sequence for a sex education curriculum for fifth through eighth grade will be developed by this researcher for presentation to the program committee.

Comments on the survey instruments indicate the need for teacher training and parent education classes. Concerns
regarding both were expressed frequently by the respondents. Many asked that these items be considered further.

Conclusions

The conclusions reached from the literature search and survey results are as follows:

A. There is a definite need for the development and teaching of a sex education curriculum in elementary schools.

B. All concepts considered, even though controversial, should be addressed.

C. Teacher training should be addressed.

D. Parent education classes should be addressed.

The literature search and survey results both indicate a need for development and teaching of a sex education curriculum for elementary schools. The grade level indicated for introduction of individual concepts is not clear. One limitation of this study, as indicated in Chapter 1, was the determination by the Governing Board that the lowest grade level included on the instrument would be fifth grade. Results may have been quite different if the instrument had included kindergarten through eighth grade. Comments included on the comment section of the instrument indicated that many respondents felt that some concepts should be addressed as early as kindergarten. This
study will address concept introduction for fifth through eighth grades only.

A literature search and survey results also indicate the need for providing training for teachers prior to their being required to teach sex education. Comments on the survey instrument indicate that respondents are concerned about the abilities of teachers to deal with the controversial issues being presented. The literature search indicates that teachers also indicate concern regarding their ability to deal effectively with the issues contained in a sex education curriculum. Research also indicates that these teachers would feel more comfortable and capable of dealing with the controversial issues if they were to receive training prior to teaching sex education. (Note - The Arizona State Department Education requires teacher inservice training prior to teaching sex education.)

A literature search and survey results indicate the need for parent education classes in sex education. Parents have indicated they feel uncomfortable discussing these delicate issues with their children. Some parents feel they do not possess sufficient information to accomplish this task. They have indicated they received their information the same way their children are currently receiving their information, from the street, and or from their peers. Proper terms and medical facts
were not part of their education. They feel they could benefit from receiving classes containing this information. In the comment section of the community survey many parents indicated that receiving these classes would help them feel more comfortable discussing sexual concepts with their children.

**Recommendations Based on the Study**

It is recommended that a committee be formed consisting of administrators, health care professionals, teachers, religious leaders, parents, and interested community members. This committee should develop a sex education curriculum for fifth, sixth, seventh, and eighth grade students. The curriculum should be developed according to the Scope and Sequence provided herein. (see Appendix C) Note - Samples of curriculum prepared by this researcher can be seen in Appendix D.

As part of the curriculum, it is recommended that a teacher inservice training session be included. This inservice should be mandatory for any teacher preparing to teach sex education. A model for a teacher inservice is included in Appendix E.

It is recommended that parent education classes be included as part of the curriculum. These classes should be included as an option to parents. A model for a parent education program is included in Appendix F.
Recommendations for Future Research

It is recommended that the curriculum be re-evaluated on a yearly basis and updated to assure that it continues to fulfill the needs of the district's students.

It is also recommended that at the time of re-evaluation, a community survey again be conducted. This survey should address kindergarten through eighth grades, allowing the community to make choices for all district students.


