# AN ASSESSMENT OF PARENT AND STUDENT PERCEPTIONS OF THE HEALTH/FAMILY LIFE CLASS OBJECTIVES AT NORTHWEST HIGH SCHOOL

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An Abstract

Presented to the

Graduate and Research Council of

Austin Peay State University

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In Partial Fulfillment

of the Requirements for the Degree

Education Specialist

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by

Diana Lynn Wall

June 1987

An Assessment of Parent and Student Perceptions
of the Health/Family Life Curriculum
at Northwest High School

## ABSTRACT

The object of this field study was to obtain, organize, compare and present data of a random sample of parents and students of Northwest High School. Specific reference is made to their feelings and assessment of needs concerning the health/family life curriculum and their relevance to the needs of the students.

The purpose of this field study was to examine the perceptions and needs of various groups in an attempt to determine the interest and success of the newly adopted family life strand classes at Northwest High School. Through this assessment method, changes and curriculum alterations may be effectively monitored and evaluated.

The general concepts covered by the study included attempts to determine the influence of both family and peer groups relative to the students' sexual activity and knowledge of such topics as venereal diseases and birth control. Parent and student perception comparisons were shown in reference to questionnaire topics.

The group targeted for the study consisted of approximately 200 students from the four grade levels at Northwest High School. Specific interest was directed toward the ninth grade students in an effort to prepare lessons appropriately directed toward their needs. Students of various ethnic groups and age levels were considered. Three hundred eighty two parent questionnaires were distributed with a return of 143

responses.

The evidence is clear; students don't want a class in physiology--they want discussions revolving around real life issues and practical, useful information designed to help make the mature choices. The findings of this field study support the teaching of health/family life/sexual issues in a classroom setting.

Questionnaires will be completed by the foregoing and returned to the writer, who in turn will compile the information. The collection of data will help to determine if there are significant differences in the perceptions of the parents and students as to the necessity and appropriateness of the family life/sex education curriculum. With this information the writer will be able to draw conclusions about the hypotheses postulated and use these conclusions to improve the relative content and curriculum quality of the present health/family life curriculum.

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June 1987

To the Graduate and Research Council:

I am submitting herewith a Field Study written by Diana Lynn Wall entitled "An Assessment of Parent and Student Perceptions of the Health/Family Life Class Objectives at Northwest High School." I have examined the final copy of this paper for form and content, and I recommend that it be accepted in partial fulfillment of the requirements for the degree Education Specialist, with a major in Education.

Donald B. Lambert
Major Professor

We have read this field study
and recommend its acceptance:

Allen J. Wilhelm
Minor Professor
or
Second Committee Member

George M. Rawlins
Third Committee Member

Accepted for the Graduate and
Research Council:

William H. Eddins
Dean of the Graduate School

ACKNOWLEDGEMENTS

The author wishes to express sincere appreciation to Dr. Don Lambert, Professor of Education, Austin Peay State University, for his aid, guidance and time given during the entire study.

Appreciation is extended to Mr. Johnny Miller and his staff (especially Evelyn Bryant and Charles Babcock) for their valuable assistance in making this study possible.

Additionally, the author wishes to thank her family and friends for their help and understanding during the study.

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# Chapter 1

## INTRODUCTION

The dilemma of teen-age pregnancy will ultimately affect each individual either directly through family ties or indirectly through moral issues and the purse strings of our very existence. One must either accept the responsibility for educating our youth or face the consequences of an ignorant society.

### Statement of the Problem

Teenagers are increasingly bombarded by exposure and experimentation with such issues as drugs, alcohol and sex. These three key topics are plagued with attractive enticers and devastating consequences for the uninformed. This field study will attempt to focus on one aspect of teenage folly-sex.

The purpose of the study is to compare parent and student perceptions of the effectiveness of the health/family life objectives at Northwest High School in an attempt to make curricular changes where needed. Presenting issues relevant to the students' needs which are both interesting and informative are essential goals in the educational process. Health/life/sex education classes discuss and examine these necessary issues.

### Purpose of the Study

Sexual interaction among teenagers is a reality - like it or not. One remaining question centers around the extent of the school's involvement in the education associated with the activity. Ideas are

perceived through many mediums which include experimentation, rumor, books, magazine articles, movies, discussions with parents, discussions at church, educational classroom settings and everything in between. The purpose of the study was to determine the degree of need for such classes and the extent to which that need is being met by the newly formed family life/sex education classes at Northwest High School.

The main focus will be the extent to which information should be introduced and the effectiveness of such presentations within an educational setting as perceived by the targeted groups.

The study will contain input from approximately 250 students and 150 parents from a random sample at Northwest High School. Comparisons of parent and student perceptions will provide data and direction to be used at a later date in scheduling students as well as in altering curriculum development.

## Importance of the Study

Providing the best possible educational information as well as meeting the needs of students should be major goals of any educational program. Keeping the information current and relevant for its students are necessities which cannot be overlooked if efforts to meet the life experience needs of students are to proceed.

Progressive techniques and interesting presentations must be included within the classroom structure of any curriculum geared toward life experiences. This study will illustrate the present parent and student perspectives and future feasibility for improved health/family life/sex education classes.

## Statement of Objectives

For the purpose of this study objectives will be substituted for hypotheses (Travers, 1969). Questionnaires were prepared following the State Curriculum Guide for health classes. Determination for these objectives were obtained through the questionnaires and included the following:

Parent Concerns

1) To determine parent reactions toward the teaching of family life/sex education in a classroom setting.
   A) curriculum needs
   B) class structure
   C) information sources for students
2) To determine parent involvement in discussions with teenagers on family life/sexual activity.
   A) references for information obtained by students
   B) parent perceptions of teenage activity

Student Concerns

1) To determine student reactions toward the teaching of family life/sex education in a classroom setting.
   A) curriculum needs
   B) interests and problem areas for students
   C) class structure
2) To determine how students receive the majority of their information on family life/sexual matters.
   A) parent involvement and family structure

B) comparison of student responses with/without exposure to a family life/sex education class

C) peer pressure and its influence

D) classroom setting

Parent/Student Comparisons

1) To determine the role of the family in the transmission of values and attitudes with respect to the development of a responsible code of ethics in sexual relationships as perceived by both parents and students.

2) To determine the role of the health/family life class in the transmission of values and attitudes with respect to the development of a responsible code of ethics in sexual relationships as perceived by both parents and students.

## Limitations and Procedures of the Study

Due to the subject matter content and student involvement, permission to distribute the questionnaires was obtained from the building principal, director of schools and parents.

This study was limited to the perceptions of a random sampling of parents and students at Northwest High School. A multiple choice questionnaire was presented to approximately 200 students and 200 parents with expectations of receiving responses from 90% of those distributed to students and 50% of those distributed to parents. Due to the necessity of obtaining parental permission before involving minor subjects, it was expected that 50% of the parent forms would either be lost or refused.

A statement describing the general purpose of the research was presented with each questionnaire. Responses were on a voluntary basis and cannot be traced back to the individual thus protecting one's privacy.

The groups targeted were:

1) those male and female students in grades 10-12 presently taking the health/family life course,
2) those male and female students predominately in grade 9 who have never taken a health/family life class.
3) parents of students at Northwest High School.

It was the desire of the writer to gather information in an attempt to show the perception differences of parents and students as well as perception differences among age groups and experience levels. Conclusions reached in this study could possibly be generalized to similar populations.

Respondents will be broken down statistically as to parent, student, age, sex, grade level and exposure to health/family life courses. Due to the issues involved and the personal data required, some responses may not have been as honest and informative as preferred for comparison.

## Definition of Terms Used

The following definitions are provided for a better understanding of certain terms used in this study:

Student. This term applies to any male or female attending Northwest High School (grades 9-12).

Perceptions. This term refers to an individual's ideas, opinions or

feelings which have been formulated through experience, education or other forms of communication.

Health/Family Life Classes. This term refers to health classes with specific emphasis in the sexual content areas.

Sexual activity. This term refers to intercourse.

Venereal disease. This term refers to one of several diseases communicated by sexual intercourse.

Birth control. This term refers to the regulation of conception by preventive methods or devices.

Pregnancy. This term refers to carrying a growing fetus in the uterus.

Abortion. This term refers to the premature, artificial expulsion of a fetus.

## Chapter 2

## REVIEW OF LITERATURE

Sex education courses should be designed to meet the needs of students as exhibited by behavior. This challenge was described by Bird:

> Adults need to be more profoundly aware of the chemical interaction of the H-Bomb and Hollywood-not to mention the perverse influence of Hugh Heffer and the personal impact of individual hormones-on our teenagers. To eat, drink, and be sexual before Doomsday has a certain compelling logic![1]

To what extent should sexuality be considered in today's educational curriculum?

Traditional sex education courses sought to teach a non-human approach to the biological changes associated with puberty and reproduction while touching briefly on the responsibilities of family life. New studies indicate a belief that sex education should also address the complex problems of human sexuality facing young people. Conflicting arguments arise from a relatively small percentage who believe sex education should not include topics such as contraception. Their reluctance stems from the line of thinking that teaching methods of birth control will increase a teenagers sexual activity causing an upsuring in teenage pregnancy. Thus sex education remains controversial.

Numerous polls demonstrate broad support for comprehensive sex education in the schools. According to statistics published in a recent article of the March 1984 issue of Phi Delta Kappan, 69%-88% of the

groups polled supported such classes to include topics such as contraception. In fact, the studies indicated that of the groups questioned, parents were more likely to be supportive than were other adults while teenagers felt the topic of birth control was almost twice as necessary as other topics discussed.

Research in general supported the inclusion of sex education training.

> Although the American society as a whole supports sex education in the schools, it is still felt that parents have the primary responsibility of talking to their children about sex related topics. Parents want assistance according to numerous studies which strengthens the idea that the schools should provide such instruction.[2]

Public support for sex education drops significantly if it is offered without parent consent since parents prefer to have some say about whether their child will be exposed to sex education and what form the instruction will take. "The public has a right to know what is being taught in the schools and it is important that people be informed in an honest and straight-forward manner."[3]

Sex education courses can have many titles (family-life education, human growth and development, and health education, to mention only a few) but regardless of what they are called, these courses are considered a part of basic education according to the school officials surveyed. The primary goals of these courses are to "increase student's knowledge about human sexuality and to help them make responsible decisions about their lives."[2]

"Even though most Americans favor sex education in schools, less than

10% of our school children are actually exposed to anything approaching a good sex education course."[4] Sex education was mandated as a part of the state requirements in only two states as of 1984. Recent ratios are elevated despite opponents within communities who try to persuade school boards that sex education is immoral or otherwise valueless. Most school boards have not been overly responsive to these extremists and have therefore expanded their curriculum to include a comprehensive sex education format. Such major national organizations as the Sex Information and Education Council of the United States and the American School Health Association have been organized and devoted exclusively to promoting quality human sexuality education in all grades. These and other organizations have bibliographical material and publications for teachers and can offer assistance for classroom use of these documents.

> Pregnancy among teenagers was a problem in 1974 with 1,000,000 cases reported. By 1978 the figure had risen to 1,142,000. Even though more teens are using contraceptives through facilities such as Planned Parenthood, pregnancy rates have continued to climb. Thus teaching teens to use birth control and still have sex is not the answer.[2]

Education from all aspects with emphasis based on a system of values is the first step.

Guidance is essential. The barrage of sexual material in the media may stimulate a youngster's desire for information and allow them to talk more openly about sex but it rarely offers accurate information about sexual matters. Given this incomplete information and stimulation coming from the environment, the need for parents and educators to talk to youngsters is greater than ever. Most research agrees it is best to

educate rather than insinuate.

## Controversy

Numerous controversies over the teaching of sex education have been introduced to include debate within the church as to its responsibility in the teaching of sex related matters. An article appearing in Christianity Today presents arguments against as well as justification for including the church/classroom approach to sexuality:

1) There is too much emphasis on sex already. While even the church agrees with this premise, writers indicate there is not enough emphasis on aspects other than the sex act itself and feel the church could emphasize these areas as well as introduce or reinstate the moral value system needed for responsibility.
2) There are too many controversial issues. Although there are many controversial issues within this educational focus, the writers feel this issue is a reality and must therefore not be ignored--it isn't going away.
3) Many opponents feel there are too few qualified teachers available and use this as an excuse to avoid this topic. While this may be a valid concern, choosing the boyfriend and backseat tutor doesn't stack up to a trained professional teacher in a classroom setting!
4) Apathy seems to be a major contributing factor. This argument is a very real issue. Many people prefer to sit by and hope IT doesn't hit home.
5) Some parents feel they did fine without such a course. Successful marriages are not on the rise and problems in sexual areas can and do lead to divorces.[1]

Despite these negative forces against sex education courses, most research concludes something is needed in the area of humanistic realism. Rather than, "if you love me, you will," one should emphasize, "if you loved me you wouldn't ask!"

## Social Cost

Teenagers rarely consider the tragedy of an early pregnancy. Most teenage pregnancies are unplanned and unwanted. Adults find it difficult to imagine taking anything this earthshaking lightly and yet teenagers confront opportunities for having sexual intercourse before they have given any serious consideration to the consequences. Girls seem to either be swept away by the emotion or unprepared for the moment while boys are less concerned in general. Teens are justifiably confused at the myriad of mixed messages being sent through our mass media deliveries--one rarely sees a baby and it's booming expense and responsibilities as the by-product of a sexy scene in a movie!

Numerous private projects have been designed and implemented across the United States to educate teens concerning sexual activity, birth control, disease prevention and untimely family responsibilities. Can our schools do less than attempt to match their efforts especially when one considers that schools have six to eight hour command performance with a captive audience?

Statistics alone present an alarming failure rate toward the past remedies for the prevention of pregnancy and the spread of disease. One New Jersey study disclosed research showing adolescent females (junior and senior high) would become pregnant during the year at the rate of one out of every five and the ratio increased to one out of every three in the inner city schools. A Boston survey, as sighted by Schaeffer, found teenagers ages 16-19 to be "75% to be sexually active with only 15% taking any birth control precautions and only one-fifth of the 15%

disease prevention or precautions against possible contamination of AIDS."[5]

Bird exhibited further teenage pregnancy problems:

> Traditionally, adolescent pregnancies are higher-risk pregnancies. In such circumstances, the maternal death risk is 60% higher for young teenagers, low birth weight for the infant is twice as high, and the babies of young teenage mothers are two to three times more likely to die in the first year of life. Needless to say, pregnancy is the reason most often cited by teenage girls who drop out of school.[1]

Other topics to be considered within the realm of church/classroom centered sex education classes are abortions and venereal disease. Both topics can and should be discussed, according to research, but should be confined to a factual presentation of consequences and alternatives available. "Though some people may be shocked by frank talk, we are at a point where sex education is no longer just a question of morals--it's a matter of life and death!"[6]

The free sexual revolution as seen today did not begin five or even ten years ago. With the invention of the automobile came a breakdown in the chaperon system and increased mobility gave increased privacy. "Birth control methods encouraged greater risk and, as a result, the triple threat of detection, conception and infection was first counter checked in the 1920's."[1]

A realistic educational approach is needed according to Buie :

> Traditional sex education is not enough. Simply incorporating a unit on sex education into another course or expanding the unit into a one to two week session won't work. The basic curriculum must be redesigned to include a spiral approach (12 year program) to encompass a broader agenda that includes encouraging young people to set long-term

goals and to think beyond the present.[7]

Moral obligations alone are enough to cause one to appreciate education against teenage pregnancy. When coupled with figures such as those by the National Research Council "estimating the cost of supporting a 15 year-old mother and her healthy baby at $18,130 a year"[8]--an increased burden for tax payers surfaces and helps to support the need for classroom instruction.

Sex education has a new twist--a new threat--AIDS. Conservative estimates by the World Health Organization put the number of victims of AIDS worldwide at 100 million by 1990, a figure that does not include individuals who are considered carriers of the virus.

Further concern is expressed by the following:

> Increasingly effective programs of education about the venereal diseases in school and community must be developed to support the work of state and local health departments, and of private physicians who treat infected patients. In recognition of the seriousness of the venereal disease problem, school administrators, teachers, parents, and youth have strongly endorsed the inclusion of venereal disease education in the school curriculum.[9]

Statistics mount from every direction showing cause and effect relationships on sexual matters but most insist education is better than ignorance in every area. One study published in Minnesota Medicine (February 1973) found:

> adolescent girls who had NOT taken a sex education course had more than sixteen times as many out-of-wedlock births over a twenty year period as those who had taken a course. In addition adolescent boys who had not taken the course had about four times the divorce rate of those who had taken the course.[1]

## Communication Problems

Unlike past years, sex for today's preadolescent youngsters is not a schoolyard rumor mixed with partial disbelief, fantasy, and misinformation. Rather, it is an insistent reality that bombards children every day from every angle--from television, to movies, to the songs they hear on the radio. When are they bombarded with love and genuine guidance?

> Teenage males see innumerable female bodies, but they do not understand women. Teenage girls see sexiness from cover to cover in their magazine choices, but they little understand sexuality. Adolescents listen to the lyrics of love wailed by society's dropouts but they learn little from these moral midgets. Teenagers are touched by suffering, injustice, poverty, abuse; are they regularly touched by nurturing, guiding love?[1]

Teaching is essential. Getting the message across is the most important factor in any lesson--preventing teenage pregnancy and the spread of disease is a major objective in sex education courses. Even the Vatican plea contains the expansion of sex education. According to a 1983 Newsweek publication, "schools have a responsibility in assisting and completing the work of parents in helping children and adolescents understand sexuality."[10]

The postponement of pregnancy and childbearing is directly associated with the establishment of goals and aspirations. Thus, "teenagers who see a future for themselves centered around academic or vocational performance are less likely to become sexually involved at an early age."[11] Also, once they do become sexually active, they are more cognizant of birth control and prevention of disease. Due to these

factors, education has a two-fold purpose: 1) to teach responsibility and moral applications to sexual restraint and/or precautions and 2) to introduce children to career opportunities as early as possible.

Efforts to introduce career opportunities are often hampered by teenage pregnancy.

> Increasingly, teenagers who give birth are not married. Of those who do marry, pregnancy is often the reason--one-third of brides under age 18 are pregnant. These early marriages end with adolescent mothers spending time as single parents. Because education is associated with parenting skills and child development, children of teen parents tend to score lower on standardized tests and are more prone to exhibit mild behavioral disorders and emotional problems.[11]
>
> The relationship between teenage sexual activity and academic success was explored in 1986 sampling teenagers between 12 and 17. Sexual activity was found to be more prevalent among students with lower average grades. Thirty-seven percent of students with grade-point averages between C and F engaged in sexuality activity; 25% of those with grade-point averages between B and B--were sexually active; and 21% B+ to A students were sexually active.[8]

Establishing innovative programs designed to meet today's complex problems requires much consideration and preparation. A recent survey by the Education Research Group (ERG) suggests school administrators not only know what needs to be done but "more than 20% of the administrators surveyed even list teenage pregnancy among the top five problems facing their school system. More than half of the 716 administrators surveyed favored providing students with "birth control" as part of comprehensive school-based services."[7]

When a problem arises, unless the parent/teacher previously conveyed

a willingness to discuss the issues, the child will assume condemnation and be reluctant to ask for help. Thus one must keep the doors of communication open and swinging both ways!

Most research agrees it is necessary to respond to a question--if youngsters fail to get an answer from their parents or teachers, they will seek an answer elsewhere and their information could be incorrect.

Despite free attitudes toward sex, parents still find it very difficult to talk to children about sexual concerns. Most parents have been reared to treat sex in a hush-hush way which contributes to inhibitions about open discussions. This fact is one very strong reason why a teacher (trained adult) can present delicate topics and answer otherwise embarrassing questions with relative ease. Their message must center on correct, informative material coupled with an emphasized set of values toward being responsible and accountable for ones actions. Youngsters, children, youths, teenagers, or whatever one chooses to call them--students are not inhibited--adults are!

According to one teenage survey, "everyone lies to their parents--they find out--everyone feels bad--I'd rather live with the FBI."[16] Although some teenagers have discussions on sexual matters at home, most are reluctant to talk and ask pertinent questions. Unfortunately the real facts of life are learned at school from one another and from costly mistakes. Surely a sex education course designed to meet the needs and interests of our youth could prepare youngsters better than trial and error. Kierffer stated one communication problem as follows:

> during home centered discussions teenagers prefer not to talk about birth control because parents get the idea you're sleeping around. Instead they all too

> often simply don't consider birth control until it's too late. The concept that pregnancy is like an earth quake prevails--it can't happen to them--it happens in other places to other people and you read about it in the newspaper--not here--not us.[12]

Teens have choices to make about their sexual activities and parents/adults cannot make those decisions for them. Logic would suggest lighting a path to help avoid stumbling blocks as the least positive action responsible adults should take. Advocating reproductive freedom by passing out pills and contraceptives is not the answer.

Junior high and high school teens discuss and question sexual temptation, sexual themes, sexual innuendoes, pregnancy, abortion, venereal disease, suicide, and numerous other delicate topics of conversation at the lunch table! Must they also get their answers from their lunchroom buddies?

Data from a recent U.S.A. Today publication notes "teenagers are sexually active (one-half by graduation, 80 percent of boys by age 19), they do not use contraceptives (one-third "never" and only one-third "always") and the pregnancy rate of U.S. teenage girls is double England's and seven times that of Holland."[13] The pregnant girl is the first victim but the pressures extend far beyond the home scene and into the billfold of society in general. It is becoming clearer; teenagers in general and boys in particular are not getting their sexual ideas from the school or home. "One in seven boys say that home is where they learn about sex. Fewer than one in five list school instruction as the source for their knowledge. Indeed, nearly half the boys indicate they learn about sex on their own."[13] Compare this self taught method to the doctor

who treats your brain tumor!

While disseminating information is a major task of any educational process, methods such as Barney (Body Awareness Resources Network) are inadequate since morality and accountability must be a part of the solution. "Self control, restraint, and respect for others are not limits on human living but rather conditions for personal and sexual maturity."[14]

Parents are the primary sexual educators of their children whether they do it poorly or well. Embarrassment, fear of their own inadequacy, and concern over what their children will do with the information usually present obstacles.

One common misconception about sex education is in thinking its primary goal is discouraging kids from sex altogether.

> Teaching kids not to "do it" is neither healthy nor feasible. Instead, communicating the message: "bodies and sex and you are ok" is essential. The educational process does not stop with discussions on the genitals and intercourse but rather continues into discussions on intimacy and teaching responsible decision making skills based on value judgments. Education without values is valueless; thus we must teach youngsters to make intelligent decisions for themselves. Learning to make sexual decisions is important from early childhood. It is this knowledge that enables children to say no when an adult wants to fondle them."[15]

This knowledge and decision making skill will help teens cope with peer pressure and inevitable personal decisions. Teaching children to be better decision makers is practical and preventative education.

Today's liberated youngsters are not unique. They are bewildered over what is right and what is normal. Concerns around responsibilities

and consequences are still a major area of discussion. Reluctance to talk to adults doesn't necessarily mean there is anything to hide; moreover it is a sign of their independence mixed with an embarrassing fear of having their confidence or ignorance betrayed. A lack of contraceptive information won't keep teenagers from having sex but it does increase the likelihood of an unwanted pregnancy especially when teenagers actually consider things such as Saran wrap as a birth control method!

Another recent survey conducted for Phi Delta Kappan shows "teen pregnancy rates in the U.S. to be more than twice as high as the rates in England, France or Canada; almost three times that of Sweden; and seven times as high as the teen pregnancy rate in the Netherlands. Further, 80% of these pregnancies are unintended and unwanted."[11]

Sex education is mandated in schools in the U.S.S.R. (only 51 class hours in three years to prepare them for family-life). "The government is less concerned with quality of lovemaking than with marital breakups and a declining birth rate due to an almost 50 percent divorce rate and abortions for less than $10." Several important reasons for divorce in the U.S.S.R. are sited as sexual dissatisfaction, false notions about sex, and selfishness or ignorance due to a lack of books, television or group discussions.

According to 1980 statistics as stated in the March 1984 issue of Phi Delta Kappan, 1,181,000 out of wedlock pregnancies were reported for girls ages 13-19: This figure exceeds the total reported in 1978 and also indicates an increase in abortions despite the ease of obtaining birth

control devices through such agencies as Planned Parenthood, etc. Obviously our teenagers need more than a birth control device to rectify this social problem. National opinion in support for sex education in the schools has risen from 69% in 1965 to 82% in 1982 according to statistics published in the same article.[2]

The question becomes not whether or not to teach sex education but how to teach it effectively. One approach to topics such as birth control is to point out a basic fact: birth control is like a smoke detector. One may never need it but it is good to have in an emergency! Good attitudes about sex and self and value consistency are important and can be instilled at home or in a classroom. Sending messages while teaching values is essential. Most research indicates a need to build self esteem by sending one clear message: "Be yourself--get involved in what you want to be and what you want to do. Keep your mind set on your goals and always remember it is ok to say NO!"[16]

One recent study indicated ten million persons were infected with venereal disease--65 percent were youngsters and these were only the reported and treated cases. Who was the victim in each case and were these transmissions a result of ignorance or neglect? Due to the embarrassment of this subject, many teens find questions concerning diseases even more difficult to formulate than those on pregnancy topics. Parents are also somewhat inept at answering these questions due to a lack of knowledge or experience in this area of sexuality. Computers have been suggested as appropriate and helpful teaching materials for the taboo topics. While they are easier to talk to (they don't judge, preach

or tell); they remain incomplete in their delivery of information since their basis is factual and not moral. Computer assisted instruction or other video programming is quite beneficial when coupled with the personal attributes of a trained teacher. Computers could also aide in the practice of decision making skills when designed to instill a sense of accountable responsibility.

While listening to tapes or answering questions that appear on a monitor is basically private, researchers argue the exclusion of verbal exchange "defeats the idea of increasing the parent-child and teacher-student avenues of communication. This form of teaching could further separate parents and children."[17] As suggested by one author:

> in the future, sex education should teach that intimacy and body closeness, as long as they are responsibly used and are not directed toward exploitation and misuse of others, are good. This is not to say everyone should be encouraged to engage in sexual expression at every opportunity. But it does say that sexuality, when fully integrated into life, can add joy to living just as do other human capacities and activities. The need is simply to understand and accept potential outcome.[17]

Children have different needs for sexual information at different stages. A single discussion of the facts of life at age 13 is simply not feasible--thus sexual education is a long term process beginning at birth. Part of the job is helping youngsters understand their feelings and questions are quite normal and their curiosity is perfectly healthy provided a basic value structure is placed into practice. Start the sexual discussions early--before the questions get complicated and keep the communication open and honest. An `askable parent' communicates his opinions honestly and always surrounds his criticism with loving

affection. The `askable teacher' follows the same design but has the advantage of not being as embarrassed as a parent due to his knowledge, training, and somewhat factual presentation. Parent/teacher values must provide guidelines for positive choices with the realization that values differ and none are etched in granite.

Functioning and focusing on the open communication process leads to specific questioning guidelines as outlined in the March 1985 issue of Parents magazine:

> 1) When asked a question--first ask what the child thinks the answer is. His explanation will give a good idea of what he does and does not know and what misinformation or confusion you can clear up.
> 2) When asked a question--answer promptly if possible but don't hesitate to say I'm not sure but I'll find the answer by tomorrow. Giving no answer leads to enlightened curiosity and experimentation --poor substitutes for learning."[18]

In addition to these two necessary techniques, there are several tips offered by James Comer, professor of child psychology at Yale University's Child Study Center:

> 1) Start discussions early, about age five.
> 2) Don't flood the child with information-merely answer the question asked.
> 3) Use natural times to Spark discussions--movies, TV programs, pets engaged in sexual activity.
> 4) Certain aspects such as reproduction, lovemaking, menstruation, etc. are to be discussed at different age-appropriate times.
> 5) Use a language level that is easy to understand--correct names for parts and no baby talk.
> 6) Allow the child to feel free to come back for clarification later.
> 7) Instill a value system--reinforce the idea that sex is a private matter.
> 8) Teach control of impulses and desires--always design answers around making good judgments and the consequences toward what the child wants in life.

9) Use well written, age appropriate books--but be careful to select those that do not stimulate too much experimental development.[19]

Parents and teachers alike can benefit from following these guidelines in talking with children or teenagers about sexual matters. "Use accurate terms thereby producing correct solution thinking. Precision words like precision tools produce a more perfect product."[3] Discussion leaders are further encouraged to tell the truth and inject moral guidance rather than allowing bizarre notions to get mixed up with the facts. Plan ahead--kids are quick!

## Program Development

Emphasize the theme: sex education without values is valueless'. Promoting moral concern in sexual matters brings acceptance of one's responsibility for others as well as for oneself. A quality sex education program, according to Sol Gordon, professor of Child and Family studies at Syracuse University, involves all grades and includes the following minimum guides:

1) Enhance the self-concept. Young people who feel good about themselves are not available for exploitation and don't exploit others.
2) Prepare for marriage and parenthood--emphasize responsibilities and personal relationships that strengthen family life.
3) Understand love--as the basic component of a person's sexuality.
4) Prepare for making reasonable decisions--based on a universal value of not hurting or exploiting others.
5) Help understanding of the need for equal opportunities--for males and females.
6) Help development of tolerance and appreciation for beliefs regarding marriage and childbearing.
7) Contribute to knowledge and understanding of the sexual dimension of our lives--realize we were sexual beings before birth and continuance of those needs builds our sexual identity

throughout life.[4]

Concern surrounding classroom discussions is a realistic stumbling block. "Knowledge isn't harmful. Opposition to sex education is based on the supposition that it is."[4] Training educators to handle role playing techniques in association with value and decision making processes is fundamental. Negative public relations and personal attacks could prevail from segmented groups. Any sex education educator must answer questions and handle classroom activities and discussions without allowing intimidation towards others. These teachers must be trained to teach new skills and develop new attitudes relative to content material. Their productivity will depend on their ability to educate despite distorted and unhealthy views from ill advised or preconceived notions.

Materials from health agencies, corporations, doctors, parent groups and various private organizations are available to supplement state approved textbooks. Documents and pamphlets range from the gifted level to the learning disabled sections of the curriculum. Federal and state agencies offer information on disease control which can be obtained upon written request.

The impact of AIDS and other sexually transmitted diseases has introduced a deadly health hazard rather than a mere moral issue. "There is now no doubt that we need sex education in schools and that it must include information on heterosexual and homosexual relationships."[6] A recent poll found "explicit, comprehensive classroom discussions now favored by 86 percent of Americans."[6]

Results of a recent survey conducted for Time magazine presented the following statistics:

"Should sex-education courses teach 12-year-olds about:

| | YES |
|---|---|
| The dangers of AIDs | 95% |
| Sexually transmitted diseases | 93% |
| Birth control | 89% |
| Premarital sex | 78% |
| How men & women have sexual intercourse | 76% |
| Homosexuality | 76% |
| Abortion | 72% |
| Practices such as oral and anal sex | 40%"[20] |

Young people who feel good about themselves, and who feel comfortable with their values in the midst of their own culture, are more likely to receive information openly and use it to their own best advantage. In this atmosphere, the transmission of values and information through sex education programs is most likely to be successful.

## Conclusion

Teenage pregnancy is one testimony to the shattered hearts of our young when the bond is violated and commitments, respect, trust and love are lacking. Parents and educators share an awesome responsibility in preparing youth for adult living. While parents introduce topics and follow through concepts, the educational process must spiral its approach by constantly building and adding to the parental foundation. There is no doubt in the reality of teenage tragedies through pregnancy, disease and death. There also is no doubt in the necessity for a combined effort on the part of parents and educators alike.

# Chapter 3

# METHOD OF RESEARCH

## Methods and Materials Used

A review of the related literature as well as first hand visualization of the teenage pregnancy problem at Northwest High School prompted the generation of a questionnaire concerning the perceptions and feasibility of classroom discussions regarding family life/sexual matters.

Parent permission letters as well as parent questionnaires were distributed and returned permitting subsequent student questionnaires to be completed. Parent questionnaire data were compiled in a percentage response format. Student questionnaire data were divided into four categories and subsequently compiled into different percentage response formats. Comparisons of specific responses to questions were recorded in descriptive and percentage form.

A copy of each questionnaire as well as the parent permission letter can be found in Appendix B.

## Description of Subjects

Respondents were chosen from previously established classes and parents of those children specifically categorized as:

1) parents of students at Northwest High School

2) students (grades 9-12) at Northwest High School

The student body at Northwest High School totaled approximately 1237

questionnaires were returned and 248 permission letters and student questionnaires were completed.

All responses were private with respect to name or possibility of recognition through demographic data.

## Description of Questionnaires Used

Two questionnaires were distributed after careful scrutiny and final approval was granted by the Assistant Director of Schools, Secondary Supervisor and School Principal. Each questionnaire was designed to elicit responses concerning the major objectives listed in the 1985 State of Tennessee Curriculum Guide for Health (grades 9-12). Focus on teen pregnancy, birth control and disease control was incorporated within the design and scope of the content material. Curriculum improvement and quality presentation of relevant life skills are the desired results.

Parent questionnaires consisted of 26 multiple choice questions with one open ended comment area. Parent questions were designed to determine the accuracy of their perception of teenage experience and knowledge level. Student questionnaires consisted of 40 multiple choice questions with one open ended comment area. Student questionnaires were designed to determine areas of curriculum and skill needs. Each questionnaire was designed to determine the interest and cognizant level of recognition of the problem of teenage pregnancy. Through this sampling the writer hoped to find evidence to support certain hypotheses concerning sex education/family life classes.

# Chapter 4

## PRESENTATION OF DATA AND DISCUSSION

The purpose of this chapter was to report the findings of the study. The parent population surveyed, assuming all questionnaires were taken home and given to parents, yielded a return of 143 out of 382 questionnaires for a return of 37.4 percent. The student population surveyed (after receipt of the parent permission letter) yielded a return of 248 out of 382 questionnaires for a return of 64.9 percent.

All data were represented in percentage form and comparisons were made according to topic and hypothesis. The data contained in Tables one to ten were as follows:

A) Table 1 - Percentage Responses on Parent Questionnaire.

B) Table 2 - Comments from Open-Ended Questions on Parent Questionnaire.

C) Table 3 - Percentage Responses on Questionnaire by Students who Had Completed a Health/Family Life Course at Northwest High School.

D) Table 4 - Comments from Open-Ended Question by Students Having Completed a Health/Family Life Course at Northwest High School.

E) Table 5 - Percentage Responses on Questionnaire by Students who Were Enrolled in a Health/Family Life Course at the time of the survey.

F) Table 6 - Comments from Open-Ended Questionnaires by Students who Are Presently Enrolled in a Health/Family Life Class at Northwest High School.

G) Table 7 - Percentage Responses on Questionnaire by Students Never

Having Had a Health/Family Life Class.

H) Table 8 - Comments from Open-Ended Questionnaire by Students Never Having Had a Health/Family Life Class.

I) Table 9 - Percentage Responses on Questionnaire by Male Students at NWHS.

J) Table 10 - Percentage Responses on questionnaire by Female Students at NWHS.

Specific references on the questionnaires were designed to give feedback pertaining to different portions of the State Curriculum Guide for Health classes. Comparison will be outlined and described showing five components:

1) parents (Table 1)

2) those previously enrolled in a sex/family life course (Table 3)

3) those presently enrolled in a sex/family life course (Table 5)

4) those never enrolled in a sex/family life course (Table 7)

5) male vs female reactions (student) (Tables 9 and 10)

The following section presents data in a discussion format combining various related question topics on the questionnaires. Topics are compilations of questions from both parent and student questionnaires arranged and presented in a manageable statement.

Information for the data and discussion sections for each topic were taken primarily from the following questions:

Topic I: Parent questions: 4,7,19,20,21,22,23,24,25,26

Student questions: 15,16,17,18,19,20,21,22,23,24,25,32, 33,34,35,36,37,38,39,40

| | | |
|---|---|---|
| Topic II: | Parent questions: | 5,6,12,13,14 |
| | Student questions: | 11,12,28 |
| Topic III: | Parent questions: | 5,13,14 |
| | Student questions: | 5,6,12 |
| Topic IV: | Parent questions: | 5,9,13,14 |
| | Student questions: | 5,6 |
| Topic V: | Parent question: | 10 |
| | Student question: | 26 |
| Topic VI: | Parent question: | 11 |
| | Student question: | 27 |
| Topic VII: | Parent questions: | 13,15,16,24 |
| | Student questions: | 29,30,31,37 |
| Topic VIII: | Parent question: | -- |
| | Student question: | 14 |
| Topic IX: | Parent questions: | 17,19,20,21,22,23,24,25,26 |
| | Student questions: | 15,16,17,18,19,20,21,22,23,24,25,32, 33,34,35,36,37,38,39,40 |

Topic I: Do you approve of health/family life issues being discussed in an educational setting?

Data and Discussion I: All subjects favored such classes to include 97% parent approval. Student responses varied in intensity with experience levels but as high as 86% felt the health/family life class could offer them information they didn't already have.

Males and females rated classroom discussions highly (males 91%,

females 92%). Both males and females indicated a significant lack of communication with parents (males 55%, females 39%). Their responses overwhelmingly support the classroom approach to delicate topics and both rate sexually transmitted diseases as their number one concern.

Topic II: Do you feel most parents and children really have an open communication with regard to sexual discussion?

Data and Discussion II: Only 52% of the parents questioned felt such discussions took place. Students overwhelmingly indicated problems in discussions of this type and as many as 38% indicated there was little or no communication. Interestingly, comparison of those students exposed to a health/family life class indicated a definite generation gap or lack of communication over those never exposed to such a course. Research indicates this trend to be consistent--the more one learns, the more he realizes he didn't know to begin with!

Both males and females questioned indicated problems in discussing boy/girl relationships with parents including value differences, a generation gap and little or no communication at all. In fact, these combined areas totaled males 53% and females 55%. Open communication discussion with parents ranked high (Males 47%, females 45%).

One could question the value or topic of such discussions since overwhelmingly percentages pointed to dating behavior and sexual discussions with peers as most influential (males 75%, females 60%).

Topic III: Who (parents or friends) has most influenced your thinking

concerning appropriate dating behavior?

Data and Discussion III: Parents (70%) would like to feel their influence would be greatest. A review of student responses indicated this is fairly accurate--they generally admit having been taught right from wrong by parents but evidence from research indicates they may not be exercising this training since the teenage pregnancy rate continues to rise. Student responses show over 54% of influencing discussions are with peers.

Males (55%) and females (57%) generally agree with parents being the primary influencing source for moral judgments of right and wrong. A surge of independence is evident with males indicating 28% and females 27% towards making their own decisions with what they feel to be a lack of outside influences. Peer pressure was less indicated or admitted as the case may be (males 17% and females 16%). This information contradicted their admission of discussing appropriate dating behavior more often with friends (males 75%, females 62%). While parents have a strong influence as to what is generally right or wrong, the influence shifts to peers for dating rituals. Regardless, it is exactly what was expected and supports the research perfectly.

Topic IV: To what extent does peer pressure influence your actions?

Data and Discussion IV: 74% of the parents indicated a realization of peer pressure influences. Parents even agree (87%) that students talk much more easily to and get the majority of their information from their peers rather than their parents. Student responses vary with

age--the younger the student, the less peer pressure seems to be recognized. Research shows older students indicated peer pressure was evident.

During the adolescent years, the need for independence in decision making becomes evident. Both males and females indicated they were somewhat influenced by their peers (males 55%, females 54%) while the need to at least feel as though they were not being influenced by their peers remained high (males 40%, females 40%). Few indicated they were strongly influenced (males 5%, females 6%). Regardless of how parents and adults in general would like to feel, they are still the number one influence in their teenager's life, although statistics agree with the research in that teenagers are very responsive to peer pressure.

Topic V: Who should be responsible for taking precautions to prevent pregnancy?

Data and Discussion V: All information gathered indicated subjects agree both parties, male and female, are responsible. (Parents 82% and students 45%-100%) Interestingly, information gathered indicated those having taken a health/family life course seem to have taken a great deal of the responsibility for such actions very personally.

While both males and females feel the responsibility is a shared one (males 87%, females 90%) by both parties, it is interesting to note the degree to which males indicated little or no responsibility (1%) and felt females should be much more responsible for taking precautions (12%).

Topic VI: At what age are most people ready to be responsible for a family?

Data and Discussion VI: All subjects without exception indicated over 20 years old as their major choice. (Parents 80%, student 74-88%)

Both males and females indicated a preference toward coping with family responsibilities after the age of 20 (males 84%, females 86%).

Topic VII: Are teenagers familiar with birth control methods?

Data and Discussion VII: All responses were uniformly answered affirmatively, yet the research indicated the teenage pregnancy rate continues to rise. What is wrong? Where are these birth control methods being put into practice? Are they being used during sexual activity with any consistent regularity? This information unequivocably supports the research which suggests presenting birth control devices alone is not the answer. Teachers must teach values and moral responsibility before teenagers will even see a need to be hampered by costly, uncomfortable, messy birth control devices! Research insists stressing family obligations and responsibilities together with a concern for mutual respect as an essential part of teaching life skills.

Both males and females (males 78%, females 90%) indicated a need for discussions on birth control. The lower percentage rate for males is evident again possibly due to their indicated responses showing females should be somewhat more responsible. Other responses indicated most birth control used was purchased over the counter (males 69%, females 69%). Doctor prescribed precautions ranked second (males 25%, females

18%) and several indicated using no birth control at all (males 6%, females 14%).

Both males and females indicated a classroom discussion concerning sexually transmitted diseases would be helpful (males 69%, females 66%). Interestingly, or perhaps alarmingly, 25% of the males questioned and 23% of the females questioned indicated they knew everything about this topic without discussion.

Topic VIII: Do you (teenagers) agree that it is important to refrain from sexual activity prior to maturity and marriage?

Data and Discussion VIII: Commitments varied as expected although most seem to agree on the actual premise. Males and females tend to disagree on whether or not it is important to refrain from sexual activity prior to marriage or maturity. Females felt it important to refrain while males were less impressed with the idea. (males 34%, females 69%). Each group registered mixed emotions on the topic (males 44%, females 25%)

Topic IX: Which discussions would be valuable to you?

Data and Discussion IX: All discussions were listed as valuable overall--topics are ranked according to percentage preference:

Parents: 1) sexually transmitted diseases 90%

2) teenage pregnancy and parenthood 84%

3) birth control 79%

4) male and female reproduction systems 73%

Female

Students: 1) sexually transmitted diseases 92%

2) teenage pregnancy and parenthood 90%

3) birth control 90%

4) male and female reproduction systems 85%

Male

Students: 1) sexually transmitted diseases 91%

2) birth control 77%

3) male and female reproductive systems 74%

4) teenage pregnancy and parenthood 70%

Teachers of health/family life classes can make instruction both valuable and pertinent using these statistics.

Five objectives/hypotheses were formulated for the purpose of determining parent and student perceptions of the health/family life course at Northwest High School. Each objective/hypothesis is summarized below:

I) Parent concerns:

A) To determine parent reactions toward the teaching of family life/sex education in a classroom setting.

1) Curriculum needs: Parents stressed concern for the teaching of real life skills and for this education to begin at an early age. The curriculum suggested included discussions of such topics as birth control, teenage pregnancy and sexually transmitted diseases with parent concern and approval for each topic evident.

2) Class structure: Emphasis in this category included the

necessity for a well trained, mature teacher who could handle embarrassing questions in a mixed classroom setting professionally and accurately. Very little opposition surfaced as to mixed classes and most parents indicated a strong need for such a frank and honest approach to these subjects.

3) Information sources for students: While most parents would like to believe their information input is the profound and absolute source of distribution, most recognize their limitation. Despite an open line of communication within the best of family structures, the influx of potential information from peers and the media is evident. Parents recognized the hazards in the acquisition of information from these sources and supported the classroom setting as the number one choice of supplemental information.

B) To determine parent involvement in discussions with teenagers on family life/sexual activity.

1) References for information obtained by students: Most parents perceived themselves to be the primary source of information on sexual matters. While research maintains the need for such an arrangement, it is obviously not always the case. Despite the best of intentions, parents cannot be the only source of information due to peer influences and outside pressures. They must therefore relinquish part of this task to a trained professional in hopes that together, knowledge can overcome ignorance.

2) Parent perceptions of teenage activity: Parents and adults in general seemingly want to protect the precious child they love and adore

in an effort to keep them precious and a child. Surprisingly enough, the parent survey indicated a much more realistic attitude on the part of most parents than expected. Parent/child discussions were reportly numerous and yet the problems of teenage pregnancy and disease transmission continue to grown. One could speculate that discussions are held but their factual content and relevancy may still lean toward the stork and cabbage leaf doctrines! Constructive discussions will include the issues of peer pressure, sex drive, social values, etc. While these issues are clearly more difficult to approach and analyze they must nevertheless be the focal point of discussion.

II. Student Concerns

A) To determine student reactions toward the teaching of family life/sex education in a classroom setting.

1) Curriculum needs: Students are clear in their desires--give factual information presented in a clear and interesting format. Touch all areas of life in general but be specific in the area of sex and disease. They are rarely embarrassed and demand a teacher who can stand up to their challenging discussions. Don't beat around the bush--honesty and understanding of their specific needs and feelings is a major requirement!

2) Interest and problem areas for students: This was the easiest aspect to determine! Don't spend a great deal of time on the reproductive parts of the male and female anatomy--students are bored with the diagrams of testicles and ovaries. How things work is not nearly as important as the reasons for unexpected results! Student

interests include all topics with major emphasis on disease and teenage pregnancy. Problem areas include peer pressure and the lack of pertinent problem solving skills: i.e.: what to do when ----.

3) Class structure: Research shows little evidence of student preference in this area. The writer depended primarily upon student input to determine preferences and found mixed classes to be their overwhelming choice. The interaction is necessary and discussions concerning responsibilities and moral issues are more easily initiated and resolved when both sides of the issue are presented with opportunities to voice opinions and work through dilemmas.

B) To determine how students receive the majority of their information on family life/sexual matters.

1) Parent involvement and family structure: Students indicated parent willingness (in most cases) to discuss issues but listed a "generation gap or communication gap" as a hindrance in the translation process. Some comments actually indicated little or no communication with parents in this area. Unfortunately, the primary information source; i.e.: parents, was throughout the research somewhat lacking in its ability to disseminate accuracy.

2) Comparison of student responses with/without exposure to an family life/sex education class: The quality of the course seemed to determine the student's perception of its influence. Concerns seemed to vary as experience levels and exposure to information increased. Most fundamental issues as to responsibility for birth control and the need for disease prevention and related talks were more profoundly requested

by those having taken a course of this nature. The most descriptive account of student perception differences can be found in tables 2,4,6, and 8 which list specific comments taken directly off student questionnaires from question 41.

3) Peer pressure and its influence: Teenagers as a whole seem to be a very self-reliant group! Most would have you to believe their decisions are their own and peer pressure is either minimal or non-existent. They do, however, admit to having acquired much of their so called knowledge on sexual matters from their peers.

4) Class setting: Students exhibited a need for freedom of expression and a compassionate, understanding, intelligent instructor to guide conversations and help them make decisions. Helping them to make decisions as opposed to a more parental version of telling them what their decision should or would be was definitely appreciated within the classroom setting.

III. Parent/Student comparison

A) To determine the role of the family in the transmission of values and attitudes with respect to the development of a responsible code of ethics in sexual relationships as perceived by both parents and students.

Research presents the parent as the primary designator of information and parents and students agreed with this premise. The presentation of issues on respect and moral obligations must begin at a very early age--obviously at home and/or church and should be continued throughout the educational process. A child who has failed to develop a

code of ethics which reinforces the need to allow classes to operate without chaos and interruptions might be exhibiting signs of a general lack of responsibility. Education has a tremendous task in helping parents instill a sense of responsibility and respect for others in sexual matters and life in general. Parents, again, have the first opportunity and indeed the obligation to instill this self disciplined concept into their child before he reaches school age. Since the best teaching methodology, according to research, is the spiral approach, one must accept the parent's responsibility to introduce concepts and the school's responsibility to continue to foster the maturity process.

B) To determine the role of the health/family life class in the transmission of values and attitudes with respect to the development of a responsible code of ethics in sexual relationships as perceived by both parents and students.

Research throughout this review process agrees with parents and students alike; education is a must. While teachers and the school in general obviously didn't take the child to rear as such, one cannot overlook the responsibility for structuring learning experiences for nearly one-third of every weekday not to mention additional time spent in extra curricular activities. Students may not be the natural biological offspring but educators do stand <u>in loco parentis</u> for an extensive portion of the school day and therefore should be held accountable for the relevant, proper dissemination of factual information disbursed.

# Chapter 5

## SUMMARY AND CONCLUSIONS

The inclusion of sex education classes into the high school curriculum became a concern of this writer due to her experiences as a mother, teenager and administrator. Much emphasis has been placed on the necessity for discussions centered around meaningful and relevant topics and an uninhibited, fruitful exchange of ideas and concerns. Instructional gargon and informative presentations of factual information are meaningless without focusing on mutual respect and moral obligation. Research indicates complacency and apathy on the part of educators and adults in merely handing out birth control devices without the necessary responsibility training in general will take its toll on our very essence of existence.

Perhaps educators would do well to follow the guidelines of research when dealing with students to the point of being honest and personally interested in their well being. Even the best sex education course will not banish verereal disease, prostitution, sex outside marriage or subsequent teenage pregnancy. Education cannot be perceived as a cure-all but certainly has its place in this crucial topic area. If this dissemination of information is done well, students will benefit. Thus a challenge to the teaching profession:

Teachers don't merely teach mathematics or English or science or history--they teach children. The acquisition of skills in these curricular areas is a bonus actually; icing on the cake so to speak and

the cake is the teaching of life to its fullest. In short, teach children to be responsible, self disciplined young adults. Teach them how to live!

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# APPENDIX A

CLARKSVILLE-MONTGOMERY COUNTY
SCHOOL SYSTEM

, Box 867 • 501 Franklin St. • Clarksville, Tennessee 37041-0867 • Phone 615-648-560

· L. Kyriakos
ant Director of Schools

November 9, 1987

Lynn Wall
Northwest High School
800 Lafayette Road
Clarksville, TN 37042

Dear Lynn:

Permission is granted to administer the field study questionnaire of an assessment of Parent and Student Perceptions of the Health/Family Life curriculum at Northwest High School. I understand this fulfills requirements for your EDS field study.

Please keep me informed of the results of your questionnaire. I wish you much success in your endeavor.

Sincerely,

Evelyn

Evelyn Bryant
Instructional Supervisor

EB:sfa

# APPENDIX B

# PARENT PERMISSION LETTER
## An Assessment of Parent and Student Perceptions of the Health/Family Life Curriculum at Northwest High School

Dear Parent,

The attached questionnaire is designed to gather data regarding the distribution of information on such issues as venereal disease and birth control due to the increased health hazards facing your teenager. Health classes are continually changing their curriculum to meet the needs of students. The responses on this questionnaire will hopefully help to determine the student needs and the extent to which health/family life issues are included as a portion of the training.

Your responses as a parent will help to assess the needs of your children. All questions are designed to examine a specific area of instruction and must be answered honestly. Please know the intent is not to embarrass but to determine areas of concern for our students.

Should you decide to complete the questionnaire and allow your teenager to answer a similar set of questions, you will be helping us to design an instructional presentation that will be informative as well as useful to your child.

All information gathered will be compiled and presented in statistical form with absolutely no reference to individuals. There is NO method of identifying the person completing the questionnaire other than by age or sex. All responses are confidential and conclusions will be drawn by a variety of comparisons.

This field study will be used as a portion of the research required for the completion of the degree of Education Specialist. Approval for this study has been granted by the Director of Schools and the respective building principal. All student questionnaires will be presented in a classroom setting by Mrs. Chuck Babcock (health teacher).

Your time and consideration are greatly appreciated!

Thank you,

Diana Lynn Wall
Assistant Principal
Northwest High School

I give my child _____ permission to complete Ms. Wall's questionnaire entitled: Assessment of Student Perceptions of the Health/Family life Curriculum at Northwest High School.

_____
Parent's Signature

# APPENDIX C

# Field Study Questionnaire
# An Assessment of Parent and Student Perceptions of the Health/Family Life Curriculum at Northwest High School

PARENTS:

1) Please answer these questions without further discussion with your child--any conversation at this point would nullify the comparisons. Your interpretation is what is important.

2) These questions are not meant to insinuate that all teenagers mature at the same age. The goal as outlined in the Health Curriculum Guide for the State of Tennessee, is to "help teenagers' understand the importance of refraining from sexual activity until they are mature and capable of undertaking commitments and family responsibilites.

3) The following questionnaire is designed to determine the effectiveness of the health/family life curriculum at NWHS as well as to decide if changes need to be made in the content of the course. Your help is needed if we are to give your child the guidance and instruction that will help him/her in the real world. The questions are not designed to embarrass anyone but they are direct and to the point. It is most important that you answer them HONESTLY. There is no way to pick out your paper---everything is confidential. Thank you for your time---remember---we need YOUR HELP!

ALL QUESTIONS ARE MULTIPLE CHOICE---choose the most suitable answer for YOU!

1) What is the age of your child attending NWHS?
   A) 13 or younger B) 14-15 C) 16-17 D) 18 or older

2) What is his/her school classification?
   A) freshman B) sophomore C) junior D) senior

3) Is your child male or female?
   A) male B) female

4) Do you approve of health/family life issues being presented in an educational setting such as a health class?
   A) yes B) no

5) Who has most influenced your child's attitude toward appropriate dating behavior?
   A) parents
   B) friends

6) Do you feel most parents introduce teenagers stress the issues of facing commitments, family responsibilities and respect for others?
A) yes
B) no
C) no opinion

7) Which classroom atmosphere do you feel would be best suited for health/family life discussions?
A) mixed classes - males and females
B) separate classes - all males or all females
C) there should be no discussion in a classroom setting.

8) Which best describes your family:
A) girl chores and guy chores
B) everyone takes turns and shares all chores
C) kids have NO chores--mom cleans their room, does the dishes, etc.

9) To what extent do you feel peer pressure will contribute to your teenager's participation in life experience matters? (Doing things because friends do them, etc)
A) friends won't pressure-no influence B) somewhat influenced C) strongly influenced

10) Who "will your teenager say" should be responsible for taking precautions for the prevention of pregnancy (birth control)?
A) Boy B) girl C) both

11) At what age "will your teenager say" he/she will be responsible enough to raise a family?
A) under 16 B) 16-18 C) 19-20 D) over 20

12) Who in your home initiates most parent/child discussions of health/family life/sexual activity matters?
A) parent
B) child (student)
C) little or no communication on these issues

13) Prior to health/family life classes, where do you feel most teenagers got the majority of their information?

A) friends B) parents C) trial and error D) other

14) Do most teenagers discuss family life/sexual matters more easily their parents or with his/her friends?
A) parents B) friends

15) Do you think your teenager is familiar with methods of birth control?
A) yes B) no C) I think so but I honestly don't know

16) Was your teenager familiar with birth control methods before taking a health/family life class or did he/she receive helpful information during the class study?
   A) my teenager knew everything before the class
   B) my teenager received helpful information during the class
   C) my teenager has never taken the class
   D) Honestly don't know!

17) Do you feel your teenager could benefit from a health/family life class discussion on Aids?
   A) yes
   B) no
   C) rather not have the topic discussed

18) Do you feel the type of family structure (single parent, stepparent, 2 natural parents, etc) has any affect on a child's value structure?
   A) yes
   B) no
   C) depends on the quality of the family structure itself.
   D) don't know

19) Do you feel your teenager is totally familiar with venereal diseases or would you like to see such topics covered in a classroom setting as a way of prevention or treatment?
   A) could receive helpful information during the class-would like to see these topics covered.
   B) my teenager is mature and well informed - hence, the value of a health/family life class is doubtful.
   C) my teenager is not as mature and well informed as I would like but I don't think a classroom is the place to discuss these topics.

20) Which setting probably has the potential of introducing more accurate information and answering student questions on delicate health/family life topics such as birth control, venereal diseases and family responsibilities?
   A) no discussion appropriate
   B) parent/student discussion at home
   C) classroom setting with an open relaxed atmosphere where discussions are supervised

21) In which area would you like to see more discussion time?
   A) male and female reproductive systems
   B) birth control
   C) sexually transmitted disease
   D) teenage pregnancy
   E) against all discussion
   F) in favor of all topics (A-D) being discussed

22) How influential could a health/family life class be in helping your teenager to make intelligent decisions concerning family life matters?
A) strong influence
B) little influence
C) no influence

23) How influential could a health/family life class be in helping your teenager be more knowledgeable about male and female reproductive systems?
A) strong influence
B) little influence
C) no influence

24) How influential could a health/family life class be in helping your teenager to be more knowledgeable about birth control?
A) strong influence
B) little influence
C) no influence

25) How influential could a health/family life class be in helping your teenager to be more knowledgeable about venereal diseases?
A) strong influence
B) little influence
C) no influence

26) How influential could a health/family life class be in helping your teenager to be more knowledgeable about teenage pregnancy and parenthood?
A) strong influence
B) little influence
C) no influence

27) If you would like to make further comments or suggestions regarding the topics presented or the nature of the study itself, please do so in the space below.

*Please either return the questionnaire and/or Parent Permission form to Coach Babcock by way of your child (use a sealed envelope), to the front office by way of your child (a box is provided) or mail to LYNN WALL
800 LAFAYETTE ROAD
CLARKSVILLE, TENNESSEE 37042

DO NOT INCLUDE A RETURN ADDRESS

# FIELD STUDY QUESTIONNAIRE
## An Assessment of Parent and Student Perceptions of the Health/Family Life Curriculum at Northwest High School

Student: The following questionnaire is designed to determine the effectiveness of the health/family life class objectives at NWHS as well as to decide if changes need to be made in the content of the course. Your help is needed if we are to give you the guidance and instruction that will help you in the real world. The questions are not designed to embarrass anyone but they are direct and to the point. It is most important that you answer then HONESTLY-----no one will watch you as you mark your answers and there is not way to pick out your paper-----everything is confidential. If at any time you feel you don't wish to complete the form, simply turn it in as is -- no problem. Thank you for your time.

Lynn Wall

ALL QUESTIONS ARE MULTIPLE CHOICE---Choose the best answer for YOU!

1) What is your age?
A) 13 or younger B) 14-15 C) 16-17 D) 18 or older

2) What is your school classification?
A) freshman B) sophomore C) junior D) senior

3) Are you male or female?
A) male B) female

4) Have you taken a health/family life class at NWHS?
A) yes B) no C) am taking the class now
D) took a similar class elsewhere

5) To what extent does peer pressure contribute to your participation in activites? (Doing things because friends do them, etc)
A) my friends don't pressure me--no influence
B) somewhat influenced
C) strongly influenced

6) Who has influenced your behavior the most as far as what you consider to be right or wrong?
A) parents and family
B) friends
C) No one has influenced me--I make my own decisions about what behavior is right or wrong

7) How would you rate yourself on your treatment of others--your respect for other people?
   A) I have to be cooperative at home but I can be myself at school and other places and say and do as I please.
   B) I'm nice to my friends and sometimes rude to other people.
   C) I respect everyone and treat them as I would want to be treated.
   D) I don't think it is necessary to respect others.

8) What type of discipline best describes your behavior?
   A) wild child--no discipline
   B) strict parents--but I act the way I want when they're not around.
   C) self disciplined--I usually act like I've been taught right from wrong at all times--I rarely get into trouble.

9) Which best describes your family situtation?
   A) mother and stepfather or father and stepmother
   B) single parent
   C) both natural parents
   D) living with someone other than my parents

10) Which best describes your family?
   A) girl chores and boy chores
   B) everyone works together and takes turns or helps with all chores
   C) kids have no chores--mom cleans their room, does the dishes, etc.

11) Which of the items listed below could be a major porblem in a boy/girl discussion of relationships with your parents?
   A) value differences
   B) generation gap
   C) little or no communication - anytime!
   D) no problems in discussions with my parents
   E) other _____

12) Have you discussed appropriate dating behavior more often with:
   A) your friends
   B) your parents

13) Which seems to happen most often?
   A) girls tend to chase the boys--the girls call the boys on the phone, arrange dates and seem to be more forward.
   B) boys tend to chase the girls--the boys call the girls on the phone, arrange dates and seem to be more forward.
   C) equal

14) Do you agree with the idea that it is important <u>to refrain from sexual activity</u> until you are nature and capable of undertaking commitments and family responsibilities?
   A) yes
   B) no
   C) undecided--mixed emotions

* Use this question for 15-25. If the following topics were discussed in an honest, friendly classroom setting, would the information influence your decision about participating in pre-marital sexual activity?

15) Discussion on Family and Social Values.
   A) this discussion would be valuable to me.
   B) this discussion would not interest me.

16) Discussion on Moral Principles: Right vs Wrong.
   A) this discussion would be valuable to me.
   B) this discussion would not interest me.

17) Discussion on other methods of showing your care.
   A) this discussion would be valuable to me.
   B) this discussion would not interest me.

18) Discussion on the fear of unwanted pregnancies and birth control prevention.
   A) this discussion would be valuable to me.
   B) this discussion would not interest me.

19) Discussion on the types of venereal diseases--how they are spread--their symptoms and treatments.
   A) this discussion would be valuable to me.
   B) this discussion would not interest me.

20) Discussion on the reactions of the family unit to participating in sexual activity and its many consequences.
   A) this discussion would be valuable to me.
   B) this discussion would not interest me.

21) Discussion on the difficulties of a teenage marriage; commitments and responsibilites.
   A) this discussion would be valuable to me.
   B) this discussion would not interest me.

22) Discussion on the male and female reproductive systems.
   A) this discussion would be valuable to me.
   B) this discussion would not interest me.

23) Discussion on puberty and what to expect as your body changed both physically and emotionally.
   A) this discussion would be valuable to me.
   B) this discussion would not interest me.

24) Discussion on the stages of pregnancy and postnatal care of an infant.
   A) this discussion would be valuable to me.
   B) this discussion would not interest me

25) Discussion on the laws concerning adoption in the event of an unwanted or unplanned pregnancy.
   A) this discussion would be valuable to me.
   B) this discussion would not interest me.

26) Who should be responsible for taking precautions for the prevention of pregnancy (birth control)?
A) boy B) girl C) both

27) At what age do you think you will be responsible enough to raise a family?
A) under 16 B) 16-18 C) 19-20 D) over 20

28) Have the topics of health/family life/sexual activity been openly and honestly discussed by you and your parents (to the extent that you feel prepared to deal with the subject and discuss anything that interests or bothers you)? (this discussion would be with your parents)
A) yes B) no

29) Are you familiar with methods of birth control?
A) yes
B) no

30) Were you familiar with birth control methods before taking this class or did you receive helpful information during the class study?
A) knew everything before the class
B) received helpful information during the class
C) never taken the class

31) When teenagers talk about being sexually active, what type of birth control is mentioned as used the most?
A) purchased over the counter B) no birth control used
C) doctor prescribed

32) Are you familiar with sexually transmitted diseases to the extent that you feel the class can teach you nothing in the way of prevention or treatment?
A) knew everything before the class
B) received helpful information during the class
C) have just enrolled in this class-these topics have not been covered yet.

33) Do you think the health/family life class offered at NWHS can teach you anything that you don't already know?
A) yes B) no

34) In which area would you like to spend more discussion time?
A) male and female reproductive systems B) birth control
C) sexually transmitted diseases D) teenage pregnancy

35) Do you feel a health/family life class could help you to make more intelligent decisions concerning sexual matters?
A) yes B) no

36) Do you feel a health/family life class could help you to be more knowledgeable about male and female reproductive systems?
A) yes B) no

37) Do you feel a health/family life class could help you to be more knowledgeable about birth control?
A) yes B) no

38) Do you feel a health/family life class could help you to be more knowledgeable about venereal diseases?
A) yes B) no

39) Do you feel a health/family life class could help you to be more knowledgeable about teenage pregnancy and parenthood?
A) yes B) no

40) Would you like to learn more about Aids through class discussion only?
A) yes B) no

41) If you would like to make further comments on the topics or survey, do so in this space.

RETURN YOUR PAPER TO COACH BABCOCK. THANK YOU! LYNN WALL

# APPENDIX D

Table 1

Percentage Responses on Parent Questionnaire

| ITEM | A | B | C | D | E | F |
|---|---|---|---|---|---|---|
| 1 | 0% | 49% | 43% | 8% | - | - |
| 2 | 28% | 43% | 20% | 9% | - | - |
| 3 | 38% | 62% | - | - | - | - |
| 4 | 97% | 3% | - | - | - | - |
| 5 | 70% | 30% | - | - | - | - |
| 6 | 52% | 37% | 11% | - | - | - |
| 7 | 62% | 37% | 1% | - | - | - |
| 8 | 15% | 79% | 6% | - | - | - |
| 9 | 13% | 74% | 13% | - | - | - |
| 10 | 3% | 15% | 82% | - | - | - |
| 11 | 0% | 4% | 16% | 80% | - | - |
| 12 | 57% | 24% | 19% | - | - | - |
| 13 | 61% | 26% | 5% | 8% | - | - |
| 14 | 13% | 87% | - | - | - | - |
| 15 | 64% | 6% | 30% | - | - | - |
| 16 | 23% | 33% | 15% | 29% | - | - |
| 17 | 94% | 3% | 3% | - | - | - |
| 18 | 44% | 6% | 49% | 1% | - | - |
| 19 | 90% | 8% | 2% | - | - | - |
| 20 | 3% | 17% | 80% | - | - | - |
| 21 | 1% | 1% | 37% | 7% | 1% | 53% |

Table 1 (continued)

| Item | A | B | C | D | E | F |
|---|---|---|---|---|---|---|
| 22 | 73% | 23% | 4% | - | - | - |
| 23 | 76% | 22% | 2% | - | - | - |
| 24 | 79% | 20% | 1% | - | - | - |
| 25 | 88% | 9% | 3% | - | - | - |
| 26 | 84% | 14% | 2% | - | - | - |

Table 2

Comments from Open-Ended Question on Parent Questionnaire

| Positive |
| --- |
| 1) The success of the class depends on the type of teacher. |
| 2) I'm glad this information is in school. Not all parents can talk openly to their kids--especially a single mother to her son--Thank You! |
| 3) Religious training is also a big factor in influencing the child. Many discussions are needed. |
| 4) The health/family life/sex class should be required for all students. |
| 5) This class is very helpful--a clear, wholesome, intelligent way to present information without ugly details--there are some questions a student would rather NOT ask their parents. |
| 6) I had these classes and they really influenced my life--caused me to think! |
| 7) NEEDED - Knowledge is better than NO information! |
| 8) Our daughters take seriously what they learn in class. This is super reinforcement to what is taught at home! |
| 9) 100% for class instruction! |
| 10) Emphasize the cause and effects (consequences) of sex before marriage. |
| 11) Include the cost to taxpayers and parents due to irresponsible actions that lead to welfare babies and high school dropouts! |
| 12) Emphasize all areas on questions #21. |

Table 2 (Continued)

| | |
|---|---|
| Positive | |
| 13) | I hope this program goes through! |
| 14) | Include films of real births--very valuable. |
| 15) | Segregate the classes. |
| 16) | I am strongly against subjects concerning sex, VD and pregnancy being discussed in mixed classes-segregate sexually. |
| Negative | |
| 17) | This information should be taught at home and not at school-responsibility of the parent. |

Table 3

Percentage Responses on Questionnaire
by Students who Have Completed a Health/Family Life Course

| ITEM | A | B | C | D |
|---|---|---|---|---|
| 1 | 0% | 0% | 99% | 1% |
| 2 | 0% | 7% | 93% | 0% |
| 3 | 40% | 6% | - | - |
| 4 | 100% | 0% | 0% | 0% |
| 5 | 42% | 54% | 4% | - |
| 6 | 44% | 27% | 29% | - |
| 7 | 34% | 23% | 37% | 6% |
| 8 | 30% | 27% | 43% | - |
| 9 | 23% | 34% | 13% | 30% |
| 10 | 52% | 34% | 14% | - |
| 11 | 20% | 37% | 23% | 19% |
| 12 | 54% | 46% | - | - |
| 13 | 40% | 37% | 23% | - |
| 14 | 47% | 37% | 16% | - |
| 15 | 60% | 40% | - | - |
| 16 | 64% | 36% | - | - |
| 17 | 51% | 49% | - | - |
| 18 | 72% | 28% | - | - |
| 19 | 83% | 17% | - | - |
| 20 | 54% | 46% | - | - |
| 21 | 51% | 49% | - | - |

Table 3 (continued)

| ITEM | A | B | C | D |
|---|---|---|---|---|
| 22 | 65% | 35% | - | - |
| 23 | 54% | 46% | - | - |
| 24 | 57% | 43% | - | - |
| 25 | 57% | 43% | - | - |
| 26 | 26% | 29% | 45% | - |
| 27 | 0% | 0% | 26% | 74% |
| 28 | 62% | 38% | - | - |
| 29 | 100% | - | - | - |
| 30 | 39% | 32% | 29% | - |
| 31 | 50% | 32% | 18% | - |
| 32 | 29% | 50% | 21% | - |
| 33 | 54% | 46% | - | - |
| 34 | 13% | 31% | 25% | 31% |
| 35 | 64% | 36% | - | - |
| 36 | 60% | 40% | - | - |
| 37 | 35% | 65% | - | - |
| 38 | 70% | 30% | - | - |
| 39 | 55% | 45% | - | - |
| 40 | 71% | 29% | - | - |

Table 4

Comments from Open-Ended Question
by Students who Have Taken a Health/Family Life Course

All Positive!

1) Aids is a topic that should be discussed. Knowing all the facts will help alot of us. I know that all my friends are curious of aids.

2) I think we need a class to teach us more about AIDS. It's spreading more everyday and I would like to learn more about it and how to prevent getting it and how you can catch it other than through sexual activity.

3) I think that teenage pregnancy and birth control are most important. Also more information in Venereal disease, especially AIDS should be taught.

4) The importance of convincing teenagers not to have sex until older, and if they are sexually active, the importance of birth control needs to be talked about more. Also, the venereal diseases need to be talked about more. Also, for pregnant teens and teens with venereal diseases (and alcohol and drugs, etc.) there ought to be pamphlets easily available to students (without having to be asked for in case it might embarrass the person that needs the information).

5) I really don't think you need to start a health/family life class because all the questions above are taught in health class!

6) Self esteem is the key to life. If you'll love yourself, others will love you too.

Table 4 (continued)

All Positive!

7) I have never had premarital sex and some of my friends have. I'm too scared of getting pregnant or getting AIDS. Plus, I haven't met the right person and my moral values are very high.

8) I enjoyed taking health, but truthfully, I didn't rally learn anything new. I don't think many people did either. If they want to give a sex education class, they should do it in the middle school. By the time some students are sophomores, they are all ready sexually active & it's too late for them. And they are the ones it would have helped most.

9) Aids should be discussed at Northwest because it's a deadly disease which not that many people know about. It should be a class that anyone can take for a credit.

10) Many teenagers don't realize how hard it is to take care of a baby and alot of people are not aware of the dangers with sexual transmitted diseases, like aids.

11) I think Aids should be discussed in Northwest. No one knows the real facts about the disease and its important that we should know.

12) Aids is a rising epidemic and I feel it needs to be discussed more extensively. Not many teens (me and others) know exactly what Aids is and how to prevent it. Many rumors on how the disease is contracted are untrue and need clarifying.

13) I think that we need a class concerning aids. If teenagers were more ware of it, then maybe the problem would be solved. Maybe sexual activity will not come to a complete halt, but enough to where people will care.

Table 4 (continued)

All Positive!

14) I feel sexual activity is so morally wrong and should wait until you're married and the people who do before marriage are disgusting people and were raised wrong!

15) I would like to be taught about AIDS. I think people should be aware of it and its causes. I think also that more class time should be spent on sexually transmitted diseases.

16) Information on puberty taught to sophomores in high school is too little too late. The students have at least partly experienced it.

17) I think the topic of AIDs should be discussed. There are so many rumors about AIDS and I'm not sure about the causes. People should know the difference between facts and rumors.

18) I think that there should be more discussions on child abuse and the effects of having a baby at a young age.

19) I think the class would be useful but due to teenage stupidity, it wouldn't help some. But, yes, it will help most of them.

20) I'm tired of Aids, more important things need greater coverage.

21) Sexually activity and/or morals cannot be taught at school. You may be able to teach fundamentals, but you'll never teach responsible decision making on the matter.

22) Teen pregnancy should be emphasized much more than Aids; we've heard plenty about Aids. Not that it's not important but I think we should tackle the common/immediate problems first.

Table 4 (continued)

All Positive!

23) Most teenagers now a days are concerned mainly with sexual intercourse, birth control methods, boy & girl relationships and pregnancy! Everyone I know has frequently had sex or has had it at least once, that should be most of the main topics not venereal diseases or AIDS!

24) I think a topic on Aids should be discussed more than all the other issues.

25) I think we should be taught in a class about AIDS along with precautions and effects.

26) Not many people know much about specific details. They mostly know about general details. I only knew basic things until I took a Health occupations class. So I think things should be taught in detail to everyone.

27) Some of these questions I couldn't answer. Sometimes I feel embarrassed to talk of these things (that's not why I didn't answer some of the questions thought) It's very hard to discuss some of these things openly.

28) Sex, birth control, etc. needs to be discussed openly and without embarrassment.

29) I believe that health class can help us learn more about ourselves. What we have learned before taking the class may be partially right, but it may be partially wrong. I think it would be easier for some people to discuss teen pregnancy, birth control, sex, and other

Table 4 (continued)

| All Positive! |
| --- |
| things. Relate to it a lot better within a group, rather than having a one-on-one parent-child discussion. |
| 30) I think more time should be spent on the topic of Aids and Venereal Diseases. |
| 31) Also, Health should be required for 9th graders, not 10th, because the sooner these topics are brought into the open, the more prepared the student will be. From my own experiences and those of friends, the freshman year is where it should be taught, because it is the first in High School. It is the year when many, many people, who have never thought about sex before start experimenting it. |

Table 5

Percentage Responses on Questionnaire by Students Currently Enrolled in a Health/Family Life Class at the time of the survey

| ITEM | A | B | C | D |
|---|---|---|---|---|
| 1 | 0% | 64% | 31% | 5% |
| 2 | 0% | 60% | 34% | 6% |
| 3 | 34% | 66% | - | - |
| 4 | 0% | 0% | 100% | 0% |
| 5 | 37% | 48% | 15% | - |
| 6 | 37% | 30% | 33% | - |
| 7 | 37% | 23% | 40% | 0% |
| 8 | 31% | 34% | 35% | - |
| 9 | 21% | 36% | 37% | 6% |
| 10 | 33% | 43% | 24% | - |
| 11 | 12% | 20% | 38% | 30% |
| 12 | 57% | 43% | - | - |
| 13 | 38% | 14% | 48% | - |
| 14 | 42% | 17% | 41% | - |
| 15 | 69% | 31% | - | - |
| 16 | 69% | 31% | - | - |
| 17 | 74% | 26% | - | - |
| 18 | 88% | 12 | - | - |
| 19 | 89% | 11% | - | - |
| 20 | 75% | 25% | - | - |
| 21 | 67% | 33% | - | - |

Table 5 (continued)

| ITEM | A | B | C | D |
|---|---|---|---|---|
| 22 | 62% | 38% | - | - |
| 23 | 63% | 37% | - | - |
| 24 | 81% | 19% | - | - |
| 25 | 58% | 42% | - | - |
| 26 | 0% | 0% | 100% | - |
| 27 | 0% | 0% | 12% | 88% |
| 28 | 36% | 64% | - | - |
| 29 | 100% | 0% | - | - |
| 30 | 42% | 58% | 0% | - |
| 31 | 68% | 30% | 2% | - |
| 32 | 24% | 76% | - | - |
| 33 | 86% | 14% | - | - |
| 34 | 21% | 19% | 26% | 34% |
| 35 | 83% | 17% | - | - |
| 36 | 73% | 27% | - | - |
| 37 | 83% | 17% | - | - |
| 38 | 95% | 5% | - | - |
| 39 | 78% | 22% | - | - |
| 40 | 77% | 23% | - | - |

Table 6

Comments from Open-Ended Questions by Students who are Presently Enrolled in a Health/Family Life Class

1. I don't feel any of this should be required! I also feel there are other areas that need observation, we all don't have these type problems!!
2. "The egg baby idea is stupid!" I knew all this stuff before the class!
3. I think everyone should know the possible consequences and hardships of having premarital sex and maybe becoming a parent. I've learned a lot in this class.
4. If this is for having classes on this subject--Yes I really think they should have them. It's really helpful to some people.
5. I feel that kids should be taught at an earlier age about sex education then maybe USA might not have such a problem-especially teenage pregnancy. Teenagers have to be taught about sex education. They might think they know everything there is to know but they don't!
6. I think we shouldn't worry about unwanted pregnancies or about AIDS. The people only brought it one themselves and they're wrong in my opinion, except for people who had blood transfusion and got AIDS. I think God punished there others for their wrong doing and ignorance.
7. I you didn't do this survey before, you should have! Maybe by the time my little brothers get to this school, this survey will have had an impact on the health class's discussion.

Table 7

Percentage Responses on Questionnaire
by Students Never Having Had a Health/Family Life Class

| ITEM | A | B | C | D |
|---|---|---|---|---|
| 1 | 0% | 60% | 33% | 7% |
| 2 | 65% | 14% | 16% | 5% |
| 3 | 30% | 70% | - | - |
| 4 | 0% | 100% | - | - |
| 5 | 67% | 31% | 2% | - |
| 6 | 70% | 12% | 18% | - |
| 7 | 14% | 28% | 56% | 2% |
| 8 | 12% | 26% | 62% | - |
| 9 | 25% | 18% | 51% | 6% |
| 10 | 16% | 77% | 7% | - |
| 11 | 16% | 21% | 23% | 40% |
| 12 | 58% | 42% | - | - |
| 13 | 19% | 32% | 49% | - |
| 14 | 49% | 23% | 28% | - |
| 15 | 77% | 23% | - | - |
| 16 | 70% | 30% | - | - |
| 17 | 74% | 26% | - | - |
| 18 | 65% | 35% | - | - |
| 19 | 77% | 23% | - | - |
| 20 | 60% | 40% | - | - |
| 21 | 72% | 28% | - | - |

Table 7 (continued)

| ITEM | A | B | C | D |
|---|---|---|---|---|
| 22 | 65% | 35% | - | - |
| 23 | 70% | 30% | - | - |
| 24 | 65% | 35% | - | - |
| 25 | 65% | 35% | - | - |
| 26 | 9% | 12% | 79% | - |
| 27 | 7% | 5% | 14% | 74% |
| 28 | 67% | 33% | - | - |
| 29 | 72% | 28% | - | - |
| 30 | 26% | 16% | 58% | - |
| 31 | 47% | 30% | 23% | - |
| 32 | 30% | 37% | 33% | - |
| 33 | 74% | 26% | - | - |
| 34 | 26% | 12% | 33% | 31% |
| 35 | 86% | 14% | - | - |
| 36 | 86% | 14% | - | - |
| 37 | 81% | 19% | - | - |
| 38 | 91% | 9% | - | - |
| 39 | 84% | 16% | - | - |
| 40 | 79% | 21% | - | - |

Table 8

Comments from Open-Ended Questionnaire
by Students Never Having Had a Health/Family Life Class

1. Class - good idea
2. How can learning about male & female reproduction systems help prevent pregnancies? You learn a lot about this from TV and your friends.
3. The only other place to learn about AIDs is from your friends or T.V.
4. Sex should really be taught at home but now a days parents don't have time or they use the wrong words--this class is a good idea.
5. Sex should be talked about by only those wanting to have it. But stress makes you want to have it three times a week!
6. How can we stop pushy boys -- they won't take "NO" for an answer.

Table 9

Percentage Responses on Questionnaire by Male Students

| ITEM | A | B | C | D |
|---|---|---|---|---|
| 1 | 3% | 22% | 62% | 13% |
| 2 | 11% | 21% | 61% | 7% |
| 3 | 100% | 0% | 0% | 0% |
| 4 | 68% | 16% | 15% | 1% |
| 5 | 40% | 55% | 5% | 1% |
| 6 | 55% | 17% | 28% | 0% |
| 7 | 21% | 29% | 48% | 2% |
| 8 | 12% | 19% | 69% | 0% |
| 9 | 19% | 21% | 56% | 4% |
| 10 | 12% | 71% | 17% | 0% |
| 11 | 18% | 17% | 18% | 47% |
| 12 | 75% | 25% | 0% | 0% |
| 13 | 14% | 30% | 56% | 0% |
| 14 | 34% | 22% | 44% | 0% |
| 15 | 60% | 40% | 0% | 0% |
| 16 | 56% | 44% | 0% | 0% |
| 17 | 61% | 39% | 0% | 0% |
| 18 | 68% | 32% | 0% | 0% |
| 19 | 84% | 16% | 0% | 0% |
| 20 | 60% | 40% | 0% | 0% |
| 21 | 61% | 39% | 0% | 0% |

Table 9 (continued)

| ITEM | A | B | C | D |
|---|---|---|---|---|
| 22 | 55% | 45% | 0% | 0% |
| 23 | 52% | 48% | 0% | 0% |
| 24 | 56% | 44% | 0% | 0% |
| 25 | 56% | 44% | 0% | 0% |
| 26 | 1% | 12% | 87% | 0% |
| 27 | 0% | 4% | 12% | 84% |
| 28 | 45% | 55% | 0% | 0% |
| 29 | 90% | 10% | 0% | 0% |
| 30 | 27% | 60% | 13% | 0% |
| 31 | 69% | 25% | 6% | 0% |
| 32 | 25% | 69% | 6% | 0% |
| 33 | 86% | 14% | 0% | 0% |
| 34 | 8% | 13% | 36% | 43% |
| 35 | 78% | 22% | 0% | 0% |
| 36 | 74% | 26% | 0% | 0% |
| 37 | 77% | 23% | 0% | 0% |
| 38 | 91% | 9% | 0% | 0% |
| 39 | 70% | 30% | 0% | 0% |
| 40 | 75% | 25% | 0% | 0% |

Table 10

Percentage Responses on Questionnaire by Female Students

| ITEM | A | B | C | D |
|---|---|---|---|---|
| 1 | 2% | 26% | 66% | 6% |
| 2 | 4% | 20% | 71% | 5% |
| 3 | 0% | 100% | 0% | 0% |
| 4 | 73% | 2% | 23% | 2% |
| 5 | 40% | 54% | 6% | 0% |
| 6 | 57% | 16% | 27% | 0% |
| 7 | 10% | 22% | 68% | 0% |
| 8 | 3% | 21% | 76% | 0% |
| 9 | 21% | 16% | 60% | 3% |
| 10 | 17% | 82% | 1% | 0% |
| 11 | 14% | 17% | 24% | 45% |
| 12 | 62% | 38% | 0% | 0% |
| 13 | 14% | 16% | 70% | 0% |
| 14 | 68% | 7% | 25% | 0% |
| 15 | 76% | 24% | 0% | 0% |
| 16 | 82% | 18% | 0% | 0% |
| 17 | 85% | 15% | 0% | 0% |
| 18 | 86% | 14% | 0% | 0% |
| 19 | 82% | 18% | 0% | 0% |
| 20 | 77% | 23% | 0% | 0% |
| 21 | 83% | 17% | 0% | 0% |

Table 10 (continued)

| ITEM | A | B | C | D |
|---|---|---|---|---|
| 22 | 74% | 26% | 0% | 0% |
| 23 | 47% | 53% | 0% | 0% |
| 24 | 49% | 51% | 0% | 0% |
| 25 | 71% | 29% | 0% | 0% |
| 26 | 6% | 4% | 90% | 0% |
| 27 | 3% | 1% | 10% | 86% |
| 28 | 61% | 39% | 0% | 0% |
| 29 | 88% | 12% | 0% | 0% |
| 30 | 45% | 44% | 11% | 0% |
| 31 | 68% | 18% | 14% | 0% |
| 32 | 23% | 66% | 11% | 0% |
| 33 | 84% | 16% | 0% | 0% |
| 34 | 10% | 18% | 21% | 51% |
| 35 | 84% | 16% | 0% | 0% |
| 36 | 85% | 15% | 0% | 0% |
| 37 | 90% | 10% | 0% | 0% |
| 38 | 92% | 8% | 0% | 0% |
| 39 | 90% | 10% | 0% | 0% |
| 40 | 86% | 14% | 0% | 0% |