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I am submitting herewith a dissertation written by Rush B. Winchester, Jr., entitled "The Design, Implementation and Evaluation of a Sexuality Education Program for Parents." I have examined the final copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Home Economics.

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THE DESIGN, IMPLEMENTATION AND EVALUATION OF A SEXUALITY EDUCATION PROGRAM FOR PARENTS

A Dissertation

Presented for the

Doctor of Philosophy

Degree

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Rush B. Winchester, Jr.

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This work is dedicated
to the memory of my mother, Barbara Lineberger Winchester.
She knew how to teach love.

ACKNOWLEDGMENTS

It is usually true that behind the scenes of a large undertaking are a number of people who contribute directly or indirectly to the accomplishment of that project. That has certainly been the case with this dissertation, and I would like to single out some of those contributors by name. First, I am deeply indebted to Dr. Priscilla White. As my advisor, committee chairperson and friend she has provided expertise, guidance and support throughout my doctoral program. I would also like to thank past and present members of my doctoral committee for their input to this project: Dr. Ron Cromwell, Dr. Clyde Pentz, Dr. Gary Peterson, Dr. William Poppen, and Dr. Jay Stauss. Many thanks are due also to my typist, Maxine Martin, whose skill and hard work took this dissertation from handwritten to final form in very short order, allowing me to meet deadlines I might otherwise have missed. It is certainly true, too, that this scholarly work related to families owes much to my own families. Without the early love and encouragement of my parents, Rush and Barbara Winchester, it is doubtful that I would have believed in myself enough or loved learning enough to have pursued my education to the doctoral level. I thank my daughter Betsy for understanding in her two-year-old way that daddy needed to go to the library every night for months. I'm home now, Betsy. And finally, my deepest thanks of all to my wife, Ivy, who kept Betsy clean single handedly for months, and who rarely saw me off to the library without saying the words,

"I'm so proud of you." You helped make it possible in many ways, and I love you.

Thank you all.

ABSTRACT

Most parents say they would like to be the primary sex educators of their children, but research indicates a tremendous gap between this expressed desire and actual provision of sex education in the home. One reason for this gap is undoubtedly the lack of honest sex education received by parents as they were growing up.

The central purpose of this study was to determine the effects of an investigator-designed and taught program of sexuality education for parents on sexual knowledge, sexual attitudes, sense of preparedness, sense of comfort in sexual discussion, and frequency of sexual communication with children aged 3-10.

The study utilized the quasi-experimental Nonequivalent Control Group Design, with neither random selection nor random assignment of participants possible due to difficulty in recruiting enough interested parents. The main criterion for parental eligibility for the study was that he/she have at least one child between the ages of three and ten living at home. The final sample consisted of 17 treatment parents (ten female and seven males, including six couples) and 11 control parents (eight females and three males, including three couples). The sample could be characterized as mainly white, middle-class, and very well educated.

Analysis of covariance indicated: (a) postprogram group differences for the attitude subscales related to sexual myths and masturbation, with the treatment group scoring in the direction of

greater sexual tolerance on these scales, and (b) the treatment group's postprogram sense of preparedness for doing home sex education was significantly higher than was that of the control group. If was concluded that these differences were due to the treatment program.

Feedback from parents about the treatment program indicated the desire on the part of some participants for more specific course emphasis on adult-child sexual communication and a strongly positive reaction to the group process and to the instructor.

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CHAPTER I

INTRODUCTION

General Background

A person has only to mention the phrase "sex education" to generate opinionated comments of one kind or another from whomever happens to be listening. One of the most common issues is where sex education should occur. Yet research shows that there is strong agreement among adults (Libby, Acock & Payne, 1974; Scales & Everly, 1977) and young people (Hill, 1975; Sorensen, 1973) that the home should be the primary source of sex education.

Despite the positive attitude expressed toward the primary provision of sexuality education in the home, the occurrence of home sex education appears to be far more an ideal than a reality. Kinsey, Pomeroy, Martin and Gebhard (1953) found that only about 5% of the people in his sample recalled having received any more than incidental sexual information from parents. More recent studies have continued to reveal parental neglect of sexual education for their children. In Sorensen's (1973) national sample of 411 adolescents, 71% reported that they and their parents did not talk freely about sex. Gordon and Dickman (1977) summarized survey findings on this issue by saying that ". . . only about 20% of the young people questioned in surveys described their parents as adequate sex educators" (p. 7).

Given the indications that little sex education is occurring in the home, can we assume that the schools have stepped in to take over this task for parents? The fact that the vast majority of parents (Libby, 1970; Parcel & Luttman, 1981; Sex education classes, 1978) believe that sex education should be provided in the public schools would point in such a direction, but would be misleading as to the actual provision of sex education in schools. A recent national survey revealed that only 36% of U.S. public high schools offered a sex education course (Orr, 1980), but it was estimated that only one quarter of the students in each of those schools actually took the course (Kirby, Alter & Scales, 1979). The conclusion of another recent nationwide study was that fewer than 10% of students are getting a comprehensive sex education course (Kirby, 1980). Where attempts have been made to provide some form of school sex education, the sensitive nature of dealing with emotions and values related to sexuality has traditionally left many family life educators ". . . unsure of how far they can go" (Kerckhoff, 1964, p. 901). The reality that this kind of values dilemma is still with us was clearly evidenced in a recent critique of "the new sex education" (Shornack & Shornack, 1982), in which the group-centered approach to teaching and learning was characterized as an ". . . attempt to change attitudes that are supported by public opinion" (p. 542). There have also been long-standing problems in agreeing on requirements for teacher preparation and certification in the area of family life/human sexuality (Dager, Harper & Whitehurst, 1962; Longworth, 1952; Somerville, 1971; Womble, 1979; Womble & Yeakley, 1980).

With parents and schools traditionally and currently providing all too little in the way of in-depth education in sexuality, where do young people get most of their information? The answer is twofold. Peers have consistently been found to be the most frequently mentioned source of sexual information for young people (Gagnon, 1965; Gordon, 1973; Kantner & Zelnick, 1972; Lewis, 1973; Sorensen, 1973; Spanier, 1975; Thornburg, 1981). Secondly, it appears that "literature," including printed material and other forms of the media, has replaced both home and school as the next most frequently cited primary source of sexual information (Thornburg, 1981). Unfortunately, the potential for misinformation and distortion of sexual values is substantial with peers and media such as magazines, pop music, movies, and T.V. as the primary sources of information.

The most observable indications of the need to improve the ways in which young people are educated about sexuality are the recent figures related to adolescent sexual behavior. The incidence of premarital intercourse among 15-19 year-old metropolitan area women rose from 30% in 1971 to 43% in 1976 and 50% in 1979 (Zelnik & Kantner, 1977, 1980). Those adolescents who are sexually active tend to begin contraceptive use well after initiating sexual activity, and to use it too infrequently and haphazardly thereafter (Hansson, Jones & Chernovitz, 1979; Kantner & Zelnick, 1972; Zelnik & Kantner, 1977, 1980). A number of sources cite an increase in the teen pregnancy rate since the 60's (Alan Guttmacher Institute, 1976, 1981; Kantner & Zelnik, 1972; U.S. Commission on Population Growth, 1972;

Zelnik & Kantner, 1977), with the 1971-1979 increase being nearly 100%, according to Zelnik and Kantner (1980).

As already noted, most parents say they would like to be the main sex educators of their children, but there is a considerable gap between this expressed desire and their behavior. One strong reason for this gap is undoubtedly the lack of honest sex education received by parents as they themselves were growing up. Fifty-nine percent of the parents were not satisfied with their own sex education, and the majority of parents surveyed by the Project on Human Sexual Development (Roberts & Holt, 1980) attributed their verbal restraint with their children to the lack of sexually-related discussion in their families of origin.

Though this author firmly believes that family life/sexuality education (including values) is needed in our schools, he does agree with the idea contained in the Shornack's (1982) statement that ". . . schemes to have the schools and family planning clinics rescue us from our problems only puts off the day when parents must reclaim their authority and their responsibility" (p. 542). The Shornacks noted further that professionals "could assist parents and the community in regaining control of the situation (p. 542). The vast majority of adults in Scales and Everly's (1977) sample (79%) said they think that most parents need additional training for the task of sexually educating their children, and 80% of the parents in the study by the Project on Human Sexual Development (Roberts & Holt, 1980) said they would welcome programs to assist them in better helping their children to learn about sexuality.

Statement of the Problem

The central purpose of this study was to determine whether an investigator-designed and taught program of sexuality education for parents would increase parents' (a) sense of preparedness to be sex educators, (b) sense of comfort in sexual discussion, (c) sexual knowledge, and (d) reported frequency of sexual discussions with children aged 3-10 and whether the program would lead to (e) a liberalization of sexual attitudes. In order to clarify the determination of such changes, a group of parents who participated in the program (treatment group) were compared with a group of parents who were interested in but unable to participate in the program at that time (control group).

Objectives

The following specific objectives were pursued in this study:

1. To design and teach a sexuality program for parents which included factual and affective components as well as modeling of verbal openness on sexual matters by the instructor (the author).

2. To determine whether program participation increases parents' self-reported sense of preparedness to sexually educate their children.

3. To determine whether program participation increases parents' self-reported sense of comfort in discussing sexuality.

4. To determine whether program participation increases parents' self-reported frequency of sexual communication with their 3-10 year-old children.

5. To determine whether program participation increases parents' level of sexual knowledge.

6. To determine whether program participation increases the liberality of parents' overall sexual attitudes and of their attitudes toward heterosexual relations, sexual myths, masturbation, and abortion.

7. To determine whether the data from this study support the commonly encountered finding that mothers contribute more to the home sex education of their children than do fathers.

Assumptions

The following assumptions undergirded this study:

1. A person's system of sexual attitudes and values is first shaped through interaction with parents, but is dynamic and amenable to change through contact with new experiences, knowledge, or reference group(s).

2. Sexual attitudes and values have both cognitive and affective elements to them.

3. Affective responses to sexual issues are at least as important as cognitive responses in determining a person's behavior.

4. It is possible to assess a person's sexual knowledge and attitudes by means of his/her responses to a self-administered questionnaire.

5. Tolerance of sexual values and behaviors which may differ from one's own is a positive human characteristic.

Conceptual Framework

Language and Socialization

In the realm of human sexuality it seems to be accurate, on the whole, to say that each generation of American parents has passed along a legacy of avoidance, guilt, anxiety, confusion, and negativism. The symbolic interactionist understanding of sexual socialization (or socialization in general) begins with the idea that human communication is based upon a system of "significant symbols." These significant symbols consist of vocal sounds and body language which have common meaning for the sender(s) and receiver(s) of such "gestures" (Mead, 1934). Parents or other adult caregivers pass along the significant symbols of a society to their children (e.g., teaching language—receptive and expressive—to an infant) but they also use those significant symbols in explicit and implicit transmission of other aspects of culture and/or subculture in the form of knowledge, values, and attitudes, and even rules. A child's receptiveness to socialization is particularly marked in his/her early, formative years, though socialization and formation of the "self" (Mead, 1934) should not ever be regarded as being at an end (Stryker, 1972).

Gagnon and Simon (1973) had the following to say about the interaction between language and the specifically sexual aspects of socialization:

> It is through the developmental process of converting external labels into internal capacities for naming that activities become more precisely defined and linked to a structure of sociocultural expectations and needs that define what is sexual (p. 14).

Victor (1978) and Pocs and Godow (1977) discussed the significance of what parents do not give their children in the way of language. The focus for these authors was the inability of parents to provide for children adequate symbolic (language) tools for serious communication about sexuality. This linguistic deprivation represents a vacuum which is typically filled by the acquisition of "street language." Because of the male superiority, "sex-as-dirty" connotations of street language, young people are severely impeded in communicating about sexuality with adults and even in being able to conceptualize parents as fully sexual beings.

Spanier (1975) used the term "sexualization" to refer to the process of shaping the sexual aspect of the personality. He conceived of this process as including three components: (a) the development of a gender identity, (b) the acquisition of sexual values, knowledge, and skills, and (c) the development of sexual attitudes. The present study involves the assessment of whether or not a program in human sexuality for parents can represent a form of adult sexualization in the form of increased knowledge and more tolerant attitudes, with these changes possibly leading to increased interaction with children in the area of sexuality. To further explore the theoretical underpinnings of this study let us look further at attitudes and the connection between attitudes and behavior.

Attitudes

According to Ashworth (1979), most symbolic interactionists and social psychologists prefer a "dispositional definition of attitude."

Secord and Backman (1964), for instance, said that the term attitude refers to ". . . certain regularities of an individual's feelings, thoughts and predispositions to act towards some aspect of his environment" (p. 97). Similarly, Rokeach (1968) defined an attitude as a relatively enduring set of beliefs organized around an object and/or situation which predisposes a person to act in some preferential manner. Both of these definitions imply that an attitude is not a single entity, but actually an amalgam of mental phenomena. Ashworth (1979) identified the following as the components of an attitude:

1. Cognitive component—the person knows or believes something, which is the object of his/her attitude.

2. Affective component—the positive or negative (or, perhaps, neutral) feelings held toward the object of the attitude. This is, essentially, the same as what is meant in everyday usage when the term attitude is used.

3. Behavioral component—this refers not to actual action but, rather, to the intention to act on the tendency to act. Audi (1972) suggested that this third component of attitude is more properly seen as the wants or desires of the individual regarding the attitude object. Either way, it is clear that symbolic interactionists do not view attitudes ". . . as links in a causal chain from stimulus to response, but rather as an aspect of the perception of the 'stimulus' by the individual" (Ashworth, 1979, p. 160).

Given this definition of attitudes, it is useful to see how they are seen as contributing to the lives of people. Katz (1971) enumerated the following four functions of attitudes:

1. Adjustment—the maximization of rewards and the minimization of punishment.

2. Ego defense—the avoidance of knowing the kind of person one really is or the real dangers which the world holds.

3. Value expression—communicating to others the self-perceived truths about oneself.

4. Knowledge—the organization of perceptions and beliefs to provide clarity and consistency to the world and one's life.

In order to fulfill the above four functions, it should be apparent that attitudes toward various things are not independent but are related to each other as part of a system (Eysenck (1954) said specifically that "attitudes do not occur in splended isolation but are closely linked with other attitudes in some kind of pattern or structure" (p. 107). As in any system, of course, imbalance or conflict in a person's system of attitudes can and does occur. When this occurs, adjustments must be made in some part of the system to allow it to continue performing the necessary personality functions delineated above. This issue of adjustment brings us to the point of examining more explicitly the nature of the link between attitudes and behavior.

Attitudes and Behavior

Mead (1938) observed that in certain situations, "We find ourselves tending to act or think or feel with reference to [the]

situation in ways that are so opposed that they inhibit one another" (p. 32). This quote serves to illustrate the problem of reconciling the long-held assumption that attitudes strongly influence behavior. Everyday observations demonstrate that there is not always congruence between our beliefs/knowledge, our feelings, and our behavior. And, certainly, studies of attitudes through the 1960's and 1970's have shown a rather equivocal relationship between attitude and behavior (Brannon, 1976; Wicker, 1969). Recent speculation and research on this relationship have been guided by the general viewpoint that behavior is influenced by attitudes. However, the inadequacy of attitude conceptualization and measurement and the behavioral influences of factors other than the relevant attitude often prevent finding the hypothesized attitude-behavior correspondence (Ashworth, 1979).

One of these "factors other than the relevant attitude" which needs to be considered in the attitude-behavior relationship is that of the social norms surrounding the attitude object (Fishbein, 1967). A person's beliefs about what those social norms are and his/her motivation to comply with those perceived norms are important intervening variables between the person's attitude towards a given object and his/her actually expressed behavior. Fishbein further noted that a general attitude towards a given object is actually made of "mini-attitudes" toward each of the various subsets of that overall object. For instance, a father's positive attitude about the occurrence of sex education in the home could mask his belief that it is improper for a

father to talk about sexual matters with a daughter, and this belief and negative "mini-attitude" would greatly influence his behavior if his only child was a girl.

Along similar lines, Rokeach (1968) made a distinction between attitudes-toward-objects and attitudes-toward-situations. In an occurrence of conflict between these "categories" of attitude, Rokeach believed that the resulting behavior would be based on the relatively more powerful attitude—that toward object or that toward the specific situation. In any occurrence of conflict or incongruence in a person's attitude system, the necessary task is that of an adjustment somewhere in the system, with the cognitive maintenance of self-esteem having a higher priority than logical consistency (Rokeach, 1968).

To summarize the above, attitudes are viewed by symbolic interactionists as including components of (a) knowledge/belief, (b) evaluation/feeling, and (c) desire/intent to act. While the last of these is often labeled a behavioral component, attitudes are not seen as the direct or sole cause of behavior. Intervening factors, including other attitudes, also influence the final expression of behavior in any given situation. But how, in the final analysis, does all this relate to teaching and learning and the process of sexualization?

Mace (1981) observed that the typical didactic or lecture approach to the teaching of family life education deals only with "learning for knowing," as distinct from the ideal outcome of family life education which Mace called "learning for living" (p. 600). Relating this

assertion back to the discussion of attitudes and attitudes related to behavior, typical classroom teaching is usually aimed at only the knowledge/belief component of attitudes. Mace identified the intervening steps between the provision of knowledge and actual sustained behavior change for students as being: (a) retention of information, (b) gaining of insight as to the potential personal salience of the information, (c) trial use of the information in real situations, and (d) commitment to change based on some success in using that knowledge.

Mace (1981) acknowledged that even the best of family life education programs access and change only some attitudes. Truly sustained behavior change is the result of seeing the advantages of, using, and positively affecting our lives with the information provided in a program. Mace specifically pointed out, however, that the likelihood of affecting behavior is increased if the program/course incorporates more than just the lecture presentation of information. A program which seeks to affect attitudes and, in the long run, behavior, should include group discussion and sharing, and also opportunities to "try out" the use of some of the information being passed along in the program. These principles undergirded the design and teaching of the program on which this study was based.

Given the preceding discussion of theoretical links between attitudes and behavior, one plausible interpretation of the "gap" between parents' attitudes and behavior with respect to home sex education is that their lack of preparation for the task becomes an intervening factor in the attitude-behavior relationship. This lack of preparation might be represented for each person as an attitude

or series of mini-attitudes, each consisting of: (a) belief—"I'm not well prepared," "I don't know enough," "I get too embarrassed talking about sex," (b) feeling—"I don't like this feeling of being ill-prepared," and (c) intent to act—"I'll take this course to learn more," or, perhaps "If I don't do anything no one will know I'm not well prepared." Those parents who chose to take the course, would then, because of their learning and experiences in the program, be in position to change their attitude as to being poorly prepared to do sex education if the learning and experiences in the course provided them with an increased sense of preparedness. If this attitude were to be changed, perhaps a significant intervening factor would be removed from between a positive attitude toward home sex education and the actual provision of sex education at home.

Nominal Definitions

Several variables have been mentioned as being integral to this study of the effects of sexuality education for parents. Nominal or constitutive definitions (Kerlinger, 1973) should help to clarify the ways in which these variables were being viewed by the author.

Sexual knowledge will refer herein to the cognitive information possessed by a person in the overall topic area of human sexuality. The key to this variable is that it deals with a person's level of awareness of objectively documented facts about sexuality, regardless of how the person became aware of those facts.

Sexual attitudes are those attitudes organized around the "object" of human sexual behavior and the range of situations giving different context to that general object. Specific subtopics of human sexual behavior around which specific sexual attitudes (predispositions to act in particular ways) are organized include nonmarital heterosexual relations, masturbation, abortion, and homosexuality. A person may have a central attitude toward a sexual object and yet act in different ways given different attitudes elicited by different situations. For instance, a person may believe that premarital sex is basically wrong, but may not object to a couple engaging in premarital sex if they are planning to be married. It also should be noted that it is quite possible for a person to hold a negative attitude toward a sexual subtopic in reference to his/her own behavior, but to hold a more positive attitude toward that subtopic with reference to other people's behavior. The author recognizes this possible distinction, and, believing that the attitude measures in this study assess attitudes toward other people's behaviors as well as one's own, will refer to higher sexual attitude scores as indicating greater sexual tolerance.

Sense of preparedness is used in this study to indicate the degree to which a person reports feeling ready for the task of sexually educating his/her children. This inner sense of readiness is viewed as being linked to the perceived overall quality of a person's sex education, perceived adequacy of sexual knowledge, and confidence in their capability for actually being a child's sex educator.

Sense of comfort in sexual discussion is viewed as an amalgamation of attitudes toward sexually-related discussions in several different contexts (with lover, friends, strangers, children). These attitudes include, as mentioned by Rokeach (1968), both affective and cognitive elements: deeply experienced gut-level feelings associated with sexual discussions in those contexts, and beliefs about the appropriateness of such discussions.

Frequency of sexual communication refers herein to the parents' perception of how often they have discussed sexually-related topics with their child(ren) in the 3-10 year-old age category.

CHAPTER II

REVIEW OF THE LITERATURE

This chapter is divided into three main parts. The first section reviews the literature related to parent-child communication about sexuality, a literature which indicates general patterns of silence, rule-making and/or some presentation of basic reproductive biology. Emotionally-tinged or value-laden areas such as types of sexual behavior and sexual feelings are quite rare in parent-child communication.

The second part of this literature review deals with the content and process of sex education. Typical programs have tended to focus on reproductive biology and more or less avoided dealing with issues of sexual behavior and feeling. The desirable characteristics of sex education programs as gleaned from the literature are specified in this section.

The third section of the chapter reviews the literature dealing with the evaluation of sex education programs. Most evaluation efforts have fallen far short of the ideal, frequently involving only subjective responses by the participants as to the quality or effects of the particular programs. However, by looking at the evaluation results of programs intended for several types of target groups (including some specifically for parents), certain expectations as to the potential effects of sex education for parents are apparent.

Parent-Child Communication About Sexuality

Perhaps the best way to describe the apparent state of sex education in the home is that it is paradoxical. Parents and young people alike most frequently cited the home as the preferred source of sex education for young people (Hill, 1975; Libby, Acock & Payne, 1974), but the literature clearly indicated that most parents are not "doing the job."

Lack of Occurrence

As mentioned in opening the first chapter, Kinsey et al. (1953) reported that only about 5% of his sample recalled receiving any more than incidental sexual information from parents. But what of the situation more recently? Miller (1973) found that just over 10% of the surveyed students in each of two San Francisco schools reported their parents were their "most complete source of sexual information." In Schofield's (1965) study of 15-19 year-olds in England, almost 30% of the females and two-thirds of the males said they had never had any advice about sex from their parents. About 45% of the males and 35% of the females in Hill's (1975) sample of Louisiana college students reported very little or no sex education having occurred at home. Only 12% of the boys and 22% of the girls in Hill's study said that most or all of their sex education had occurred at home. Lewis (1973) found that 8% of the males and 43% of the females in his sample of 400 Midwestern university students reported receiving most of their sex education from a parent.

Lewis' finding that girls received more sex education at home than did boys is consistent with other findings (e.g., Hill, 1975; Libby, Acock & Payne, 1974; Sorensen, 1973). This does not, however, mean that females are being sexually well educated at home. Bloch (1972) looked specifically at mothers' transmission of sex-related information to their daughters. Despite using a liberal scoring system and gathering responses only from mothers (not daughters), Bloch found that 18% of the daughters in the study had not been told anything about menstruation, the male's role in reproduction, or birth control. Only 7% of the daughters were determined by the researcher to have received adequate, age-appropriate information about all three of these topics from their mothers. Bloch's (1972) conclusion sums up this section of the chapter nicely: "The data from the study seem to support findings from prior studies which have consistently indicated that children get little sex education in the home" (p. 11).

It is important to keep in mind the potential difference in perception of frequency and/or quality of home sex education between parents and their children. It appears that a study can yield quite different results depending upon whether parents' or young people's perceptions are being assessed. In a study of Illinois State University freshmen and their parents, Walsh (1972) found that three-quarters of the fathers and two-thirds of the mothers considered themselves the "major source" of sexual information for their children; however, only 7% of the male students and 29% of the females named their parents as their major source of sexual information.

One strong possibility as an explanation for such differences in perception of home sex education by young people and their parents is the difference in "agendas" (goals, vested interests) of the two groups with regard to sexuality and, thus, the education. For example, Libby (1970) found that with respect to school sex education most parents wanted programs to be limited to the more biological, non-behavioral topics and to reflect their (the parents') particular values. The teens, on the other hand, wanted more open discussions of sexual behavior. The parental desire that school sex education steer clear of behavioral and value-laden topics is certainly consistent with the communication patterns which most parents seem to establish at home.

Type of Communication at Home

Several generalizations can be made from the literature which seem to characterize the home communication pattern with respect to sexuality. These will be expanded upon but can be summarized as follows:

1. Parents generally avoid talking about sexual topics with their children, particularly those topics which relate to sexual behavior itself.

2. The pattern of avoidance begun early by parents is also evidenced by their children, particularly by children as they move into their teen years.

3. The communication that is done by parents related to sexuality consists largely of rule-giving or moral injunctions about dating and sexual behavior.

Rubin and Calderwood (1973) observed that parents' own anxieties, fears, and embarrassments get most in the way of open communication when actual or potential sexual behavior comes to the foreground of parent-child interaction. Some parents aren't comfortable discussing any aspect of sexuality, but there is even less comfort (and, thus, greater avoidance) with respect to those topics most closely tied to sexual behavior. In Lewis' (1973) study, the typical information received at home by girls was limited to menstruation, with most of the parental information reported by boys having consisted of where (but not how) pregnancy begins. Bloch (1972) found that only 26% of her random sample of 124 mothers of seventh grade girls had transmitted enough information about menstruation for the researcher to classify it as adequate to a 12-year-old. The results for communication about the male role in reproduction and about birth control were even less encouraging, with only 12% of mothers having transmitted adequate information about males and reproduction, and only 10% having done so on the topic of birth control. In Sorensen's (1973) nationwide sample of 411 adolescents, one-quarter of the overall sample said their parents had told them the facts about birth control; the girls had fared somewhat better than the boys on this topic, with 31% of the girls and only 182 of the boys saying they had been told.

As topics get more into the area of sexual behavior and feelings, fewer and fewer adolescents say their parents have talked about them. Ninety-three percent of the pregnant and contracepting teenagers in the study by Goldsmith, Gabrielson, Mathews, and Potts (1972) said their parents had talked to them about menstruation (an unusually high

figure). However, far fewer of those girls said their parents had talked to them about orgasm (25%) or masturbation (23%). Only 17% of the boys and 16% of the girls in Sorensen's study of adolescents said their parents had discussed the topic of masturbation with them. And in the study of adults done by Roberts and Holt (1980), virtually none of the parents said they had talked with their daughters about the clitoris.

Unfortunately, parental avoidance of communication about sexuality or certain "behavioral subtopics" of sexuality does more than just deny the young person information—it sends a generally negative message. A study which seems to indicate a result of adult avoidance or evasiveness is that of Byler, Lewis and Totman (1969). It was found in that study of kindergarten through twelfth grade students in Connecticut that disillusionment with parents and teachers became widespread after the period of most concentrated question-asking by the children.

The typical family history of silence about sexuality together with the increasing need of adolescents to differentiate themselves from their parents combine to make many adolescents as reticent about home sexual discussion as their parents. Sorensen (1973) found that 71% of his sample of adolescents said they and their parents did not talk freely about sex, with only 12% of the males and 21% of the females saying that they often asked their parents for advice about sexual matters. Sorensen concluded from these and other item responses that young people avoid telling parents about their sexual beliefs and behavior. Young people believed their sexual values to

be much more liberal than those of their parents, and thus avoided certain kinds of communication as a way of avoiding open conflict and disagreement. Bell and Buerkle's (1961) findings reflected this situation: only 37% of the 217 coeds studied agreed that daughters "should freely answer questions from their mothers in regard to attitudes toward sexual intimacy" (p. 392), while 83% of the girls' mothers agreed with this idea. Walters, McKenry and Walters (1979) summed up the sexual communication dilemma by many young people, observing that many youth "operate in silence, pledging allegiance to two standards: that of their parents who cling tenaciously to an unrealistic standard and that of their peers who accept the fact that sex is fun and life is to be enjoyed" (p. 171).

Once parents and children have entered the "uneasy truce" period of a family with adolescent children, it appears that whatever sexaully-related communication parents do initiate tends to reflect their worries about setting appropriate limits for their children's dating behavior (Libby & Nass, 1971). In Libby and Nass' sample of 250 parents, the vast majority (87%) said that they were "proscriptive-oriented" rather than "discussion-oriented" in interacting with their children about sex. In Schofield's (1965) study of English teenagers, girls reported receiving more sexually-related communication at home than did boys, but this information was found to consist largely of moral injunctions.

Most parents seem to relate sex to their children, particularly adolescent children, in a way that fits perfectly with the way Webster's (1971) defines <u>proscribe</u>: "to condemn or forbid as harmful" (p. 1820).

It is not terribly surprising, then, that about three-quarters of Libby and Nass' (1971) sample of adults believed that stressing the dangers of pregnancy and venereal disease was an effective way to prevent premarital sex among teens.

If Reiss (1967) is correct, one of the important reasons for parent-adolescent communication problems has to do with the different developmental roles of parents and their adolescent children. Reiss found that adults become more conservative about premarital sexual behavior as they have children and as their children approach and move through adolescence, while young people grow more permissive in their attitudes about premarital sexual behavior as they move further along in the courtship process. He concluded that the factor affecting parents' shift toward conservatism was that of perceived responsibility: apparently most parents see their proper task as transmitting the officially accepted societal mores about sex to their children, regardless of what they themselves have done and believed earlier in their own lives.

Pocs and Godow (1977) found that young people perceived their parents as being much less "sexual" than we could reasonably expect that parent group to be based on the statistics from Kinsey's research. These authors suggested that one reason for the relative inability of young people to conceive of their parents as fully sexual beings is the strong tendency of parents to avoid revealing anything about their own coital behavior (particularly premarital) to their children. It may be that a reason for this "secrecy" (other than sheer embarrassment) is the belief on the part of parents that such

revelations would undermine their roles as guardians of societal standards.

Two possible interpretations of the attitudes of the many parents who choose not to be honest with their children about their (the parents') own sexual behavior is "Do as society/religion says you should; never mind what I did." This approach is not only hypocritical, but may actually be counterproductive in promoting responsible sexual behavior. The related (and all-too-common) adult assumption that "too much information about sex leads to early experimentation and promiscuity" does not seem to have any basis in fact.

Sex Education and Sexual Responsibility

Individuals would undoubtedly differ as to what behavioral characteristics they placed under the heading of "sexual responsibility." That phrase is used herein related primarily to two aspects of sexual behavior: (a) the issue of "promiscuity," including age at first coital encounter, and perhaps number of sexual partners, and (b) the use or non-use of contraception once sexual activity has begun.

Brody, Ottey, and Lagranade (1976) reported that for their sample of 150 working-class Jamaican women, those who had received some sex education from their mothers had had their first coital experience at a later age and had had fewer sexual partners than had those women with no home sex education. Deschin (1963) noted an overall lack of sexual knowledge among the 600 teenagers she studied who attended venereal disease clinics in New York City. She concluded that those adolescents who had received their sexual information from parents or other

significant others were less likely to be involved in promiscuous sexual behavior. Lewis (1973) found that the greater the number of sexual topics discussed between parents and children the less likely young people were to have had intercourse as adolescents or young adults.

The immediately preceding results of research have indicated a relationship between the provision of sexual information by parents and the lack of early or promiscuous sexual behavior by young people. Other indications support the conclusion that the critical factor is not necessarily the particular information passed from parent(s) to child(ren) about sex, but the maintaining of open lines of communication that are important. For instance, Jessor and Jessor (1975) studied the transition of young people from virginity to non-virginity, and concluded that those young people whose values corresponded most closely to those of their parents and who expressed greater "connectedness" to their parents were less likely to become sexually experienced at any given age. Miller and Simon (1974) found that the degree of parental involvement reported by teens was inversely related to the amount of coital experience of those teens. And finally, Kantner and Zelnik (1972) reported that those 15-19 year-old female respondents who reported confiding in their parents were less likely to have had intercourse, this being especially marked for the younger girls in the sample.

It is definitely encouraging that teens who receive sexual information and communication at home seem somewhat less likely to begin having sexual intercourse in their early teens than do those

whose parents do not communicate with them about these matters. But it is also worth noting that once home-sex-educated young people do become sexually active, they are apt to be better contraceptors than those who had no parent-child communication about sex. Furstenberg (1976) found that the families of his sample of first-time pregnant, low-income adolescents did affect the probability of their daughters using birth control. Fifty-two percent (52%) of the adolescents from families where both they and their mothers reported discussing birth control had used contraception to some degree; only 23% of the girls from families where birth control was not discussed had used any kind of birth control. This effect on likelihood of contraception use in the Furstenberg study was even more marked when the mother had recommended a specific method of birth control. Brody et al. (1976) found that those Jamaican women who had received some home sex education had had fewer pregnancies than those women with no home sex education. Further, Goldfarb et al. (1977) observed that young women who did not receive information about menstruation and sex from a family source were more "susceptible" to pregnancy. Finally, Miller (1976) compared a group of "successful contraceptors" with a group of women seeking abortion and found a significant difference between the groups as to information sources on sexual intercourse. About 40% of the contraception group cited their mothers as their first important source of information about intercourse, while only 12% of the abortion group indicated their mothers had been such a source.

Apparently, even limited sexual information and communication in the home can have positive effects on a young person's behavior.

It is also quite clear from the literature reviewed earlier that home sex education could and should be much more prevalent and powerful than it typically is. The following section will deal with the general guidelines offered in the literature as to desirable content/process of sexuality education programs, particularly as these are intended for those who will be doing sexuality education for others. Those readers interested in the specific content of the sexuality education program which formed the basis of this study are referred to Appendix A.

Components of Sexuality Education

Sexuality

In beginning this discussion, it seems important to make an important verbal distinction, one which affected the heading of this section and all that will be included herein. The term "sex" refers, most accurately, to "behavior which increases the likelihood of orgasm" (Hyde, 1979, p. 3). The term "sexuality" means much more--it includes not only sexual/reproductive behavior, but also gender identity, sexual beliefs and attitudes, sexual feelings, and the meaning/value we give to intimate relationships in our lives (Morrison & Price, 1974; Schiller, 1977). The message of much of the literature already reviewed is that people need education for living happily and responsibly as sexual beings. What is called for, then, is sexuality education—knowledge about, acceptance of, and ways of dealing with all that goes with being male/female and sexual.

Knowledge

Read and Munson (1976) noted that most teachers felt fairly confident in helping students acquire a knowledge of sexual physiology, anatomy, and even societal attitudes regarding sexuality, and Rubin and Calderwood (1973) indicated that parents are fairly comfortable explaining the simpler biological aspects of pregnancy and childbirth to their children. This factual side of sexuality education is important and necessary in a comprehensive program of sexuality education, and should include a base of accurate biological information (Gordon, 1973; Hyde, 1979; Scales & Everly, 1977; Schiller, 1977) and a general debunking of sexual myths (McCary, 1973; Schiller, 1977).

Feelings

However, as implied in the earlier distinction between sex education and sexuality education, more must be included in sexuality education than just biology and facts (Smith & Gorry, 1980). Morrison and Price (1974) stated their central assumption about sexuality education as follows: "affective responses to sexual issues are as important as cognitive ones" (p. 9). Read and Munson (1976) stated quite similarly that "informational, factual approaches to human sexuality education appear . . . to be incomplete without some attention to real concerns at the affective level" (p. 31), and Boas (1980) advised that the biological aspects of sexuality should not be overstressed to the detriment of the emotional aspects.

It is this needed affective side of sexuality education which apparently demands a great deal of concentration in training sexuality

educators (parents, teachers, youth workers, etc.), and which is the major part of the deficiency implied in Tebbel's (1976) statement that "adults are going to have to be sexually educated before real progress can be made with the children" (p. 73). Read and Munson (1976) found that with regard to teachers of sex education in schools, "few feel able or confident in dealing with a student's own sexual feelings" (p. 31). Scales (1976) noted that those sexual issues with highest perceived chance of parent-child value disagreement and conflict are potentially most meaningful for the child but most troublesome for the parents.

Read and Munson (1976) attributed most adults' lack of confidence in dealing with the affective realm of sexuality to the fact that few adults have had training which included the opportunity to process and clarify their own sexual beliefs and attitudes. Morrison and Borosage (1973) also noted this need, saying that learning about sexuality must include a personal focus which allows for exploration of one's own experiences, knowledge, convictions and values vis á vis those of other individuals. The goal of offering such opportunities for self-exploration is what Read and Munson (1976) term "positive sexual self-resolution," which should allow the educator or parent to discuss sexual topics and handle sexually-related words, "without having at every step to struggle with personal conflicts, anxieties, and tensions" (Johnson & Belzer, 1973, pp. 24-25).

Behavior

The consensus seems strong that sexuality education, whether aimed at young people themselves or those who will work with them

(parents, teachers, etc.), should be balanced between the teaching/ acquisition of facts (knowledge) and the clarification and resolution of sexual "self" (feelings, beliefs, attitudes). But the ultimate goal of sexuality education is to affect behavior—to help young people know what their choices are and to act in ways that allow them to function as happy and responsible sexual beings, to help parents/ educators to be confident and comfortable enough to honestly and accurately teach and discuss and guide in the area of sexuality.

Mace (1981) and Scales and Everly (1977) pointed out that knowledge and self-awareness are valuable, but are only points on the long road to behavior change. People must be convinced of the benefits of behavior change, and must be reinforced for trying out new behavior before there can be any hope of their adopting the new behavior(s) we might like for them. Thus, sexuality education for those who will do sexuality education should provide opportunities for trying out new ideas—behavior rehearsal, role-playing, etc. (Mace, 1981; Scales & Everly, 1977), in order to increase the probability that the new ideas will be carried over into "real-life" behavior.

The three components of sexuality education suggested above (factual, attitudinal, behavioral) would suggest that the intention is for the learner to know more, to feel differently, and behave differently after such a program. The immediate question, then, is "are these things indeed happening as a result of sexuality education?" To answer this question, one must consider the literature related to the evaluation of sex education programs.

Evaluation of Sex Education Programs

Evaluation Ideals

Smith and Gorry (1980) stated that in order to get beyond unconfirmed assumptions and learn which aspects of sex education programs are most important and effective, "we must, because of our current ignorance, make those programs experiments" (p. 21). These authors added that even the present modest level of financial and community support for such programs is unlikely to continue if programs are unwilling or unable to empirically demonstrate their positive effects.

Williams and Miller (1978) specified that ideal assessment of the impact of a sex education program should include short- and long-term assessment of: (a) knowledge and attitudes, and (b) relationship of self to others. The most commonly used method of measuring the impact of a sexuality program on participants' sexual knowledge, attitudes, and relationships to others is the paper and pencil instrument, or questionnaire. Though the inclusion of other assessment procedures, such as some form(s) of behavioral observation, would be desirable (Williams & Miller, 1978, p. 145), the cost and intrusiveness of such approaches make them difficult to implement (see Scales & Everly, 1977, p. 39).

The ideal assessment procedure, according to Williams and Miller (1978) would make pre- and postprogram comparisons and would include: (a) basic biographical information and a brief inventory of personal sexual experience, (b) a test of sexual knowledge, (c) assessment of

attitudes toward various sexual activities, (d) assessment of competence in conveying sexual information in an interpersonal context, (e) rating scales for participants to indicate the level of care/carelessness and interest/boredom with which they responded to the questionnaire, and (f) a way for individuals to indicate their reactions to the various aspects of the program (see also Gorry & Goodrich, 1978). An additional point about the evaluation of such programs was made by Croake and Glover (1977), who stressed that those programs including a control group in their evaluation design provide much greater inferential strength.

Smith and Gorry (1980) found only a "handful" of articles—out of the hundreds they reviewed on sex education—which dealt more than incidentally with program evaluation. Similarly, the Fall, 1981 edition of Family Relations was devoted exclusively to family life education yet there were no empirically evaluative studies included. Why is there so great a gap between the ideal and the actual in the evaluation of sexuality education?

One obvious answer is that "experimental" evaluation of the effects of a sexuality program vastly increases the complexity involved. Not only must a program be provided (the central goal for most agencies and institutions working in this area), but it must be fit within the framework of a research design, means must be provided for the gathering and analysis of data, etc. Simply stated, the people/agencies who typically do community sex education haven't the time or expertise to do research evaluation, and the people with the

expertise to do the research aren't running the programs. An illustration of this problem was provided in the observation by Scales and Everly (1977) as to Scales' (1976) dissertation results: "The research needs were at times not fully understood by either the trainers or the institute participants and the training needs were not fully understood by the research team" (p. 44).

In the small universe of studies which have dealt with sexuality program evaluation, the smallest segment is that dealing with evaluation of sexuality education programs for parents. Since this would form such a minimal basis for forming expectations about the possible effects of the program being evaluated in the present study, this section of the literature review will focus on the basic format, content, and results of several types of evaluated programs: (a) programs for professionals, (b) general parent education programs, and (c) parent sex education programs.

Programs for Professionals

Luckey (1968) reported on an intensive, six-week training program for professionals involved in (or about to be involved in) providing family life/sexuality programs in school or community contexts. Various school personnel were best represented among the 67 institute participants, but clergy, social workers, mental health aides, psychologists, doctors, and college/university faculty were also represented. All participants were enrolled in the course for graduate credit and had to complete written assignments. Methods in the course included: (a) lectures by "experts," (b) discussion groups, (c) daily

workshops on methods and materials, and (d) sensitivity groups meeting for at least nine hours weekly. Separate evaluations of this institute were reported by Humphrey, Libby, and Nass (1969) and Luckey and Bain (1970).

Humphrey et al. (1969) compared the results of preprograms and postprogram administrations of the Sex Education Liberalism Scale (SELS, Libby, 1970) and the Sex Education Content Scales (SECS, Libby, 1970). Sixty-two (62) of the original 67 program participants completed pre- and postprogram sets of both questionnaires. Significantly more liberal attitudes were found to be expressed on the posttest of both the SELS and SECS, indicating more liberal views of high school sex education and an increase in openness to a broader range of topics. The subgroups which showed greatest change from pretest to posttest included participants who: (a) scored below the mean on the pretest, (b) were married, or (c) functioned in their professional role as administrators. Neither age, gender, or religious affiliation was related to increases in liberalism.

Luckey and Bain (1970) chose to focus on behavioral effects of the institute already described. Participants were asked in two separate questions to report relevant family life education activities (lectures, panels, T.V. appearances, etc.) for the academic year preceding and for that following their attendance at the institute. Though this was a highly subjective mode of measurement, the results obtained were marked enough to give credence to the idea that the institute had, indeed, been responsible for certain behavioral changes. Eighty-one percent (81%) of the 62 respondents reported an increase in family life/sexuality education activities subsequent to the institute,

just over two-thirds had been involved in initiating new community programs, and 85% said they had made professional use of institute-provided materials, such as bibliographies and resource lists.

Sacks (1969) summarized the results of a five-year program offered through the University of Pennsylvania, Division of Family Study under the auspices of a National Institute of Mental Health grant. Twenty-five (25) male faculty members teaching pastoral care, psychology, or moral theology at universities or seminaries went to the University of Pennsylvania to study counseling skills and family life education. Each of these participants was on a one-year sabbatical from his teaching position and was receiving a subsistence fellowship. The course included weekly seminars, community experience, audio tape supervision of community experience, and several required written reports. These NIMH fellows' written evaluations of themselves (and of other participants through required observation) indicated that personal insight and counseling/educational leadership skills had grown. Also, over two-thirds of the participants underlined the perceived value of the program by requesting follow-up field supervision the next semester on their own time.

Crawley, Malfetti, and Bartholomew (1974) reported a follow-up evaluation of an in-service sex education course for school physicians. This study, coupled with the original report on the in-service program (Crawley, Malfetti & Bartholomew, 1972), clearly indicated the fallacy of assuming that positive response to a sex education program or short-term knowledge and attitude change are directly predictive of desired

behavior change. The in-service course for school physicians involved 12 sessions and covered content, methods, and organization of sex education programs. Forty physicians attended, all affiliated with the New York City Bureau of School Health, and most functioning at a supervisory level. Thirty-six of the participating physicians completed the evaluation materials immediately following the course, with the self-report results indicating "a heightened understanding and appreciation of the content and goals of sex education" (Crawley et al., 1974, p. 359). The respondents also indicated a number of ways in which they intended to become more active in sex education. A year after the course, 32 of the 36 physicians who had completed the immediate postcourse evaluation were reached for interviews, with comparison of their reported activities in that intervening year revealing a large discrepancy between earlier-expressed intentions and actual behavior. Just over 80% (29 of 36) had indicated that they intended to engage in sex education programs, but only 38% (12 of 32) of the group at one-year follow-up reported any actual involvement. Further, 9 of the 12 physicians who said they had engaged in some sex education activities had apparently done so at a very superficial level (e.g., occasional classroom appearances related to V.D., menstruation, or reproductive anatomy; or unscheduled discussions with teachers prompted by a specific teacher question). The biggest gap between expressed intention and actual practice was in the area related to parents and the community. Twenty-one of 36 physicians (58%) had said they planned to engage in such types of sex education

activities, but only 2 of 32 (6%) reported actually having engaged in such activities a year later.

This review of sexuality programs for professionals does seem to indicate that some sexually-related attitudes can be changed and intent to utilize acquired insight/knowledge/skills in sex education activities can be stimulated by participation in a sex education program. The evidence is much less clear, however, as to the likelihood of actual behavior change subsequent to program participation. The most "pessimistic" results along behavioral lines were those of Crawley et al. (1974), whose school physicians for the most part did not carry through on their expressed intentions behaviorally. These results seem more understandable, however, if one notes several factors which might be expected to have impeded behavioral change in the school physicians who made up the sample of the study by Crawley et al. First, the average age of the 32 doctors interviewed at one-year follow-up was 62, with 8 of the 32 being over 70 years of age. Second, 23 of the 32 were functioning professionally in a supervisory or administrative role rather than in a "hands-on" role. Third, although the Bureau of School Health had sent these doctors to the sex education course, it did not see fit to provide a "place" for sex education activities in either the job description or the time scheme of school physicians.

Having mentioned these caveats to the lack of engaging in sex education activities by school physicians, it also seems necessary to point out that parent education efforts would not usually be impeded

by the factors that probably operated to maintain the status quo for the Crawley et al. sample of school physicians. First, the age of parents volunteering for such programs (those having teenaged or younger children) would not typically be so high as was the case for the physicians. Second, parents are not locked into a formal job description and time allocation situation as the physicians tended to be, and finally, with no paycheck to function as a motivation to maintain the status quo parents might well be motivated by the perceived "payoffs" opening up the lines of communication with their children.

General Parent Education Programs

Kerckhoff (1964) pointed out that the early parent education movement was related both chronologically and in content to the family life education movement. Both were given impetus by the rapid sociocultural change and growing scientific/psychological inquiry of the late 19th and early 20th centuries. In general, early interest in parent education focused on "child management," with concepts from psychoanalysis, child psychology, and child development providing content for the movement. Ehrmann (1964) cited the unifying goal of the family life movement as being "the improvement of family life in its broadest aspects" (p. 619). This very broad goal seems equally well-applied to parent education in its general forms.

Middlewood (1968) reported on a Michigan organization known as Parent Education Associates which had as its ongoing goal the development of lay leaders for a variety of community parent programs. The

training objectives of this group included: (a) helping parents to assume the role of parenthood more responsibly, (b) helping to promote understanding of the reasons behind behavior in general and the application of this understanding to constructively dealing with people, and (c) helping parents develop methods to bring out the best in their children. The basic format employed by this organization was that of monthly or, in some cases, biweekly study group meetings. Each month's meeting(s) lasted about four hours and were part of an overall three-year program intended to promote topical learning as well as personal growth and development for non-professional women. These women were then expected to use their acquired knowledge, insight, and skills to assist other parents in a similar process of learning and growth. Evaluation of this program was based on participants' responses to open-ended questions. The results indicated self-perceived increases in personal growth and in awareness of themselves in interactive family relationships.

Spoon and Southwick (1972) described a community-wide program in family life education for parents which was offered in Manhattan, Kansas. The main objective of this program, which was offered by a community mental health center, was "to promote mental health through increasing understanding of family life and modifying attitudes toward family life" (Spoon & Southwick, 1972, p. 279). Fifteen separate parent learning groups were run during the first year of the overall program, with each group involving 8 two-hour meetings. The participants had a part in determining what topics they would cover, with the

most commonly chosen ones being: parent-child relationships (particularly related to discipline), parent-teenager relations, and husband-wife communication. Participants tended to be relatively young marrieds with at least a high school education, above average income, and a desire to improve some particular aspect of their family functioning. Most participants were recruited via referrals from other community agencies and organizations. A total of 200 people attended a first group meeting, with 109 of these (33 males and 76 females) completed an eight-week program and pre- and post-program questionnaires. Evaluation of program effects was quite general and subjective, utilizing participants' responses to questions about change as a result of the group and also their responses to a 125-adjective checklist upon which they were to indicate words describing how they had changed because of being in the group. Most respondents (64%) said the program had helped them in understanding their children, with 45% indicating that the experience had influenced their marital relationship. The most commonly chosen change-descriptive adjectives were "appreciative," "adaptable," "patient," and "forgiving." Several important points related to the Spoon and Southwick results serve to illustrate problems common to research on parent education:

1. The authors reported only 58 and 55 responses, respectively, to the "open-ended" questions related to understanding children better and influence on the marital relationship, yet they had said that 109 people completed the program and questionnaires. No explanation was given for the discrepancy.

2. Though the authors mention that preprogram as well as postprogram questionnaires were completed, none of the measures mentioned above could have been used before the program. Thus, any indication of change was totally dependent upon after-the-fact self-report.

3. The questions which the authors labeled "open-ended" actually allowed the respondent to choose between the responses "yes," "no," and "uncertain," although written elaborations on these answers was encouraged.

A somewhat more rigorously evaluated program of "parent actualization" was reported by Insko (1971). This project, implemented in Frankfort, Kentucky, in the late sixties, was focused on promoting self-actualization, marital relationship improvement, better understanding of child development, and home implementation of individual's family improvement objectives. Recruitment for the program was reported difficult, with fifteen couples eventually participating. The sample was middle class, about half were professionals (doctors, lawyers, teachers, social workers, etc.), and almost all were white. The program consisted of 30 clock hours spread over a three- to four-month period. The sessions included didactic presentations by staff and outside speakers, but the emphasis was on group process and interaction. Assessment of the program was accomplished by analysis of pre- and postprogram data from the following: (a) the Personality Orientation Inventory (POI, Shostrum, n.d.), and (b) a special scale of 141 Likert-type items derived from six of Shaw's (1967) Scales For the Measurement of Attitudes. In addition,

participants were asked to list behavioral changes which they perceived to be linked to workshop attendance. Insko (1971) concluded that the program was "highly successful in changing the attitudes which parents had regarding the rearing of children" (p. 20) and that parents' self-reports of change (which were responses to open-ended questions where Spoon and Southwick's results were not) indicated increased awareness, understanding, patience, and use of "positive" approaches in dealing with children. However, change on the more generic permissive-nonpermissive and traditional-progressive attitude scales was inconclusive, and there was no significant change on the self-actualization attitudes assessed by the POI.

The final example of general parent education evaluation to be presented here is the study reported by Dubanoski and Tanabe (1980). These authors described a classroom program of parent education which focused on teaching parents to understand and manage their child(ren)'s behavior. The sample included not only the treatment group of 16 parents (3 couples and 10 mothers) taking the credit course in parent education, but also a control group of 13 parents (11 mothers and 2 fathers) taking a nonparenting credit course in adult education. The treatment group met for 9 weekly, two-hour sessions, with course content divided into three segments: (a) instruction in observation and recording of children's behavior, (b) discussion of general child development factors, and (c) instruction in principles of social learning and their application to child management. Program evaluation included pre-posttest comparison of knowledge of behavior principles, and self-report as to home application of the principles learned.

The authors concluded that: (a) the course was responsible for an increase in knowledge, and (b) many of the parents were able to apply their knowledge to behavior modification problems with their own children.

General parent education program results indicate that changes in what might be termed "surface" attitudes and in self-description can be expected after program participation by parents, but that "deeper" self-referent attitudes do not seem to be predictably changed by involvement in such programs. Assessment of behavioral change as a result of parent education has been handled exclusively by post-hoc self-report without any established preprogram "baseline" for comparison. Such indications of behavioral change due to program participation should be regarded at best as suggestive only of short-term behavioral change.

Parent Sex Education Programs

There is considerable literature available dealing with parent education in general, but until recently, little professional concern has been aimed specifically at parent education in sexuality. For instance, the 1970 White House Conference on Children (Chandler, 1971) made no specific mention of sexuality in parent education. While the conferees did express concern about rates of adolescent pregnancy, they chose to address this concern only by calling for the inclusion of sex education topics in more schools' curricula.

The recommendations from the three national conferences which were part of President Carter's White House Conference on Families

indicated increased societal awareness of the importance of home sexuality education (Alexander, 1981). The recommendation of the Los Angeles conference stated specifically that "It shall be public policy that the primary responsibility for teaching preparation for parenthood and family life education lies with parents, who should be encouraged to teach it in the home" (Alexander, 1981, p. 648). The Los Angeles recommendation also called for the development of courses in local communities to assist parents in assuming family life teaching roles at home. This kind of recent recognition of the importance of home education, however, has done little to augment the lack of data-based research on the effects of parent education in sexuality. Only three studies representing this type of research could be found to include here, and one of those (Payne, 1969) devoted only one-seventh of its time to specifically sexual concerns.

The Payne (1969) study focused on a parent program dealing with the general topic "Understanding the Adolescent." This program involved seven weekly meetings of two hours each, the meeting which dealt with sexuality being titled "Sexual Aspects of Adolescence." Program format was rather structured, emphasizing lecture presentations and question-answer exchange. Assessment of this program was concerned mainly with parents' ratings of the individual speakers and topics and of the overall program. Seventy-five (75) of the 83 parents who attended the seventh meeting completed Payne's "Audience Rating Form." Interestingly, parents' ratings on the question "How helpful was this topic to you as a parent?" was lower, <u>for every topic</u>, than the ratings of how interesting or how knowledgeable the speaker

was perceived to be. Also, parents' responses to questions related to the total program and future programs indicated that the parents "saw the series as being more helpful in understanding adolescence from the point-of-view of what is happening to the adolescent than from the point-of-view of what is happening to the parent" (Payne, 1969, p. 237). Eighty-seven percent (87%) of Payne's 75 respondents felt that future programs of this kind would be worthwhile, but far fewer (65%) said they would definitely attend any such future programs. This study did not deal with assessment of attitude, knowledge, or behavior change in parents (related or unrelated to sexuality). If it had, however, there would still be a problem in generalizing its results—Payne provided absolutely no information as to the recruitment, age, educational level, income, etc. of his parent group.

The study by Carton and Carton (1971) is the first reviewed herein which directly addresses the question of how parents' (and children's) attitudes about sexuality and patterns of sexual communication might be expected to change as a result of participation in sexuality education. The sample in this study included 10 children, ages 10 and 11, and their parents (8 parent couples). The parents and children were white, middle class surburban residents who volunteered to take concurrent sexuality education courses through the Andover, Massachusetts, Unitarian/Universalist Church. Both the parents' and children's courses were organized around the curriculum "Living One's Human Sexuality" (Calderwood, 1970), with the educational philosophy being one of "discovery and inquiry." The parent group met for 12 weekly sessions of three hours each, while the children met separately

for 25 weeks at 1-1/2 hours per weekly meeting. The design of this study was the one-group pretest-posttest, with similar Likert-type scales used to measure certain sexual attitudes of parents and children, and verbal and written parental comments used to get some idea of behavior changes. Carton and Carton (1971) concluded that parents' (and children's) attitudes became more permissive as a result of program involvement. No gender difference was found in amount of attitude change. Verbal and written comments generally indicated increased communication openness at home and greater satisfaction related to parent-child interaction about sexuality.

Scales' (1976) ambitious dissertation research was focused specifically on assessing any changes induced in parental sexual attitude and parent-child communication patterns as a result of participation in a parent sex education program. The treatment (SE) group of parents participated in four separate sexuality groups taught by six trainers; the control groups (NSE) received no sex education during the two-month data collection period, but these parents participated in three sexuality groups begun after the study's posttesting. The SE program consisted of either four or six meetings (depending on the group) and averaging 15 hours of clock time. All of the groups had the goal of helping parents to be "more askable and approachable about sexuality," and content emphasized sexual communication with pre-teenaged children, values clarification, discussion rather than lecture. Resources used in the four groups were similar, all drawing at least partly from Institute for Family Research and Education materials. The treatment and control sample groups were quite similar

demographically with an overall mean age of just over 40 years, a mean educational level of four years of college, and a mean income of between $15,000 and $16,000 annually. The Solomon 4-Group design was used in the study, with all four groups (2 SE and 2 NSE) completing posttests, but only two of the groups (1 SE and 1 NSE) completing pretests. This design was chosen, said Scales, mainly to check for the expected reactivity of pretesting. Thirty-two (32) of the families who volunteered for the parent programs met research requirements, but only 27 of these actually supplied completed posttests, so that the actual sample was: 22 SE parents (12 mothers, 10 fathers) and 28 NSE parents (15 mothers, 13 fathers).

Instrumentation in Scales' study included author-developed instruments for assessing sexual attitudes and measuring perceptions about sexuality communication at home, as well as Libby's (1970) Sex Education Liberalism Scale, the Traditional Family Ideology Scale (see Libby, 1970), and the Dogmatism Scale (Rokeach, 1960). Scales found, contrary to one of his hypotheses, that participation in the sex education programs did not increase sexual liberalism or pluralism. In fact, raw scores showed a consistent <u>decrease</u> in attitude scores from pretest to posttest for both SE and NSE parents. Scales concluded that this unexpected occurrence indicated that the pretesting experience had been highly reactive.

With respect to home sexual communication, treatment (SE) mothers did change more than did NSE mothers, with the significant pretest difference between SE and NSE mothers (NSE's had been more open at pretest) disappearing in the posttest results. The change

for SE mothers was related mainly to increases in: reported comfort in talking about sexuality, frequency of parent-initiated communications about sexuality, and frequency of supplying reading material about sexuality to their children. There was no significant relationships found between treatment status and home communication for the fathers in the study, but it was clear that fathers were generally less frequent communicators about sexuality than were mothers, but they tended to be more satisfied with their sexual education than did mothers.

Scales' research is, by far, the most scientifically rigorous and complex of any study reviewed herein. Unfortunately, these very characteristics led to certain problems, largely acknowledged by Scales himself:

1. There was a significant problem of communication and understanding of the research itself for both trainers and parent participants (p. 49, p. 62). This large-scale study witht its separation of program design and implementation from research design and data collection helped to create this problem. Scales addressed this problem in his conclusion.

2. The "lumping" of four different sexuality programs with a total of six trainers into one treatment (SE) group ignores the possible effects of individual trainers and their styles, gender, etc. in interaction with the group. Scales also acknowledged this problem in his conclusion.

3. The conclusion that pretesting reactivity was responsible for the decline in attitude scores is plausible, but does nothing to

clarify why that happened in this study but has not been evident in others which have utilized pretest-posttest designs. The probability is that this problem relates back to number one above—lack of understanding of and sympathy with the research objectives and design on the part of the parents.

This review of the literature related to the effects of sexuality education programs for parents has provided only tentative suggestions. The general trend has indicated that participation can be expected to produce "liberalization" of some attitudes related to sexuality, and possibly some short-term self-reported increases in home communication about sexuality. Though Scales' (1976) results did not support the effect of attitude change, this result may have been an artifact of certain problems related, ironically, to the extremely rigorous design of his research.

CHAPTER III

METHOD

The principal objective of this study was to assess the effects of a six-week program of sexuality education for parents on those parents' sexual knowledge, sexual attitudes, sense of preparedness for sexually educating their children, sense of comfort in discussing sexuality, and frequency of communication about sexuality with children aged 3-10. Secondarily, the author sought a nonstatistical evaluation of the program by the program participants, with this open-ended feedback being seen as helpful in the design and execution of future such programs for parents.

Hypotheses

The author decided to state the hypotheses of the study in directional rather than null form in order to reflect those indications from the literature as to reasonable expectations of program effects. It is acknowledged that the null forms of these hypotheses are those which, in actuality, are statistically accepted or rejected based on the results. Following, then, are the directionally-stated hypotheses of this study:

1. The treatment group will have a higher postprogram sexual knowledge score than will the control group.

2. The treatment group will have higher (more tolerant) post-program scores on each of four sexual attitude subscales (toward

heterosexual relations, sexual myths, masturbation, and abortion) than will the control group.

3. The treatment group will have a higher (more tolerant post-program score on overall sexual attitude than will the control group.

4. The treatment group will indicate a greater postprogram sense of preparedness for being a sex educator than will the control group.

5. The treatment group will express a greater postprogram sense of comfort in sexual discussion than will the control group.

6. The treatment group will report a greater postprogram frequency of sexual communication with children aged 3-10 than will the control group.

Design

Generally speaking, the more rigorous a design used in a study (including completely random selection of participants and assignment to groups, if possible), the greater the inferential strength of the findings. However, the most rigorously scientific study of the effects of parent sex education to date (Scales, 1976) was judged by its author to be fraught with design problems and, consequently, problems of interpretation. Scales (1976, p. 94) concluded, for several reasons, that the complex Solomon 4-Group Design which he had utilized was not really appropriate for this type of study, and indicated plans to use the far simpler Posttest-Only Control Group Design in a subsequent study (p. 91).

The present study utilized the Nonequivalent Control Group Design, classified by Campbell and Stanley (1966) as a quasi-experimental design. Members of the treatment and control groups in this design are neither randomly assigned nor matched (thus nonequivalent), and all members of both groups completed both pretreatment and posttreatment "test" instruments. This design is seen as representing a compromise between scientific rigor and "real-world" characteristics (Kerlinger, 1973, p. 342), with the author choosing it based on the beliefs that:

1. The recruitment of parents interested in program participation would prove difficult and, thus, that all parents willing and able to commit to the treatment group at the planned times and dates could need to be kept in the treatment group (rather than randomly assigning part of the volunteers to a parent program to be run after current data gathering).

2. "The addition of even an unmatched or nonequivalent control group reduces greatly the equivocality of interpretation over what is obtained in . . . the One-Group Pretest-Posttest Design" (Campbell & Stanley, 1966, p. 47). The inclusion of such a control group controls for threats to internal validity represented by the main effects of history, maturation, testing, and instrumentation since these factors equally affect both the treatment and control group. This "reduction of equivocality" is greatest when the treatment and control groups are similar in terms of characteristics related to the concerns of the study.

3. Pretest comparison of treatment and control groups would be absolutely necessary in view of the self-selected treatment sample,

and the need for an idea of the degree of similarity of treatment and control groups mentioned in number two above.

4. Scales' (1976) problems with pretest reactivity stemmed largely from project over-complexity and lack of communication and understanding between researchers, trainers, and parent participants.

5. The present study avoided Scales' pretest reactivity problems due to the elimination of sources of misunderstanding and communication error. The author designed the research, recruited the treatment and control participants, planned and taught the parent program, and gathered the data.

As already mentioned, the Nonequivalent Control Group Design represents something of a compromise between scientific rigor and the exigencies of the real world. While it is acknowledged that those people who volunteer to participate in such a study of this are probably not representative of the total population of like-aged parents, it is felt that program participants in this study are fairly representative of the "type" of parents elsewhere who would choose to participate in a sexuality program. Given a fairly high degree of similarity on pretest scores between treatment and control groups here, results of posttest comparisons should give rather good indications of what could be expected as the effects of a similar program run elsewhere.

Sample

The criteria for the inclusion of a parent in this study were that he/she have at least one child between the ages of three and ten,

inclusive, and that he/she be willing to participate in the research by completing two sets of questionnaires approximately two months apart. In addition, those placed in the treatment group had to be willing to attend most or all of six weekly, two-hour sessions intended to help parents function better as the primary sex educators of their children. The actual attendance of parents in the treatment group is detailed in Appendix E.

Initial recruitment avenues (a brief newspaper article in the Knoxville, Tennessee, evening paper, and distribution of program summaries via doctors' offices, friends and faculty) brought very few responses. The vast majority of participants (both treatment and control) were recruited via a personal presentation and brief explanation of the program at an Oak Ridge, Tennessee, elementary school PTA meeting focused on the topic of home sex education.

During the period of recruitment (summer and fall of 1981), a total of 31 parents indicated that they were interested in participating in the parent sex education program. Of these 31, 18 parents completed pretest questionnaires and attended most or all of the program sessions—this was the treatment group. Eighteen parents during the recruitment period indicated interest in the program and the research but knew ahead of time that they would be unable to attend the sessions at the scheduled times—these 18 agreed verbally to function as controls by filling out the pre- and postprogram questionnaires, with 7 of the 18 actually returning the preprogram questionnaires. In addition, 9 parents who had originally been classified as part of the treatment group agreed to be reclassified as

controls when they found they were unable to participate in the program as planned. Of these nine, four actually returned the pretest questionnaires. Thus, 11 of 27 potential control group participants returned pretests and were classified as controls. Actual data analysis was done on those parents in both groups who completed pretest and posttest questionnaires. Since one of the treatment fathers never returned the posttest instruments, the final sample included 17 in the treatment group (10 females, 7 males, including 6 couples) and 11 in the control group (8 females, 3 males, including 3 couples).

The results of participants' pretest responses to demographic questions on the PBAS are presented in Table 1. Participants indicated their age as fitting one of seven categories: 1 = 18-20 years, 2 = 21-24 years, 3 = 25-29 years, 4 = 30-34 years, 5 = 35-39 years, 6 = 40-44 years, and 7 = 45 years or older. The modal category for each of the experimental groups was 30-34, with 7 of the 17 treatment parents (41%) and 7 of the 11 control parents (64%) in that age category. The main age difference between groups was that there were four treatment parents of age 40 or older, while no control parents were represented in these older age categories. Thus, if specific parent ages had been collected, the mean age of the treatment group would have been higher than that of the control group. It might also be argued that since improved parent-child interaction is the ultimate goal of such parent programs as this, the developmental stage (age) of the family—which considers children's ages as well as parents'—is actually the most important indicator or group comparability.

Table 1

Demography of Study Participants

	Treatment		Control	
	Frequency N=17	Percentage	Frequency N=11	Percentage
Age				
21-24			1	9.1
25-29	3	17.6	2	18.2
30-34	7	41.2	7	63.6
35-39	3	17.6	1	9.1
40-44	1	5.9		
45+	3	17.6		
Marital Status				
Married 1st time	15	88.2	9	81.8
Married 2nd time	2	11.8	2	18.2
Education				
High school	1	5.9		
Some college	4	23.5	4	36.4
College degree	3	17.6	3	27.3
Some grad. work	3	17.6	2	18.2
Graduate degree	6	35.3	2	18.2
Religious Preference				
Protestant	15	88.2	9	81.8
Catholic	2	11.8		
Jewish			1	9.1
No affiliation			1	9.1
Religious Attendance				
None	1	5.9	2	18.2
Occasionally	7	41.2	1	9.1
Regularly	9	52.9	8	72.7
	Mean		Mean	
Number of children	2.18		2.09	
Number of children aged 3-10	1.76		1.64	

Marital status of parents in the two groups are quite similar, with 15 of 17 treatment parents (88%) and 9 of 11 control parents (82%) married for the first time and the remainder of each group married for the second time. The mean number of children for the treatment group was 2.18, with that mean being 2.09 for the control group. The focal point in this parent course was on children aged 3-10, and the mean number of children in this age category was 1.76 for the treatment group and 1.64 for the control group.

In terms of education and religious preference, treatment and control were quite similar with most of both groups having had at least 4 years of college (71% of treatments, 64% of controls) and most of both groups identifying themselves as Protestants (88% of treatments, 82% of controls). However, there was a noticeable difference in the self-reported frequency of religious attendance for the treatment and control groups; the treatment group was almost evenly split between those parents saying they attended "regularly" (9) and those attending "occasionally" (7), but the control group parents predominantly indicated regular church attendance (8 of 11).

The two noticeable demographic differences between the treatment group and control group in this study were age and self-reported frequency of religious attendance. These points of nonequivalence between treatment and control groups are cause for cautious generalization of this study's results. However, it should be noted that as indicators of placement on a liberal-conservative continuum, the younger age and more frequent religious attendance of the control group would tend to point in opposite directions or cancel each other out.

Instruments

Personal Background and Attitude Survey (PBAS)

This self-administered questionnaire (Appendix B) was created by the author specifically to meet the data collection needs of this study. The sociodemographic information provided by the first 15 of the 33 items included: gender, age category, marital status, number/gender/age of children, employment status, educational status, religious preference, and frequency of religious attendance. Items 16-33 provided certain attitudinal information, with summed scores on several items from this section each assessing sense of preparedness for the task of sexually educating one's own children (SOP), sense of comfort in sexual discussion (SOCSD), and sex education background (SEB). Also included in this attitudinal section of the PBAS was a self-report of frequency of discussion with each child on sexually-related topics. Items 16-33 represented a consciously chosen mixture of item types, including nine 6-point Likert-type items and eight rating scale type items. Some of the items in questions 16-33 were adopted from other questionnaire sources, but most were written by the author. The items used were judged to have face validity by several faculty members with expertise in human sexuality. Test-retest reliability of PBAS items 16-25 (attitude-type items which were not expected to be affected by the program) was .90. Alpha (internal consistency) reliabilities of the three summed-response variables from the PBAS (SEB, SOP, and SOCSD) ranged from .55 to .79 as indicated in Table 2. The summed response variables from PBAS were also checked

Table 2

Alpha Reliabilities of PBAS Summed Response Variable (N=28)

Summed response variable	No. of items	Alpha reliability
Sex Education Background (SEB)	5	.71
Sense of Preparedness (SOP)	2	.79
Sense of Comfort in Sexual Discussion (SOCSD)	4	.55*

*If item 31 (sense of comfort talking about sex with relative strangers) had been dropped from SOCSD, alpha would have been .67. It was believed, though, that the attitude tapped by item 31 needed to be a part of the assessment of SOCSD.

for their relationships to Lief and Reed's (1972) Sex Knowledge and Attitude Test (SKAT). The author did not design the PBAS to assess the same sexual attitudes as the SKAT does, but there does appear to be a common attitudinal thread, since a significant correlation of .33* was found between SOP and the overall (summed) attitude score from SKAT.

Sex Knowledge and Attitude Test (SKAT)

The SKAT is divided into two main sections, that assessing certain sexual attitudes and that assessing level of sexual knowledge. The attitude section contains 35 five-point Likert-type items, with four subscales (heterosexual relations, sexual myths, masturbation, and abortion) made up of 32 of the 35 total items. Lief and Reed (1972 Technical Manual) noted that the SKAT is an instrument which is

*$p < .10$.

intended mainly for describing and comparing groups rather than individuals. They decided, therefore, that the number of items per attitude scale could safely be kept relatively small, this having the benefit of holding down the time for respondents to complete the instrument. Alpha (internal consistency) estimates on the four attitude scales of SKAT were computed utilizing two large samples of medical students. Alpha coefficients ranged from a low of .68 on the sex myth scale, to a high of .86 on the HETSEX scale. The stability of the internal consistency coefficients between the two large samples was very high. Results from the present study showed even greater subscale internal consistency, with lowest alpha coefficient being .80. The content validity of the attitudes items of SKAT was assessed by a number of experts in the area of sexuality. The division of the attitudes section of the SKAT into four subscales has been empirically supported by factor analysis (Lief & Reed, 1972, Technical Manual). However, the question of the construct validity of the four scales, intended to measure (a) tolerance of attitudes toward heterosexual relations, (b) degree of acceptance of sexual myths, (c) degree of acceptance of masturbation, and (d) degree of acceptance of abortion, was not specifically addressed by Lief and Reed (1972).

The knowledge section of the SKAT contains a total of 71 true-false items. Twenty-one (21) of these were designated by Lief and Reed as being heuristic, with 50 of the total 71 items actually contributing to a respondent's knowledge score. Lief and Reed (1972, Technical Manual) reported an estimated reliability (KR-21) of .87 for the knowledge section of the SKAT. They also reported that all

50 items in the sex knowledge test have been judged by experts to have face and content validity as well as appropriate psychometric properties. There have, as yet, been no formal attempts to estimate the concurrent or predictive validity of the SK section of the SKAT.

Procedure

After a parent had indicated interest in research participation and had provided name, address, phone number, and number and age(s) of child(ren), they were contacted again by phone to review basic procedures, to inform them of the exact location, dates and times of the parent sex education program, and to assure control group parents that a similar course would be taught at a later date if they wished to participate. All participants knew before completing the pretest instruments what the purpose of the study was and whether they were a part of the treatment or control group of parents.*

Pretest instruments and informed consent forms were mailed to all participants in the last two weeks of October, 1981. Treatment parents were to return their questionnaires in person at the first parent group meeting on November 9, and controls were to return their preprogram materials by mail by the same date (stamped, preaddressed envelopes were provided). The treatment program then included six, two-hour evening meetings, the last one being on December 14, 1981. Posttest materials were mailed to all treatment and control parents

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*Some originally classified as treatment parents were later shifted to control status as noted earlier in this chapter.

the week following the program's end and with instructions to return the posttests in the stamped, preaddressed envelopes by mid-January. There were some problems with the return of materials (including some being entirely lost by the Post Office), but all data were in hand by mid-February. All parents who indicated interest in program results were told they would be sent a summary of the results of data analysis when it became available.

Data Analysis Decisions

Given the nonrandomized nature of this study's design and the consequent inability to assume equivalence between the treatment and control group, it was decided that the most helpful means of testing hypotheses would be the analysis of covariance. This statistical technique was chosen because of its applicability to the study of groups where randomization or matching are not possible. Analysis of covariance tests the significance of differences between groups on dependent measures by taking into account the relationship between a given dependent measure and any chosen covariate(s) and by adjusting for differences between the groups on the covariate(s). In the case of this study, pretest data on each of the dependent measures served as the covariate to the correspondent dependent measure on the posttest.

Analysis of covariance was used to test the study's six hypotheses, those concerned with postprogram group differences in sexual knowledge, sexual attitudes, sense of preparedness, and sense of comfort in sexual discussion. The knowledge data were

interval level data, but the rest of the data involved were gathered from Likert-type and rating-scale responses, and were thus truly ordinal level of measurement. It was consciously decided to assume equal intervals on those scaled items and treat the data as if it were interval level of measurement. An alpha level of .10 was chosen as the probability for accepting or rejecting the "no difference" (null) version of each of the directional hypotheses. It was felt that with the lack of work done in this area, it was more important to guard against Type II error (finding no significant differences when real differences were present) than to guard against Type I error (finding group differences when there were no real differences present). It is acknowledged that the use of F-tests involve several assumptions, the most important of which is the assumption that the variances of the groups are equal.

Secondary analysis in this study—that not used in the testing of the hypotheses—was Pearson product-moment correlation. This approach was used to assess the significance and level of relationships between certain sociodemographic variables and the dependent measures of sexual knowledge, attitudes, sense of preparedness, and sense of comfort in sexual discussion. It was also used to measure relationships between the various dependent measures at the time of the pre-test. As with the use of covariance analysis and t-test analysis, this parametric technique involved the assumption of interval level measurement for data derived from responses to Likert-type and rating-scale items (truly ordinal data).

Operational Definitions

PBAS Variables

Sense of Preparedness (SOP) was the sum of responses to items 26 and 32, both of these six-point Likert-type items. The possible range of scores on SOP was 2 to 12, with a score of 2 indicating the lowest sense of preparedness.

Sense of Comfort in Sexual Discussion (SOCSD) was the sum of responses to items 27, 28, 31, and 33 on the PBAS. Three of these items were in the form of seven-point rating scales, and the other was a six-point Likert-type item. The possible range for SOCSD scores was from 1 to 24, with a score of 1 indicating the lowest sense of comfort in sexual discussion.

Sex Education Background (SEB) was the sum of responses to PBAS items 21-25. One of these five was a six-part Likert-type item, one a six-point rating scale, one a seven-point rating scale, and two were four-point rating scales. Possible scores on SEB ranged from 2 to 24, with a score of 2 indicating the poorest assessment of sex education background.

Frequency of Sexual Discussion with children aged 3-10 (DISCA2) was defined as a participant's response to PBAS item 30. Each parent was to respond to a five-point rating scale of frequency for each of their children, but only responses linked to children 3-10 were used in the data analysis. To simplify comparisons on this variable, a data manipulation was used which created a mean of sexual discussion with children aged 3-10 (MDISCA2), defined as the sum of a parent's

responses for his/her 3-10 year-old children divided by the number of 3-10 year-old children he/she had.

SKAT Variables

The attitude section of the SKAT is composed of 35 five-point Likert-type items with 32 of these found to load significantly one of four factors or attitude subscales. Attitudes toward each of these factors or topics were operationally defined as follows:

Heterosexual Relations (HETSEX) was the sum of a parent's responses to eight of the SKAT attitude items—numbers 3, 7, 10, 16, 23, 27, 33, and 34. The possible scores on HETSEX ranged from 8 to 40.

Sexual Myths (SEXMYTH) was the sum of individual responses to nine SKAT items—numbers 1, 2, 5, 8, 14, 17, 26, 29, and 30. The possible score range was 9 to 45.

Masturbation (MASTURB) was the sum of each person's responses to seven SKAT items—numbers 6, 9, 12, 19, 24, 32, and 35. The possible range was from 7 to 35.

Abortion (ABORT) was the sum of responses to items 4, 11, 13, 15, 18, 22, 25, and 31 on the SKAT. This score could range from 8 to 40.

The present author also wanted an overall attitude score, and so created the variable:

Overall Sexual Attitude (OVERATT), defined as the sum of a person's scores from each of the above four subscales (HETSEX, SEX-MYTH, MASTURB, ABORT). This overall score had a possible range of from 32 to 160.

Sexual Knowledge (KNOWL) represented the number of correct responses to 50 of the 71 items in the knowledge section of SKAT. The 21 items not included were numbers 3, 6, 8-10, 13, 15, 19, 30-32, 35, 41, 44, 46, 49, 54, 55, 62, 67, and 68.

CHAPTER IV

RESULTS

The central purpose of this chapter is to report the statistical assessment of the effects of a sexuality education program for parents in terms of: (a) sexual knowledge, (b) sexual attitudes, (c) sense of preparedness for sexually educating their children, (d) sense of comfort in discussing sexuality, and (e) frequency of communication about sexuality with children aged 3-10. Several other aspects of the study's results will also be reported in this chapter, however. These include (a) the results of pretest comparisons of the groups on the central variables, (b) descriptive results related to distinctions between mothers' and fathers' involvement in home sex education, and (c) the patterns of program participants' responses to open-ended program evaluation questions.

Pretest Group Comparisons

The chosen statistical method of hypothesis-testing in this study (analysis of covariance) takes into account group differences on the pretest measures. However, because study participants were neither selected nor assigned to groups randomly, it was believed that a "picture" of pretest group comparability would be helpful. The results of pretest comparisons are displayed in Table 3. As indicated in Table 3, only one comparison of pretest means yielded a group difference significant at or beyond the chosen alpha level

Table 3

Pretest Comparisons Between Treatment and Control Group

Variable	Range	Treatment		Control			
		N	Mean	N	Mean	F'	p > F'
Sexual Knowledge	0- 50	16*	39.56	10*	39.30	1.54	.52
Overall Sexual Attitudes	32-160	17	114.35	11	98.27	1.71	.33
Heterosexual Relations	8- 40	17	22.71	11	16.18	4.08	.01**
Sexual Myths	9- 45	17	37.65	11	37.82	1.10	.91
Masturbation	7- 35	17	27.12	11	23.18	1.25	.67
Abortion	8- 40	17	26.88	11	21.09	1.89	.25
Sense of Preparedness	2- 12	17	8.65	11	8.18	2.62	.13
Sense of Comfort in Sexual Discussion	1- 24	17	15.94	11	17.36	1.77	.36
Frequency of Sexual Communication	0- 4	17	2.64	11	2.92	1.90	.31

*Missing data removed some parent(s) from analysis.

**$p \leq .10$.

of .10, that being on the SKAT subscale measuring attitude toward heterosexual relations. On this variable the treatment group was significantly more liberal than the control group. It is clear that there was rather high comparability between the groups in this study.

Posttest Comparison: Analysis of Covariance

The results of this analysis are presented in Table 4. Because of the small sample size (particularly with respect to males), the parents' gender was not used as an independent variable. The covariant used for each posttreatment variable was the corresponding pretreatment score. The results of covariance analysis presented in Table 4 indicate the following conclusions with respect to the hypotheses of the study:

1. The null hypothesis as to sexual knowledge (no postprogram group difference) was accepted. Hypothesis one (higher postprogram knowledge scores for the treatment group was not supported.

2. The null hypothesis as to sexual attitude subscales (no postprogram group differences) was accepted for heterosexual relations and abortion, but was rejected for sexual myths and masturbation with differences in the predicted direction. Thus, for the subscales on sexual myths and masturbation, hypothesis two (greater postprogram tolerance for the treatment group) was supported.

3. The null hypothesis as to overall sexual attitude (no postprogram group difference) was accepted. Thus the prediction of

Table 4

Covariance Analysis of Posttreatment Scores

Variable	Range	Treatment		Control		$p > \|T\|$
		N	LS Mean	N	LS Mean	
Sexual Knowledge	0- 50	15*	42.21	10*	41.89	.82
Overall Sexual Attitudes	32-160	15*	108.57	11	106.41	.45
Heterosexual Relations	8- 40	16*	20.35	11	20.58	.88
Sexual Myths	9- 45	17	38.92	11	36.67	.02**
Masturbation	7- 35	17	27.34	11	25.10	.02**
Abortion	8- 40	16*	22.71	11	24.52	.14
Sense of Preparedness	2- 12	17	9.56	11	8.68	.10**
Sense of Comfort in Sexual Discussion	1- 24	17	17.82	11	17.09	.42
Frequency of Sexual Discussion	0- 4	17	2.99	11	2.74	.21

*Missing data removed some parent(s) from analysis.

**$p \leq .10$.

greater postprogram tolerance for the treatment group on overall sexual attitude was not supported.

4. The null hypothesis as to sense of preparedness (no postprogram group difference) was rejected, with differences in the predicted direction. Thus, the hypothesis four prediction of greater postprogram sense of preparedness for the treatment group was supported.

5. The null hypothesis as to sense of comfort in sexual discussion (no postprogram group difference) was accepted. Hypothesis five's prediction of greater postprogram sense of comfort for the treatment group was not supported.

6. The null hypothesis as to frequency of sexual discussion (no postprogram group difference) was accepted. Thus, the hypothesis six prediction of greater postprogram frequency of communication for the treatment group was not supported.

Descriptive Results: The Role of Mothers and Fathers in Home Sex Education

It was pointed out in the review of literature that more sexual communication with children in the home is done by females than by males. One item on the PBAS ("Which of your parents talked with you more about sexually-related topics?") dealt with this issue. The results are presented in Table 5. It was clear that for the vast majority of the females in the sample the mother was the predominant home sex educator. Although the pattern was not clearly so one-sided for the males, it was clear that these males' fathers did not play so predominant a part in their sons' sexual education as did

the mothers of the women in this sample. In fact, the modal response (though not the majority response) of males on this item was that their mother had talked with them more than their father.

Table 5

Frequency and Percentage of Responses on PBAS Item 20: "Which Parent Talked with You More About Sex?"

	Males (N=10)		Females (N=18)		Overall Sample (N=28)	
Response	Freq.	Percentage	Freq.	Percentage	Freq.	Percentage
Mother	4	40	14	78	18	64
Father	3	30	2	11	5	18
Both parents equally	3	30	2	11	5	18

To see if the above pattern of female predominance in home sexual communication was evidenced in the self-reported frequency of sexual communication with children, t-tests were performed on both pre- and postprogram scores on the variable "mean of sexual discussion with children aged 3-10" (MDISCA2 and MDISCA2P, respectively). This analysis compared males and females in the sample. The results of this analysis are shown in Table 6. This analysis indicated that the male-female difference in the self-reported frequency of sexual discussion with children aged 3-10 was, indeed, significant at the time of both pretest and posttest. Further, there was almost no pre- to posttest change for males, while there was some increase for females. These results further supported the trend in the literature indicating more home sexual communication being done by mothers than by fathers.

Table 6

t-Test Comparison of Male and Female Communication with Children

Variable	Range	Males N	Males Mean	Females N	Females Mean	F'	p > F'
Pretest discussion average	0-4	10	2.32	18	2.99	2.51	.10*
Posttest discussion average	0-4	10	2.30	18	3.22	2.54	.10*

*p $\leq$ .10.

Another interesting result which bears on this issue of mother-father involvement in home sexual socialization was provided by the correlational analysis of three individual items on the PBAS with several variables of interest in the study. The results of this analysis are shown in Table 7.

Table 7

Correlation of PBAS Items and Pretest Variables of Interest

(N=28)	SEB	SOCSD1	SOP1	OVERATT1	KNOWL1
PBAS Item 16 "The relationship between my parents was a happy one."	.07	-0.08	.06	.44*	-0.09
PBAS Item 17 "My father seemed to be comfortable in discussing sexually-related topics."	.20	.03	.14	-0.22	-0.34*
PBAS Item 18 "My mother seemed to be comfortable in discussing sexually-related topics."	.69*	.39*	.16	-0.46*	-0.02

*p $\leq$ .10.

The one significant positive correlation for the item about parental happiness was to the pretest SKAT variable of overall attitude (.44). The only significant relationship for the item about father's comfort in sexual discussion was an inverse relationship to the pretest variable of sexual knowledge (-0.34). It is clear that the strongest relationship evidenced here is that between the perceived comfort in sexual discussion of the parent's mother and the parental assessment of the quality of his/her sexual background (.69). This certainly underlines the powerful role of the mother in sexual socialization, since the corresponding correlation for the participant's father and sex education background is not significant. There was also a significant positive relationship found between item 18 and sense of comfort in sexual discussion (.39) and a significant inverse relationship between item 18 and overall attitude (-0.46). More will be said about these results later.

To see if there were any gender differences in evaluation of sex education background or sense of preparedness, t-tests were performed comparing males and females on these variables. Table 8 provides the results of this analysis. There were, then, no significant differences in the way that the males and females in this study evaluated their sex education backgrounds or their readiness for the task of sexually educating their children. It would appear from this sample of parents that the males felt themselves to be no more or less ready to sexually socialize their children than did the females, but that they did not as freely translate this readiness into actual communication with their 3-10 year-old children as did the females.

Table 8

t-Test Comparison of Males and Females on Sex Education Background and Sense of Preparedness

Variable	Range	Males		Females			
		N	Mean	N	Mean	F'	p > F'
Sex Education Background	2-24	10	8.00	18	9.78	1.21	.80
Sense of Preparedness (Pretest)	2-12	10	8.50	18	8.44	1.20	.81
Sense of Preparedness (Posttest)	2-12	10	9.30	18	9.17	1.22	.69

Participant Reactions to the Program

Though this final section of the chapter on results is not a statistical analysis, participant reaction to the program process is extremely useful in the design of future programs and in knowledge of one's perceived "style" as a teacher and leader. Feedback from treatment parents was solicited via a handout sheet which contained three open-ended statements for completion. These statements were:

1. If I could change one thing about this experience it would be . . .

2. My favorite thing about the experience has been . . .

3. General comments about the course, the leader, etc. . . .

It is difficult to present results of such open-ended assessment in a concise and understandable way; the approach used here will be a concentration on the modal response(s) to each statement, with a

listing-type mention of other responses. A final note: some participants made more than one response to each statement.

Desired Changes

The most frequent response to this statement was the desire for more time and/or concentration on the topic of talking to/answering questions of children about sexuality. Six people (one-third of the 18 participants) mentioned this in some way. Each of the following desired changes received mention by two participants: (a) spend less time on homosexuality, (b) more time provided for breakup into small groups, (c) more use of role-playing, and (d) no changes desired. Finally, a number of desired changes were mentioned once each. These included calls for: less sexual information of a general nature, more discussion of the emotional/love side of sex, more use of films/visual aids, getting to know other parents better, having children attend with parents, provision of a general outline at the beginning of the class, and having required or suggested reading for each week's class.

Favorite Feature of Program

The most frequent response under this heading dealt with the openness of the group in discussing and sharing—this was stated by five of the participants. No other response was mentioned more than once. The following are samples of individually-mentioned positive response: being "forced" to discuss sex in a mixed group, small group exercises, role-playing, knowledge and insight into parent's

own sexuality, getting to know other parents and the leader, and separating fact from misconception.

General Comments About Course and Leader

Far and away the most frequently cited response to this statement was that of positive comments about the leader. Twelve parents (two-thirds of the 18 participants) mentioned one or more characteristics such as enthusiasm, openness, ability to relate to people, or capability. The enjoyability of the experience was mentioned by four parents and the quality of the information was mentioned three times. Following those "cluster-responses" were a considerable number of individual comments. These included: desire for a longer course, statement that all parents should take such a course, positive reaction to inclusion of values in course, insight as to the importance of honesty and openness in dealing with kids about sex, liking of six-week course length, a statement of growth despite situational discomfort, classification of the course as holistic approach to sexuality, statement that the group was a good size, and the statement that the course took a fresh approach to old questions. Despite the total open-endedness of the "general comment" item, there were literally no negative responses received to this item.

CHAPTER V

DISCUSSION

Conclusions

Significant findings of this study can be summarized as follows:

1. Significant postprogram group differences were found for the SKAT attitude subscales related to sexual myths and masturbation, with the treatment group scoring in the direction of greater tolerance on these scales.

2. The treatment group's postprogram sense of preparedness for doing home sex education was significantly higher than was that of the control group.

3. Mothers had a significantly higher average frequency of sexual communication with their 3-10 year-old children than did fathers. This was true despite great male-female similarity in terms of sexual knowledge, sexual attitudes, and sense of preparedness.

4. Feedback from parents about the treatment program revealed three dominant patterns: (a) the desire on the part of one-third of the parents for more specific course emphasis on adult-child sexual communication, (b) a positive reaction to the openness and sharing experienced in the group process, and (c) positive reactions to the personality, style, and capabilities of the instructor.

Discussion

Sexual Knowledge

No significant postprogram differences were found in comparing the sexual knowledge scores of the treatment group to those of the control group. The results of previous studies had led the researcher to hypothesize that the treatment group would show higher post-program knowledge scores than would the control group. What, then, might be the reason(s) for the discrepancy between expected and actual results? Several interpretations of this discrepancy are possible.

First of all, both the treatment and control groups started out with rather high sexual knowledge prescores on the SKAT. Lief and Reed (1972) reported a knowledge mean on the SKAT of 38.81, with this mean derived from administration of the test to 850 freshmen through senior medical students at 16 medical schools. The pretest means for both the treatment and control group in this study were slightly higher than that reported by Lief and Reed. One interpretation, then, is that there was relatively little room for knowledge improvement for this sample.

Secondly, the content of the parent sexuality program was not developed with the intent of "teaching for the test." The course content was chosen to teach those facts and concepts that would be most useful to participants in their own lives and as parents. The SKAT was selected as the general measure of knowledge for the study because of its frequent previous use and well-documented development.

Course content and the test measure of general sexual knowledge were not seen as being necessarily parallel in emphasis or topical coverage of human sexuality.

A third possible factor in the seeming discrepancy between previous findings of knowledge gains and the lack of postprogram knowledge difference found in the present study is that of general differences in the studies. Knowledge increases were mentioned by two studies reviewed earlier (Crawley et al., 1972; Dubanoski & Tanabe, 1980), but the first of these involved neither a control group nor an objective test of knowledge, and the other dealt with parent education but not with parent sexuality education.

Sexual Attitudes

Analysis of covariance revealed significantly more tolerant attitudes for the treatment group than the control group on two of the four attitude subscales: those relating to sexual myths and masturbation. Significant group differences were not found on the subscales heterosexual relations or abortion, nor on the overall attitude score (which was simply the sum of subscale scores). Earlier studies had generally indicated that participation in sexuality programs could be expected to change general sexual attitudes in the direction of greater liberality (e.g., Carton & Carton, 1971; Humphrey et al., 1969), though Scales' (1976) findings did not reflect this trend. The present study did not use any instrument(s) which focused specifically on the measurement of sexual attitude liberality. Instead, the attitude subscales of the SKAT were used to assess

attitudes in four topical areas of sexuality. However, since the higher end of the SKAT attitude scale scores could be interpreted as indicating greater liberality, moderate support of the aforementioned trend was found in this study.

The present findings in terms of attitude changes are quite logical if the emphasis of the course is considered. As mentioned earlier, the course was limited to parents with children in the 3-10 year-old age bracket and was intended to benefit the participants personally and in communicating with their children. Thus there was very little emphasis given by the instructor or the parents to discussion of adolescent sexuality, yet the subscale on heterosexual relations focuses largely on that attitudinal area. Likewise, the issue of abortion was not emphasized in the course due to its relative lack of developmental salience for the participants personally or in interaction with their 3-10 year-old children.

On the other hand, the general debunking of sexual myths (both biological and sociological) was a thread which wound throughout the program, and the topic area of masturbation was given considerable emphasis because of its salience for childhood sexuality and parents' reactions thereto. Program-related changes on these two attitude subscales are unsurprising but gratifying.

The variable "overall attitude" was created by the researcher to assist in a general comparison of attitudes. It was operationally defined as the sum of scores of the four attitude subscales, thus being intrically linked to the scores on those individual scales. As already mentioned, only two of the subscales showed significantly

more tolerant postprogram scores for the treatment group. The significant group differences on the sexual myth and masturbation subscales were, in effect, counteracted by the nonsignificant differences on the heterosexual relations and abortion subscales. Thus it is logical that the postprogram overall attitude scores did not reflect significantly greater tolerance for the treatment group.

Sense of Preparedness

The treatment group in this study was shown to have a significantly greater postprogram sense of preparedness (SOP) than the control group. This result is seen as being important to the study because of its relation to the earlier-expressed idea that "intervening attitudes" may serve to block other attitudes from being translated into behavior. If parents believe themselves to be poorly prepared for the task of sexually educating their children, then this may prevent them from actualizing the communication implied in a positive attitude toward home sex education. If this is so, then an increase in sense of preparedness would increase the probability of actualizing parent-child sexual communication. One question to be dealt with later, however, is how and when such behavior should be assessed to see if increased sense of preparedness does increase parent-child sexually-related communication.

Sexual Communication

No significant postprogram group difference was found as to sense of comfort in sexual discussion (SOCSD), whereas it was hypothesized that the treatment group would score significantly higher on the

variable. The most likely explanation for this lack of difference is the fact that immediate postprogram assessment of this comfort level is too short-term. Since this variable consisted of self-perceived comfort in several different contexts of sexual discussion, it could well be that there had been insufficient opportunities for individuals to reassess their relative feelings of comfort in those different contexts.

No significant group differences were found as to self-reported frequency of communication with children aged 3-10. There are at least two reasons that the treatment group's greater postprogram sense of preparedness might not have been reflected in more frequent sexual communication with children. One is simply that the means of measuring such communication was extremely limited—it depended upon self-report of communication frequency in relation to provided categories (never, once, 2-4 occasions, 5-9 occasions, 10 or more occasions). Though this measurement approach avoids some problems related to parents' recall, it also disallows for interval level specificity of response, and is, of course, subjective. A parent might progress from having had five sexually-related discussions with a child to having had nine such discussions, and still be classified in the same category. This is a definite problem with this measurement approach. A second possible reason for not finding significant differences as to frequency of discussion relates to the time factor of the study versus the time and opportunities needed by people to translate changed attitudes into new behavior. Questionnaires were completed by participants at points in time approximately two months

apart, with the second collection of data occurring immediately after the end of the course. As with SOCSD, it is quite possible that changes in communication frequency will evolve for these parents, but that such changes did not show up with the study's short-term assessment procedure. This possibility is one of the reasons for research to be done longitudinally when possible.

Mothers vs. Fathers in Home Sex Education

Though they must be interpreted with caution due to the small sample in this study, pre- and postprogram differences between mothers and fathers were found as to frequency of sexual communication with children. This result was congruent with the literature in general, and particularly with Scales' (1976) findings. Scales also concluded that his sample of fathers tended to be more satisfied with their sex education backgrounds than were the mothers. This was not the case in the present study, however. SOP scores for males and females were very similar at pretest and posttest and there was no significant difference in male and female assessments of their sex education backgrounds. It should also be pointed out that the preprogram sexual knowledge scores for males and females in the study were almost identical, so neither gender entered the study with greater factual knowledge about sexuality. Thus, the gender difference found in the provision of home sex education (frequency of sexual discussions with 3-10 year-olds) occurred despite the absence of self-perceived or objectively measured differences in preparation to perform that task. What this could reflect, then, is a pattern of

gender socialization which emphasizes the greater "suitability" of the female for emotionally-related tasks of child-rearing. Such a pattern may positively influence females' likelihood of interacting with their children about sexuality, and negatively influence males' likelihood of involvement in this emotionally-charged area.

Program Participants' Feedback

Parents' perceptions of the course and the instructor included several "clusters" of response: (a) a desire for more specific emphasis on ways to communicate with children about sexuality, (b) positive reactions to the experience of group openness and sharing, and (c) positive reactions to the instructor's personality, style, and capability. Responses to the first open-ended course evaluation item ("If I could change one thing about this experience . . .") indicated that about one-third of the parents would have liked greater emphasis given to the what, when, and how of talking to children about sexuality. This indicates that future program design should be shifted to emphasize this area to a greater extent, that better explanation be given as to the allocation of time and emphasis in the course, or that some compromise of the two be attempted.

The second and third items soliciting feedback ("My favorite thing about this experience . . ." and "General comments about course, leader, etc.") indicated positive reactions to the course experience and to the instructor. These responses lend a sense of validity to the use of group interaction and discussion, and also to the general instructional philosophy of "transparency" (Jourard, 1971) used by

the instructor. Participants' responses along these lines are reminiscent of those of participants in the Carton and Carton (1971) study in which there were strong allusions to the importance of the type of leadership in such a sexuality program. The present author strongly believes this, which is one confounding factor he sees in a study like Scales' (1976) where the results of courses taught by several different leaders are uncritically lumped together. Scales himself recognized this and mentioned future plans to compare groups taught by different instructors to each other and not just as a whole to a control group.

Problems Encountered in Conducting This Study

Recruitment and Sampling

Recruiting participants for any kind of a study where there is not a "captive" study group can be difficult; people are selective in their interests and necessarily protective of their time and effort, including the amount of time and effort required to complete a questionnaire. In addition to these problems, with which any survey-type study must deal, the present research involved two other problems: (a) the fact that the research was related to sexuality, and (b) the fact that all participants were asked not only to complete the questionnaires twice, but also that those parents interested in the course were asked to commit two evening hours a week for six weeks. The above factors render the process of recruiting a sample representative of the general parent population virtually impossible.

In fact, in this study as in that of Insko (1971) recruitment of enough people to make the study feasible, regardless of representativeness, did not prove easy. General notices of the running of the study and the availability of the class did little to attract parents; a few more were brought in by informal referrals and the process of "nomination" by already interested people. Most, however, were recruited via a presentation on the topic of parent sex education to a pre-existing group (an elementary school PTA). The fact that those people who are willing to volunteer for a parent sexuality program are not representative of parents in general is unfortunate, but somewhat beside the point of learning the effects of such programs on those who are likely to volunteer for them.

A related problem in recruiting people to take a course such as this is the difficulty for those offering the course to make parents see what they have to gain by taking the course. To this end, it is often suggested that, if possible, the course be offered for some kind of academic or professional credit (e.g., Continuing Education Units or CEU's). While this is a good idea, it is not applicable to many professions and is no help at all in recruiting nonprofessionals. Probably the most effective means of recruiting for such programs is the rather trite but proven "word of mouth." Thus, recruitment should prove easier in a given town or area once there is a pool of "satisfied customers" who tell their friends of their positive experiences or who can be used to contact groups of potentially interested parents to share their perception of benefits derived from the course.

Data Collection

Another critical area in any study but somewhat more problematic in studies related to sexuality is that of data collection. This researcher had originally planned, for instance, to collect certain data related to participants' sexual behavior. It was the belief of the researcher's committee, however, that these questions would prove threatening to the participants and should be eliminated due to their noncentrality in the study. Beyond these issues of privacy related to data collection, there is the consideration of questionnaire return rate. The researcher had initial verbal commitment to the study from almost twice as many people as ended up responding to pre- and postprogram questionnaires. The response rate might have been improved if there had been a regular program of reminder calls or letters to those slow in responding. Ironically, the principal reason for the researcher's not following up quickly enough with such reminders was a shyness about "bothering" people who had been nice enough to volunteer to help with the study.

Time Lag

In unsupported dissertation research the doctoral candidate usually performs all of the tasks involved in the research process, including research design, measurement decisions, data collection, and data analysis. This is to the student's advantage in gaining first-hand experience with the process, but there is considerable stress involved due to the simple lack of "personpower" in carrying out the project. Such stress is exacerbated when the study involves

design of measurement instrument(s), includes pretest and posttest administration, and when the study involves the evaluation of a program also designed and taught by the same person. This kind of "one-person" research eliminates many of the potential communication/understanding problems mentioned by Scales (1976). In the present case it has also, however, contributed to a considerable time lag between the beginning and the completion of this project.

Limitations

The most obvious qualification to the results of this study has to do with the question of external validity. Because random selection of participants was not at all feasible, the sample was self-selected. The participants were, then, different from the general parent population in terms of their willingness to volunteer. However, the demographic characteristics of the participants indicated an even narrower band of representativeness. This sample was, for the most part, extremely well-educated, middle class, and white. Thus, the results of the study should be generalized with caution.

Also related to the problem of recruitment was the inability to randomly assign participants to either the treatment or control group in the study. Without such randomization the similarity of the groups and thus internal validity are suspect. However, based on group demographic similarities, nonsignificant pretest differences,*

*With the exception of the SKAT attitude subscale of heterosexual relations.

and the use of covariance analysis to test the hypotheses, the internal validity of the study is believed to be defensible.

Several other limitations of this study relate to the sample itself. One of these is that the sample size was quite small, including 17 treatment parents and 11 control parents, or 28 parents in all. This sample size, of course, makes the use and interpretation of inferential statistics somewhat more tenuous. Related to this small sample size and the aforementioned self-selected nature of the sample, it must be acknowledged that some participants' spouses were also a part of the study (in the same group), while some participants' spouses were not involved and a few members of both groups were not currently married. This situation is mentioned because it represents, at least potentially, a confounding variable related to the degree of support or reinforcement given at home to a participant's attempts to apply course-related learning. Finally, the small sample size made it impossible to separate out the gender(s) of children as an element of the analysis. This is another potentially confounding variable which was not controlled for.

One of the variables in this study on which a significant postprogram group difference was found was that labelled sense of preparedness. While this finding is encouraging, it should be reemphasized here that each individual's score for sense of preparedness was based on his/her summed responses to only two items. This fact must be considered in judging the likely validity of this measure as a parent's sense of readiness to perform the task of sexually educating his/her own children.

Another aspect of the study which represents something of a qualification to its interpretation is that of data analysis decisions. Because of the paucity of related research, it was consciously decided to assume equal intervals for largely ordinal data so that the greater power of parametric statistical analysis could be brought to bear on the data. Such decisions, though not uncommon in social science research, increase the risk of rejecting a "true" null hypothesis (Type I error) and need to be clearly pointed out to the reader.

Finally, the researcher believes that studies of the effects of sexuality programs for parents must eventually involve some form of direct behavioral assessment of changes in participants' comfort level and sexual communication behavior. This study, like all of those reviewed, was totally dependent upon participants' self-reports as to these areas of possible change. Though observation of some form will be difficult to design in, it is an ideal to be worked toward, as attested to by Scales' (1976) attempts in this direction.

One means by which parents' comfort level and sexual communication behavior could be more directly assessed is that of their children's "observations" of these characteristics. This might be problematic for children in the lower part of the 3-10 age category of interest herein, but meaningful responses could certainly be elicited by carefully designed interview questions for children aged 6-10. In addition to the problem of eliciting meaningful responses from children in that age range, there is the strong possibility of parental resistance to such children's research involvement. John Money (1976) has noted that the last great frontier of sex research

is that related to children. Despite the difficulties, input from children as to parental communication about sexuality is an approach worthy of further exploration.

Implications

For Research

These results support previous research which has indicated the effects of sexuality programs on parent participants as including an increase in tolerance (often called liberalization) of some sexual attitudes. This study also lent empirical support to previous qualitative findings that sexuality program participants report an increased sense of preparedness for communicating about sexuality. One definite improvement to a study of this type would be to expand the number of questionnaire items contributing to the sense of preparedness score. This would presumably lead to an improved expectation of validity for such a measure.

The results herein did not support those of earlier studies which mentioned knowledge increase as a consequence of program participation. This lack of change may, however, have been a function of the high knowledge level with which this sample entered the study. Future research should certainly address this question. However, a much more important question related to the effects of parent sexuality programs is "Do such programs produce more (and better) parent sexual communication with children?" The present study indicated no such change, but methodological improvements may allow such changes to be demonstrated. Suggestions for such changes

were mentioned earlier, and included the use of a longitudinal design and the use of behavioral measures more objective than self-report. It is fairly obvious that some form of direct observation would be desirable, but great ingenuity will have to be used to get around the problem of obtrusiveness. One compromise approach suggested is the use of input from the children in a family as to the parents' communication about sexuality, although this approach involves problems of its own.

Another way of improving upon the present study would be to design a study which dealt with the question "What part of the parent course actually produces any observed changes in parents' attitudes, sense of preparedness or communication behavior?" A step in such a direction would be the use of a design incorporating three experimental groups: (a) a full-course treatment group, (b) a one- or two-session treatment group focused exclusively on role-playing of how to handle situations and answer children's sexual questions, and (c) a no-treatment control group.

The problems encountered by Scales (1976) with pretest reactivity did not seem to be a factor in the present study. Because of the relative simplicity of this project, there were no problems with levels of staff communication or in communicating with participants about the study. This lack of problems bears out some of Scales' conclusions as to the suitability of simpler research designs for sexuality program evaluation.

Finally, the results in the present study underlined previous findings as to male-female differences in the provision of home sex

education. One desirable type of future research would be a replication of such findings using a sample of sufficient size to allow the gender of children to be controlled for in the research design. In addition, research attempts to isolate the age-level or component of socialization which transmits any difference in gender expectations related to home sexual communication would be extremely useful in designing future intervention strategies.

For Educators

The most significant finding of this study for those who might plan and teach parent programs in human sexuality was that this particular program did have a positive impact on parents' attitudes related to sexual myths and masturbation. Of the four areas of attitude measured by the SKAT (the other two being heterosexual relations and abortion), these were the two which were most related to the program focus of parents' interaction and communication with their 3-10 year-old children. Another finding which might be said to demonstrate the effectiveness of the program was the greater post-program sense of preparedness of treatment parents compared to control parents. As discussed earlier, these changes are viewed as increasing the probability that positive attitudes toward home sex education will be translated into behavior.

Along with evaluation of program outcomes, educators must also be concerned with process evaluation. Feedback from participants indicated that the program was generally very well-received, with comments indicating enjoyment of the group's openness, the instructor's

enthusiasm, honesty, and positive approach, and a sense of having benefited in desired ways. It is also true, however, that one-third of the parents who took the course indicated a desire for more specific "how-to's" on communicating with children about sexuality. This indicates a certain sense of unmet need for many, and should be addressed by the parent educator by planning for more such emphasis, by better explaining to parents about the inclusion of only one course session devoted exclusively to communicating with children about sexuality, or by some form of compromise. Regardless of the decision made, participants' feedback as to course content and process provides program insight not to be gained via statistical analysis of outcomes.

It was mentioned earlier that most adults favor home sex education, but also believe that parents generally need further preparation to adequately perform that task. It was also mentioned elsewhere that recruitment of parents for this parent program (as with that of Insko, 1971), proved to be a rather difficult task. One possible implication for bridging this gap between potential audience and participation in programs is to use the positive comments of former participants or those participants themselves as a part of a recruiting process.

For Parents

The results of the present study objectively indicated positive results of program participation: greater tolerance of certain attitudes and a greater sense of preparedness for doing sex education at home. Perhaps even more important to parents as potential

"consumers" of such a course, however, was parents' written feedback indicating that the course was perceived as not only beneficial but also enjoyable. Finally, positive response to this course was not limited to those parents who felt poorly prepared in the area of sexuality. One parent stated flatly that this was "a good course all parents should take no matter how much they feel they already know about the subject." This idea was borne out by another parent's comment that though she/he had already known most of the factual material covered, the facts were dealt with in such a way as to permit ". . . a more holistic appreciation of human sexuality than was possible before . . . [which] should benefit me and my family."

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APPENDICES

APPENDIX A

OBJECTIVES AND CURRICULUM OF THE PARENT PROGRAM

"HUMAN SEXUALITY FOR PARENTS"

Course Objectives

The ultimate goal of this course was to help parents become better prepared to function as the principal sex educators of their children. It was believed that the emotional side of sexuality is at least as important to deal with in a course as the factual side. Feelings—attitudes—do not determine our behavior but they do influence it, and this would include not only our personal sexual behavior but also our way(s) of communicating about sexuality. The author believes that parents must come to terms with their own sexual behaviors and attitudes in order to deal positively with their children in this topic area. This program was purposely designed to encourage both a factual and a personal exploration of sexuality before dealing with specifics as to communicating about sex with children.

The following objectives guided the design and teaching of this course:

1. To increase parents' base of factual knowledge about human sexuality.
2. To increase parents' sexual self-awareness.
3. To increase parents' comfort in talking about sexual issues.
4. To heighten parents' awareness and tolerance of the sexual behaviors, attitudes, and rights of others.

5. To increase parents. sense of preparedness for handling the sexuality education of their child(ren).

Course Curriculum

It was decided that a format of six two-hour sessions would allow adequate coverage of chosen topics while keeping parents' time commitment to a reasonable level. Table A-1 presents the topics covered, and the activities and resources used in this parent sexuality course.

Table A-1

Curriculum of "Human Sexuality for Parents"

Topics	Teaching Methods	Resources Used
I. Sexuality Education		
A. Building of group cohesion	Group exercises	
	Learning first names	Morrison & Price, 1974, p. 15
	Self-introduction	Morrison & Price, 1974, pp. 19-21
B. Obstacles to sexual discussion	Small group brainstorming	Morrison & Price, 1974, pp.
C. Dimensions of sexuality	Lecture/discussion	Hyde, 1979;
1. Gender 2. Sex 3. Sexuality—a "subset" of personality, including attitudes and feelings	Related reading material: "A New Bill of Sexual Rights and Responsibilities"	Barbour, 1980, pp. 12-14
D. Characteristics of a good sex educator	Large group brainstorming and discussion. Handout "10 Commandments for Parents Providing Sex Education" Discussion of handout	Boas, 1980
E. Myths about sex education	Lecture/discussion	Hyde, 1979; Kirkendall & Libby, 1972; Scales & Everly, 1977
1. Too much information leads to promiscuity 2. Parents must be highly knowledgeable, perfectly comfortable, and liberal to do home sex education 3. Parents should always wait for kids to ask questions		

Table A-1 (continued)

Topics	Teaching Methods	Resources Used
II. Biological Aspects of Sexuality A. Sexual anatomy	Showing of explicit filmstrip and follow-up discussion	"Male and Female Sexual Anatomy and Physiology"—filmstrip/ cassette set
	Reading material: "What Every Woman Will Be Delighted to Know" "What You Should Know About Your Man's Body"	Barbour, 1980
B. Sexual language	Small group exercise of synonym generation for "penis" and "vagina"	Morrison & Price, 1974, pp. 30-33
C. Menstruation	Short lecture/discussion	Hyde, 1979, Chapter 4
	Reading material: "Women Learn to Sing the Menstrual Blues"	Paige, 1973
D. Methods of birth control	Display and discussion of various artificial methods	Planned Parenthood Association of East Tennessee
	Reading material: "Birth Control Methods"	Barbour, 1980
III. Developmental Patterns of Heterosexual Behavior A. Masturbation	Short presentation as to levels of occurrence at different developmental stages for both males and females	Hyde, 1979, Chapter 10
	Film: "Masturbatory Story"	Planned Parenthood Association of East Tennessee—A-V Resource Center

Table A-1 (continued)

Topics	Teaching Methods	Resources Used
B. Trends in adolescent sexuality	Short lecture presentation	Hyde, 1979, Chapter 10
	Small group exercise related to own adolescent experience	Morrison & Price, 1974, p. 62
C. Adult sexuality 1. Singlehood 2. Marital sex 3. Extramarital sex	Lecture-discussion	Hyde, 1979, Chapter 11
	Small group activity: "What I Value in a Sexual Relationship"	Morrison & Price, 1974, pp. 118-119
	Reading material: "The Hite Report: What Do Women Really Want?" "The Male Orgasm: What Every Girl Should Know"	Barbour, 1980
	"Adultery: Reality Versus Stereotype"	Spanier, 1979
D. Sexuality and aging (covered in 4th session)	Reading material: "Age Kills Softly When We Deny Our Sexual Identity"	Gordon & Johnson, 1980
	Film and discussion: "Rose By Any Other Name"	Planned Parenthood Association of East Tennessee—A-V Resource Center
IV. Homosexuality/Bisexuality A. Facts vs. myths about homosexuality/bisexuality 1. Incidence 2. Lifestyle variations 3. Recognizability 4. Sexual practices	Lecture-discussion	Hyde, 1979, Chapter 14
	Reading material: "Bisexuality: A Choice Not an Echo?"	Barbour, 1980
B. Personal feelings about homosexuality (covered in 5th session)	Role play related to homosexuality	Morrison & Price, 1974,

Table A-1 (continued)

Topics	Teaching Methods	Resources Used
V. Childhood psychosexual development A. Patterns of behavior 1. Masturbation 2. Awareness of gender differences 3. "Playing doctor" 4. Homosexual experimentation	Lecture-discussion	Hyde, 1979, Chapter 10
	Reading material: "Kids and Sex"	Barbour, 1980
B. Cognitive development and evolution of reproductive understanding		
C. Themes in children's "dirty jokes" 1. Parental avoidance and euphemism related to sex 2. Children's fascination with sexuality	Group exchange of such jokes and discussion of implications for parents	
VI. Communicating with children about sexuality A. The significance of parental nonverbal communication	Brief presentation	Use of "common-sense" examples of negative and mixed nonverbal parental messages
B. Using or creating teachable moments 1. As follow-up to parent-child exposure to media treatment of sexuality 2. Pregnancy of some adult known to the child	Verbal provision of example situations along with group discussion of these	Gordon, 1970

Table A-1 (continued)

Topics	Teaching Methods	Resources Used
3. As follow-up to sexually-related behavior or language of child or his/her friends	Film "A Family Talks About Sex" and group response to it	Planned Parenthood Association of East Tennessee—A-V Resource Center
	Use of transparency of "Typical Questions About Sex" from 3-12 year-olds	Hyde, 1979, Chapter
4. Direct sexual questions or comments to the parent	Role-playing of sexual "problem-situations" with children	Morrison & Price, 1974, pp. 187-188
C. Group closure and feedback	Parents' responses to three open-ended evaluation items	See Appendix B

APPENDIX B

INSTRUMENTS

PERSONAL BACKGROUND AND ATTITUDE SURVEY (PBAS)

On the PBAS ANSWER SHEET, circle the number indicating your response. All answers, including those where you fill in a blank, are to be put on that sheet.

Q-1. Your gender.

1. MALE
2. FEMALE

Q-2. Your age.

1. 18-20
2. 21-24
3. 25-29
4. 30-34
5. 35-39
6. 40-44
7. 45 OR OLDER

Q-3. Present marital status.

1. NEVER MARRIED
2. MARRIED (Specify as to 1st marriage, 2nd, etc.)____
3. DIVORCED
4. SEPARATED
5. WIDOWED

Q-4. Number and gender of children you have in each age group. (If none, write "0"; if 3—with 2 boys and 1 girl—write "2M, 1F")

1. UNDER 3 YEARS OF AGE_____
2. 3 TO 10_____
3. 11 TO 14_____
4. 15 TO 18_____
5. 19 TO 24_____
6. 25 AND OLDER_____

Q-5. Are you presently:

1. EMPLOYED
2. UNEMPLOYED (seeking a job)
3. RETIRED
4. FULL-TIME HOMEMAKER

Q-6. If married, is your spouse presently:

1. EMPLOYED
2. UNEMPLOYED (seeking a job)
3. RETIRED
4. FULL-TIME HOMEMAKER

Q-7. Which is the highest level of education that you have completed?

1. SOME HIGH SCHOOL
2. COMPLETED HIGH SCHOOL
3. SOME COLLEGE
4. COMPLETED COLLEGE (BACHELOR'S DEGREE)
5. SOME GRADUATE WORK
6. COMPLETED GRADUATE DEGREE
   (specify degree and major)_____

Q-8. If presently married, what is the highest level of education that your spouse has completed?

1. SOME HIGH SCHOOL
2. COMPLETED HIGH SCHOOL
3. SOME COLLEGE
4. COMPLETED COLLEGE (BACHELOR'S DEGREE)
5. SOME GRADUATE WORK
6. COMPLETED GRADUATE DEGREE
   (specify degree and major)_____

Q-9. What is your religious preference?

1. PROTESTANT (specify denomination)_____
2. CATHOLIC
3. JEWISH
4. OTHER (specify)_____
5. NO FORMAL RELIGIOUS AFFILIATION

Q-10. How frequently did you attend a place of worship during the past year?

1. REGULARLY (once a week or more)
2. OCCASIONALLY
3. ONLY A FEW SPECIAL DAYS (Christmas, Easter, etc.)
4. NOT AT ALL

Q-11. In which religious faith were you raised as a child (ages 3-12)?

1. PROTESTANT
2. CATHOLIC
3. JEWISH
4. OTHER (Specify—including more than one if applicable)_____
5. NO FORMAL RELIGIOUS AFFILIATION

Q-12. How frequently did you attend a place of worship as a child (ages 3-12)?

1. REGULARLY (once a week or more)
2. OCCASIONALLY
3. ONLY ON A FEW SPECIAL DAYS (Christmas, Easter, etc.)
4. NOT AT ALL

Q-13. What was the highest level of education that your father completed?

1. COMPLETED GRADE SCHOOL
2. SOME HIGH SCHOOL
3. COMPLETED HIGH SCHOOL
4. SOME COLLEGE
5. COMPLETED COLLEGE (BACHELOR'S DEGREE)
6. SOME GRADUATE SCHOOL
7. COMPLETED GRADUATE DEGREE
   (Specify degree and major)_____

Q-14. What was the highest level of education that your mother completed?

1. COMPLETED GRADE SCHOOL
2. SOME HIGH SCHOOL
3. COMPLETED HIGH SCHOOL
4. SOME COLLEGE
5. COMPLETED COLLEGE (BACHELOR'S DEGREE)
6. SOME GRADUATE SCHOOL
7. COMPLETED GRADUATE DEGREE
   (Specify degree and major)_____

Q-15. Which of the following describes the type of setting in which you lived for most of your childhood years (ages 3-12)?

1. LARGE METROPOLITAN (City of 500,000 or more; many suburbs; very little open country)
2. MEDIUM METROPOLITAN (City of 150,000-499,999; several suburbs; some open country)
3. SMALL METROPOLITAN (City of 50,000-149,999; a few suburbs; considerable open country)
4. SEMI-URBAN (City of 10,000-49,999; a few small surrounding towns; much open country)
5. SEMI-RURAL (City of 2,500-9,999; one or two smaller surrounding towns; mostly open country)
6. RURAL (Town of less than 2,500; surrounded entirely by open country)

Now I will be asking you some questions which deal with (a) past influences on your sexual knowledge and attitudes, and (b) your present feelings about certain topics related to sex education. There are no questions about your personal sexual behavior.

PLEASE ANSWER AS HONESTLY AS YOU CAN

Q-16. The relationship between my parents was a happy one.

1. AGREE STRONGLY
2. AGREE MODERATELY
3. AGREE SLIGHTLY
4. DISAGREE SLIGHTLY
5. DISAGREE MODERATELY
6. DISAGREE STRONGLY

Q-17. My father seemed to be comfortable in discussing sexually-related topics.

1. AGREE STRONGLY
2. AGREE MODERATELY
3. AGREE SLIGHTLY
4. DISAGREE SLIGHTLY
5. DISAGREE MODERATELY
6. DISAGREE STRONGLY

Q-18. My mother seemed to be comfortable in discussing sexually-related topics.

1. AGREE STRONGLY
2. AGREE MODERATELY
3. AGREE SLIGHTLY
4. DISAGREE SLIGHTLY
5. DISAGREE MODERATELY
6. DISAGREE STRONGLY

Q-19. Overall, my family life while growing up was not happy.

1. AGREE STRONGLY
2. AGREE MODERATELY
3. AGREE SLIGHTLY
4. DISAGREE SLIGHTLY
5. DISAGREE MODERATELY
6. DISAGREE STRONGLY

Q-20. Which of your parents talked with you more about sexually-related topics?

1. MOTHER
2. FATHER
3. BOTH EQUALLY
4. HAD ONLY ONE PARENT IN THE HOME

Q-21. My parent(s) and I never talked about sexually-related topics.

1. AGREE STRONGLY
2. AGREE MODERATELY
3. AGREE SLIGHTLY
4. DISAGREE SLIGHTLY
5. DISAGREE MODERATELY
6. DISAGREE STRONGLY

Q-22. How would you rate the overall quality of your sex education at home (including both the facual and emotional aspects of learning about sexuality)?

1. VERY GOOD
2. MODERATELY GOOD
3. SLIGHTLY GOOD
4. SLIGHTLY BAD
5. MODERATELY BAD
6. VERY BAD

Q-23. How much sex education did you receive in grades 1-6 (even if it wasn't called sex education?

1. A LOT
2. SOME
3. VERY LITTLE
4. NONE

Q-24. How much sex education did you receive in grades 7-12?

1. A LOT
2. SOME
3. VERY LITTLE
4. NONE

Q-25. How would you rate any college course(s) you had which related directly to human sexuality?

1. VERY GOOD
2. MODERATELY GOOD
3. SLIGHTLY GOOD
4. SLIGHTLY BAD
5. MODERATELY BAD
6. VERY BAD
7. HAD NO SUCH COURSE

Q-26. I know less about sexual topics than most other people my age.

1. AGREE STRONGLY
2. AGREE MODERATELY
3. AGREE SLIGHTLY
4. DISAGREE SLIGHTLY
5. DISAGREE MODERATELY
6. DISAGREE STRONGLY

Q-27. How do you usually feel when talking to friends (other than your sexual partner) about sexual topics?

1. VERY COMFORTABLE
2. MODERATELY COMFORTABLE
3. SLIGHTLY COMFORTABLE
4. SLIGHTLY UNCOMFORTABLE
5. MODERATELY UNCOMFORTABLE
6. VERY UNCOMFORTABLE
7. I NEVER TALK ABOUT SEXUAL TOPICS WITH FRIENDS

Q-28. Which of the following best describes the way you feel when you talk with your partner about some aspect of your sexual relationship?

1. VERY COMFORTABLE
2. MODERATELY COMFORTABLE
3. SLIGHTLY COMFORTABLE
4. SLIGHTLY UNCOMFORTABLE
5. MODERATELY UNCOMFORTABLE
6. VERY UNCOMFORTABLE
7. WE NEVER TALK ABOUT IT

Q-29. I think that a parent should expose a child to terms used in connection with sexuality as well as the proper scientific terms.

1. AGREE STRONGLY
2. AGREE MODERATELY
3. AGREE SLIGHTLY
4. DISAGREE SLIGHTLY
5. DISAGREE MODERATELY
6. DISAGREE STRONGLY

Q-30. (On this item, please respond separately for each of your children, giving the present age and gender of each child.)

About how often have you discussed sexually-related topics with your child (like birth, reproduction, anatomy, sex play, etc.)?

Child 1 - (Age and gender)_____

1. NEVER
2. ONCE
3. SELDOM (2 to 4 occasions)
4. FAIRLY OFTEN (5 to 9 occasions)
5. OFTEN (10 or more occasions)

Child 2 - (Age and gender)_____

1. NEVER
2. ONCE
3. SELDOM (2 to 4 occasions)
4. FAIRLY OFTEN (5 to 9 occasions)
5. OFTEN (10 or more occasions)

Child 3 - (Age and gender)_____

1. NEVER
2. ONCE
3. SELDOM (2 to 4 occasions)
4. FAIRLY OFTEN (5 to 9 occasions)
5. OFTEN (10 or more occasions)

Child 4 - (Age and gender)_____

1. NEVER
2. ONCE
3. SELDOM (2 to 4 occasions)
4. FAIRLY OFTEN (5 to 9 occasions)
5. OFTEN (10 or more occasions)

Q-31. Talking about sexual topics in a group of people whom I don't know well is difficult for me.

1. AGREE STRONGLY
2. AGREE MODERATELY
3. AGREE SLIGHTLY
4. DISAGREE SLIGHTLY
5. DISAGREE MODERATELY
6. DISAGREE STRONGLY

Q-32. I feel well-prepared for the task of sexually educating my child(ren).

1. AGREE STRONGLY
2. AGREE MODERATELY
3. AGREE SLIGHTLY
4. DISAGREE SLIGHTLY
5. DISAGREE MODERATELY
6. DISAGREE STRONGLY

Q-33. How do you usually feel when you talk with your child(ren) about sexually-related topics?

1. VERY COMFORTABLE
2. MODERATELY COMFORTABLE
3. SLIGHTLY COMFORTABLE
4. SLIGHTLY UNCOMFORTABLE
5. MODERATELY UNCOMFORTABLE
6. VERY UNCOMFORTABLE
7. WE NEVER TALK ABOUT SUCH TOPICS

PBAS ANSWER SHEET

A-1/ 1.
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A-2/ 1.
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7.

A-3/ 1.
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4.
5.

A-4/ 1._____
2._____
3._____
4._____
5._____
6._____

A-5/ 1.
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3.
4.

A-6/ 1.
2.
3.
4.

A-7/ 1.
2.
3.
4.
5.
6._____

A-8/ 1.
2.
3.
4.
5.
6._____

A-9/ 1._____
2.
3.
4._____
5.

A-10/ 1.
2.
3.
4.

A-11/ 1._____
2.
3.
4._____
5.

A-12/ 1.
2.
3.
4.

A-13/ 1.
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3.
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7._____

A-14/ 1.
2.
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7._____

A-15/ 1.
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A-16/ 1.
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A-17/ 1.
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A-18/ 1.
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A-19/ 1.
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A-20/ 1.
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A-21/ 1.
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A-22/ 1.
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A-23/ 1.
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A-24/ 1.
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A-25/ 1.
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A-26/ 1.
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A-27/ 1.
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4.
5.
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A-28/ 1.
2.
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7.

A-29/ 1.
2.
3.
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5.
6

A-30/ Child 1_____
1.
2.
3.
4.
5.

Child 2_____
1.
2.
3.
4.
5.

Child 3_____
1.
2.
3.
4.
5.

Child 4_____
1.
2.
3.
4.
5.

Child 5_____
1.
2.
3.
4.
5.

A-31/ 1.
2.
3.
4.
5.
6.

A-32/ 1.
2.
3.
4.
5.
6.

A-33/ 1.
2.
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7.

PERSONAL BACKGROUND AND ATTITUDE SURVEY (PBAS)
(POST)

On the PBAS ANSWER SHEET, circle the number indicating your response. All answers, including those where you fill in a blank, are to be put on that sheet. On this version of the PBAS, only items 16-33 are included.

PLEASE ANSWER AS HONESTLY AS YOU CAN

Q-16. The relationship between my parents was a happy one.
1. AGREE STRONGLY
2. AGREE MODERATELY
3. AGREE SLIGHTLY
4. DISAGREE SLIGHTLY
5. DISAGREE MODERATELY
6. DISAGREE STRONGLY

Q-17. My father seemed to be comfortable in discussing sexually-related topics.
1. AGREE STRONGLY
2. AGREE MODERATELY
3. AGREE SLIGHTLY
4. DISAGREE SLIGHTLY
5. DISAGREE MODERATELY
6. DISAGREE STRONGLY

Q-18. My mother seemed to be comfortable in discussing sexually-related topics.
1. AGREE STRONGLY
2. AGREE MODERATELY
3. AGREE SLIGHTLY
4. DISAGREE SLIGHTLY
5. DISAGREE MODERATELY
6. DISAGREE STRONGLY

Q-19. Overall, my family life while growing up was not happy.
1. AGREE STRONGLY
2. AGREE MODERATELY
3. AGREE SLIGHTLY
4. DISAGREE SLIGHTLY
5. DISAGREE MODERATELY
6. DISAGREE STRONGLY

Q-20. Which of your parents talked with you more about sexually-related topics?
1. MOTHER
2. FATHER
3. BOTH EQUALLY
4. HAD ONLY ONE PARENT IN THE HOME

Q-21. My parent(s) and I never talked about sexually-related topics.
1. AGREE STRONGLY
2. AGREE MODERATELY
3. AGREE SLIGHTLY
4. DISAGREE SLIGHTLY
5. DISAGREE MODERATELY
6. DISAGREE STRONGLY

Q-22. How would you rate the overall quality of your sex education at home (including both the factual and emotional aspects of learning about sexuality)?
1. VERY GOOD
2. MODERATELY GOOD
3. SLIGHTLY GOOD
4. SLIGHTLY BAD
5. MODERATELY BAD
6. VERY BAD

Q-23. How much sex education did you receive in grades 1-6 (even if it wasn't called sex education)?
1. A LOT
2. SOME
3. VERY LITTLE
4. NONE

Q-24. How much sex education did you receive in grades 7-12?
1. A LOT
2. SOME
3. VERY LITTLE
4. NONE

Q-25. How would you rate any college course(s) you had which related directly to human sexuality?
1. VERY GOOD
2. MODERATELY GOOD
3. SLIGHTLY GOOD
4. SLIGHTLY BAD
5. MODERATELY BAD
6. VERY BAD
7. HAD NO SUCH COURSE

Q-26. I know less about sexual topics than most other people my age.
1. AGREE STRONGLY
2. AGREE MODERATELY
3. AGREE SLIGHTLY
4. DISAGREE SLIGHTLY
5. DISAGREE MODERATELY
6. DISAGREE STRONGLY

Q-27. How do you usually feel when talking to friends (other than your sexual partner) about sexual topics?

1. VERY COMFORTABLE
2. MODERATELY COMFORTABLE
3. SLIGHTLY COMFORTABLE
4. SLIGHTLY UNCOMFORTABLE
5. MODERATELY UNCOMFORTABLE
6. VERY UNCOMFORTABLE
7. I NEVER TALK ABOUT SEXUAL TOPICS WITH FRIENDS

Q-28. Which of the following best describes the way you feel when you talk with your partner about some aspect of your sexual relationship?

1. VERY COMFORTABLE
2. MODERATELY COMFORTABLE
3. SLIGHTLY COMFORTABLE
4. SLIGHTLY UNCOMFORTABLE
5. MODERATELY UNCOMFORTABLE
6. VERY UNCOMFORTABLE
7. WE NEVER TALK ABOUT IT

Q-29. I think that a parent should expose a child to terms used in connection with sexuality as well as the proper scientific terms.

1. AGREE STRONGLY
2. AGREE MODERATELY
3. AGREE SLIGHTLY
4. DISAGREE SLIGHTLY
5. DISAGREE MODERATELY
6. DISAGREE STRONGLY

Q-30. (On this item, please respond separately for each of your children, giving the present age and gender of each child.)

About how often have you discussed sexually-related topics with your child (like birth, reproduction, anatomy, sex play, etc.)?

Child 1 - (Age and gender)_____

1. NEVER
2. ONCE
3. SELDOM (2 to 4 occasions)
4. FAIRLY OFTEN (5 to 9 occasions)
5. OFTEN (10 or more occasions)

Child 2 - (Age and gender)_____

1. NEVER
2. ONCE
3. SELDOM (2 to 4 occasions)
4. FAIRLY OFTEN (5 to 9 occasions)
5. OFTEN (10 or more occasions)

Child 3 - (Age and gender)_____

1. NEVER
2. ONCE
3. SELDOM (2 to 4 occasions)
4. FAIRLY OFTEN (5 to 9 occasions)
5. OFTEN (10 or more occasions)

Child 4 - (Age and gender)_____

1. NEVER
2. ONCE
3. SELDOM (2 to 4 occasions)
4. FAIRLY OFTEN (5 to 9 occasions)
5. OFTEN (10 or more occasions)

Q-31. Talking about sexual topics in a group of people whom I don't know well is difficult for me.

1. AGREE STRONGLY
2. AGREE MODERATELY
3. AGREE SLIGHTLY
4. DISAGREE SLIGHTLY
5. DISAGREE MODERATELY
6. DISAGREE STRONGLY

Q-32. I feel well-prepared for the task of sexually educating my child(ren).

1. AGREE STRONGLY
2. AGREE MODERATELY
3. AGREE SLIGHTLY
4. DISAGREE SLIGHTLY
5. DISAGREE MODERATELY
6. DISAGREE STRONGLY

Q-33. How do you usually feel when you talk with your child(ren) about sexually-related topics?

1. VERY COMFORTABLE
2. MODERATELY COMFORTABLE
3. SLIGHTLY COMFORTABLE
4. SLIGHTLY UNCOMFORTABLE
5. MODERATELY UNCOMFORTABLE
6. VERY UNCOMFORTABLE
7. WE NEVER TALK ABOUT SUCH TOPICS

PBAS ANSWER SHEET
(POST)

A-16/
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A-17/
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A-18/
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A-19/
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A-26/
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A-27/
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A-28/
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A-29/
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A-30/
Child 1_____
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Child 2_____
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Child 3_____
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Child 4_____
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Child 5_____
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A-31/
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A-32/
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A-33/
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SEX KNOWLEDGE AND ATTITUDE TEST (SKAT)

PART I: ATTITUDES

Please indicate your reaction to each of the following statements on sexual behavior in our culture, using the following alternatives:

A. Strongly agree
B. Agree
C. Uncertain
D. Disagree
E. Strongly disagree

Please be sure to answer every question.

1. The spread of sex education is causing a rise in premarital intercourse.
2. Mutual masturbation among boys is often a precursor of homosexual behavior.
3. Extramarital relations are almost always harmful to a marriage.
4. Abortion should be permitted whenever desired by the mother.
5. The possession of contraceptive information is often an incitement to promiscuity.
6. Relieving tension by masturbation is a healthy practice.
7. Premarital intercourse is morally undesirable.
8. Oral-genital sex play is indicative of an excessive desire for physical pleasure.
9. Parents should stop their children from masturbating.
10. Women should have coital experience prior to marriage.
11. Abortion is murder.
12. Girls should be prohibited from engaging in sexual self-stimulation.
13. All abortion laws should be repealed.
14. Strong legal measure should be taken against homosexuals.
15. Laws requiring a committee of physicians to approve an abortion should be abolished.
16. Sexual intercourse should occur only between married partners.
17. The lower-class male has a higher sex drive than others.
18. Society should offer abortions as an acceptable form of birth control.
19. Masturbation is generally unhealthy.
20. A physician has the responsibility to inform the husband or parents of any female he aborts.
21. Promiscuity is widespread on college campuses today.
22. Abortion should be disapproved of under all circumstances.
23. Men should have coital experience prior to marriage.
24. Boys should be encouraged to masturbate.
25. Abortions should not be permitted after the twentieth week of pregnancy.

26. Experiences of seeing family members in the nude arouse undue curiosity in children.
27. Premarital intercourse between consenting adults should be socially acceptable.
28. Legal abortions should be restricted to hospitals.
29. Masturbation among girls is a frequent cause of frigidity.
30. Lower-class women are typically quite sexually responsive.
31. Abortion is a greater evil than bringing an unwanted child into the world.
32. Mutual masturbation in childhood should be prohibited.
33. Virginity among unmarried girls should be encouraged in our society.
34. Extramarital sexual relations may result in a strengthening of the marriage relationship of the persons involved.
35. Masturbation is acceptable when the objective is simply the attainment of sensory enjoyment.

PART II: KNOWLEDGE

Each of the following statements can be answered either true or false. Please indicate your position on each statement using the following alternatives:

T. True F. False

Be sure to answer every question.

1. Pregnancy can occur during natural menopause (gradual cessation of menstruation).
2. Most religious and moral systems throughout the world condemn premarital intercourse.
3. Anxiety differentially affects the timing of orgasm in men and women.
4. A women does not have the physiological capacity to have as intense an orgasm as a man.
5. There is no difference between men and women with regard to the age of maximal sex drive.
6. Social class is directly correlated with the frequency of incest.
7. The use of the condom is the most reliable of the various contraceptive methods.
8. The incidence of extramarital intercourse is constant for males between the ages of 21 and 60.
9. Nearly half of all unwed girls in America have sexual intercourse by age 19.
10. There are two kinds of physiological orgastic responses in women, one clitoral and the other vaginal.
11. Impotence is almost always a psychogenic disorder.
12. Transvestitism (a form of cross-dressing) is usually linked to homosexual behavior.
13. There was as much premarital coitus a generation ago as there is now.
14. Sexual attitudes of children are molded by erotic literature.
15. In some successful marriages sex adjustment can be very poor.
16. Homosexuals are more likely to be exceptionally creative than heterosexuals.
17. A woman who has had a hysterectomy (removal of the uterus) can experience orgasm during sexual intercourse.
18. Homosexuality comes from learning and conditioning experiences.
19. In responsive women, non-coital stimulation tends to produce a more intensive physiological orgastic response than does coitus.
20. Those convicted of serious sex crimes ordinarily are those who began with minor sex offenses.
21. One of the immediate results of castration in the adult male is impotence.
22. The body build of most homosexuals lacks any distinguishing features.

23. Masturbation by a married person is a sign of poor marital sex adjustment.
24. Exhibitionists are latent homosexuals.
25. A woman's chances of conceiving are greatly enhanced if she has an orgasm.
26. Only a small minority of all married couples ever experience mouth-genital sex play.
27. Impotence is the most frequent cause of sterility.
28. Certain foods render the individual much more susceptible to sexual stimulation.
29. A high percentage of those who commit sexual offenses against children is made up of the children's friends and relatives.
30. A higher percentage of unmarried white teenage girls than unmarried black teenage girls in the United States have had intercourse with four or more partners.
31. The attitude of the average American male towards premarital intercourse is shaped more by his religious devoutness than by his social class.
32. In teaching their daughters female sex roles, middle-class mothers are more affected by cultural stereotypes than mothers in other social classes.
33. In most instances, the biological sex will override the sex assigned by the child's parents.
34. The onset of secondary impotence (impotence preceded by a period of potency) is often associated with the influence of alcohol.
35. Nursing a baby usually protects the mother from becoming pregnant.
36. In our culture some homosexual behavior is a normal part of growing up.
37. Direct contact between penis and clitoris is needed to produce female orgasm during intercourse.
38. For a period of time following orgasm, women are not able to respond to further sexual stimulation.
39. In some legal jurisdictions artificial insemination by a donor may make a woman liable to suit for adultery.
40. Habitual sexual promiscuity is the consequence of an above-average sex drive.
41. Approximately one out of three adolescent boys has a homosexual experience leading to orgasm.
42. Impotence in men over 70 is nearly universal.
43. Certain conditions of mental and emotional instability are demonstrably caused by masturbation.
44. Women who have had several sex partners before marriage are more likely than others to be unfaithful after marriage.
45. The emotionally damaging consequences of a sexual offense against a child are more often attributable to the attitudes of the adults who deal with the child than to the experience itself.
46. Sexual maladjustment is the major cause of divorce.
47. Direct stimulation of the clitoris is essential to achieving orgasm in the woman.
48. Age affects the sexual behavior of men more than it does women.

49. The circumcized male has more trouble with ejaculatory control than the uncircumcized male.
50. More than a few people who are middle-aged or older practice masturbation.
51. Varied coital techniques are used most often by people in lower socioeconomic classes.
52. Individuals who commit rape have an unusually strong sex drive.
53. The rhythm method (refraining from intercourse during the six to eight days midway between menstrual periods), when used properly is just as effective as the pill in preventing conception.
54. Exhibitionists are no more likely than others to commit sexual assaults.
55. The ability to conceive may be significantly delayed after the menarche (onset of menstruation).
56. Many women erroneously consider themselves to be frigid.
57. Menopause in a women is accompanied by a sharp and lasting reduction in sexual drive and interest.
58. The two most widely used forms of contraception around the world are the condom and withdrawal by the male (coitus interruptus).
59. People in lower socioeconomic classes have sexual intercourse more frequently than those of higher classes.
60. Pornographic materials are responsible for much of today's aberrant sexual behavior.
61. For some women, the arrival of menopause signals the beginning of a more active and satisfying sex life.
62. The sex drive of the male adolescent in our culture is stronger than that of female adolescent.
63. Lower-class couples are generally not interested in limiting the number of children they have.
64. Excessive sex play in childhood and adolescence interferes with later marital adjustment.
65. There is a trend toward more aggressive behavior by women throughout the world in courtship, sexual relations, and coitus itself.
66. Sometimes a child may have cooperated in or even provoked sexual molestation by an adult.
67. LSD usually stimulates the sex drive.
68. Seven out of ten parents desire formal sex education in the schools.
69. For every female that masturbates four males do.
70. Douching is an effective form of contraception.
71. Freshmen medical students know more about sex than other college graduates.

SEX KNOWLEDGE AND ATTITUDE TEST
ANSWER SHEET

(Indicate your answer by circling the chosen response)

PART I - Attitude

1. A. Strongly agree
   B. Agree
   C. Uncertain
   D. Disagree
   E. Strongly disagree

2. A. Strongly agree
   B. Agree
   C. Uncertain
   D. Disagree
   E. Strongly disagree

3. A. Strongly agree
   B. Agree
   C. Uncertain
   D. Disagree
   E. Strongly disagree

4. A. Strongly agree
   B. Agree
   C. Uncertain
   D. Disagree
   E. Strongly disagree

5. A. Strongly agree
   B. Agree
   C. Uncertain
   D. Disagree
   E. Strongly disagree

6. A. Strongly agree
   B. Agree
   C. Uncertain
   D. Disagree
   E. Strongly disagree

7. A. Strongly agree
   B. Agree
   C. Uncertain
   D. Disagree
   E. Strongly disagree

8. A. Strongly agree
   B. Agree
   C. Uncertain
   D. Disagree
   E. Strongly disagree

9. A. Strongly agree
   B. Agree
   C. Uncertain
   D. Disagree
   E. Strongly disagree

10. A. Strongly agree
    B. Agree
    C. Uncertain
    D. Disagree
    E. Strongly disagree

11. A. Strongly agree
    B. Agree
    C. Uncertain
    D. Disagree
    E. Strongly disagree

12. A. Strongly agree
    B. Agree
    C. Uncertain
    D. Disagree
    E. Strongly disagree

13. A. Strongly agree
    B. Agree
    C. Uncertain
    D. Disagree
    E. Strongly disagree

14. A. Strongly agree
    B. Agree
    C. Uncertain
    D. Disagree
    E. Strongly disagree

15. A. Strongly agree
    B. Agree
    C. Uncertain
    D. Disagree
    E. Strongly disagree

16. A. Strongly agree
    B. Agree
    C. Uncertain
    D. Disagree
    E. Strongly disagree

17. A. Strongly agree
    B. Agree
    C. Uncertain
    D. Disagree
    E. Strongly disagree

18. A. Strongly agree
    B. Agree
    C. Uncertain
    D. Disagree
    E. Strongly disagree

19. A. Strongly agree
    B. Agree
    C. Uncertain
    D. Disagree
    E. Strongly disagree

20. A. Strongly agree
    B. Agree
    C. Uncertain
    D. Disagree
    E. Strongly disagree

21. A. Strongly agree
    B. Agree
    C. Uncertain
    D. Disagree
    E. Strongly disagree

22. A. Strongly agree
B. Agree
C. Uncertain
D. Disagree
E. Strongly disagree

23. A. Strongly agree
B. Agree
C. Uncertain
D. Disagree
E. Strongly disagree

24. A. Strongly agree
B. Agree
C. Uncertain
D. Disagree
E. Strongly disagree

25. A. Strongly agree
B. Agree
C. Uncertain
D. Disagree
E. Strongly disagree

26. A. Strongly agree
B. Agree
C. Uncertain
D. Disagree
E. Strongly disagree

27 A. Strongly agree
B. Agree
C. Uncertain
D. Disagree
E. Strongly disagree

28. A. Strongly agree
B. Agree
C. Uncertain
D. Disagree
E. Strongly disagree

29. A. Strongly agree
B. Agree
C. Uncertain
D. Disagree
E. Strongly disagree

30. A. Strongly agree
B. Agree
C. Uncertain
D. Disagree
E. Strongly disagree

31. A. Strongly agree
B. Agree
C. Uncertain
D. Disagree
E. Strongly disagree

32. A. Strongly agree
B. Agree
C. Uncertain
D. Disagree
E. Strongly disagree

33. A. Strongly agree
B. Agree
C. Uncertain
D. Disagree
E. Strongly disagree

34. A. Strongly agree
B. Agree
C. Uncertain
D. Disagree
E. Strongly disagree

35. A. Strongly agree
B. Agree
C. Uncertain
D. Disagree
E. Strongly disagree

PART II - Knowledge

1. T F	13. T F	25. T F	37. T F	49. T F	61. T F
2. T F	14. T F	26. T F	38. T F	50. T F	62. T F
3. T F	15. T F	27. T F	39. T F	51. T F	63. T F
4. T F	16. T F	28. T F	40. T F	52. T F	64. T F
5. T F	17. T F	29. T F	41. T F	53. T F	65. T F
6. T F	18. T F	30. T F	42. T F	54. T F	66. T F
7. T F	19. T F	31. T F	43. T F	55. T F	67. T F
8. T F	20. T F	32. T F	44. T F	56. T F	68. T F
9. T F	21. T F	33. T F	45. T F	57. T F	69. T F
10. T F	22. T F	34. T F	46. T F	58. T F	70. T F
11. T F	23. T F	35. T F	47. T F	59. T F	71. T F
12. T F	24. T F	36. T F	48. T F	60. T F	

PARENT FEEDBACK

If I could change one thing about this experience (Human Sexuality for Parents) it would be:

My favorite thing about this experience has been:

General comments about course, leader, etc.:

APPENDIX C

INFORMED CONSENT FORM

INFORMED CONSENT FORM

Project: The Design, Implementation, and Evaluation of a Sexuality Education Program for Parents

According to surveys, most parents in this country think that they should be the primary sex educators of their children, and yet most parents also think they need better preparation to fulfill the role of sex educator adequately. This study will help to show whether one specific educational program will make parents better prepared to sexually educate their children.

All participants in the study will be asked to fill out questionnaires dealing with background information, sexual attitudes, and sexual knowledge. Questionnaires asking these types of questions will be completed on two different occasions, 6-8 weeks apart. Each of these occasions of completing the questionnaires should take no longer than one and one-half hours.

Between the two occasions of filling out questionnaires, some study participants will take a course on human sexuality, while the rest of the people in the study will not take the course at that time (though the course will be offered later for those who are interested). The course will involve a two-hour evening meeting each week for six weeks. Because the course is being evaluated for its effectiveness, only those participating in the study (filling out questionnaires) will be included in the first session of the course.

Those who participate in this study will be protected in the following ways:

1. Your name will be connected to your questionnaire responses only through a coded list kept by me (Rush Winchester). The coded list of names will allow me to match "before" and "after" questionnaires or to check on incomplete information. The information given by you is used only in comparing one group to the other, not in comparing individuals. I will keep your consent forms, the name-coding, and your responses for a period of five years, after which time I will destroy them.

2. You are under no obligation to participate—you are free to withdraw your consent and discontinue your participation at any time.

3. Although it is highly unlikely, it is possible that you could experience some sort of emotional discomfort as a result of completing the questionnaires or taking the course. If something like this should happen, please contact me at 522-0191 (office) or 637-0814 (home) so that we can discuss it.

There are several possible benefits to participation in this study. These include: (a) gaining a clearer idea of just how much knowledge you have in the area of human sexuality, (b) gaining a clearer picture of your own sexual attitudes and values, (c) having a more specific idea as to how ready you are to sexually educate your

child(ren), and (d) having the chance to compare your responses to those of both groups in the study (if you choose to receive the study results).

You have my word that I will treat you with respect, and that your responses to questions will be confidential. Together I hope that we can add to what is known about sexuality education and help to improve the futures of our children.

Gratefully,

Rush B. Winchester, Jr.
Doctoral Candidate,
Child & Family Studies, UT

If you have read and understood the above information and agree to participate in this study, please sign and return one copy of this form.

Signature:_____

Would you like to receive the general results of this study? ☐ Yes
☐ No

Please print your address and phone number below:

Address:_____

Phone #:_____

APPENDIX D

CORRELATION MATRIX OF PRETEST VARIABLES

Table D-1

Correlation Matrix of Pretest Variables

N=28 Unless Otherwise Noted	SEB	SOCSD1	SOP1	HETSEX1	SEXMYTH1	MASTURB1	ABORT1	OVERATT1	KNOWL1
SEB	1.00								
SOCSD1	.33*	1.00							
SOP1	.01	.41*	1.00						
HETSEX1	-0.26	.004	.23	1.00					
SEXMYTH1	-0.14	.14	.39*	.35*	1.00				
MASTURB1	-0.35*	.12	.32*	.69*	.46*	1.00			
ABORT1	-0.17	-0.02	.15	.62*	.16	.52*	1.00		
OVERATTI	-0.29	.06	.33*	.89*	.58*	.82*	.79*	1.00	
KNOWL1 Due to missing data, N=26	.10	.26	.26	.29	.32**	.32**	.45*	.45*	1.00

*PROB RHO = 0 is $\leq$ .10.

**Not significant due to smaller N (missing data).

APPENDIX E

COURSE ATTENDANCE FOR TREATMENT GROUP

Table E-1

Course Attendance for Treatment Group

Participant Code Number	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6
01	X	X	X	X	X	X
02	X	X	X	-	X	X
03	X	X	X	-	-	X
04	X	X	X	X	X	X
05	X	X	X	X	X	X
06	X	X	X	X	X	X
07	X	-	-	X	X	X
08	X	-	X	X	X	X
09	X	X	X	X	X	X
10	X	X	X	X	X	X
11	X	-	-	X	X	-
12	X	X	-	X	X	-
13	X	X	X	X	X	X
14	X	X	X	-	X	X
15	X	X	X	X	X	X
16	X	X	X	X	X	-
17	-	X	X	-	X	-
18*	-	X	X	X	X	-

*Did not return postprogram questionnaire, so was not included in data analysis.

VITA

The author was born on November 16, 1950, in Charlotte, North Carolina. He attended high school at James M. Bennett High School in Salisbury, Maryland, graduating in 1969. His undergraduate education was received at Davidson College, Davidson, North Carolina, from which he received the Bachelor's degree in psychology in June of 1973. For the next five years the author divided his time between graduate school, preschool teaching, and singing rock and roll. He received his Master's degree in educational psychology/ guidance from The University of Tennessee, Knoxville, in August of 1978. He had absolutely no contract offers from record companies. The author's doctoral work was done at The University of Tennessee, Knoxville, from September 1978 to June 1983; he received the Ph.D. in Home Economics with a major in Family Studies.

The author has worked since June of 1981 as the Director of Education and Training, Planned Parenthood Association of East Tennessee. He is a member of the American Association of Sex Educators, Counselors and Therapists (AASECT), The National Council on Family Relations (NCFR), and the Phi Kappa Phi honorary fraternity. He has been married since June 16, 1973, to Ivy Chapin Winchester, and is the doting but well-educated father of Betsy Winchester, born April 4, 1981.