To the Graduate Council:

I am submitting herewith a dissertation written by Diane L. Whitehead entitled "Increasing Parent Effectiveness in Educating Their Children about Sex: Program Development and Consequent Volunteer Rates." I recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Psychology.

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INCREASING PARENT EFFECTIVENESS IN EDUCATING THEIR CHILDREN ABOUT SEX: PROGRAM DEVELOPMENT AND CONSEQUENT VOLUNTEER RATES

A Dissertation

Presented for the

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long and trying months. I extend this to Rob and Brett Honeycutt, who also lived with me through several years of graduate school.

ABSTRACT

This study was in fact three studies occurring in progression. The original study was the development of a program to help mothers talk more comfortably and informatively with their daughters about sex and evaluation procedures for this program. Groups of women were asked for their participation. In spite of a high rate of expressed interest in the program and relatively good initial volunteer rates, actual attendance at the program was very sparse. Specifically, of the 60 women who were approached, twenty-nine expressed an interest in the program. Eighteen women scheduled preprogram interviews with the E and sixteen carried through with the interviews. Of these sixteen, six women participated in the program, three never had an opportunity to do so due to cancellations, and seven did not participate.

The second study consisted of follow-up interviews with the six women who participated and eleven who did not participate. Four tentative conclusions emerged from this study. One, there are always going to be some women who volunteer who will not participate. Second, the length and format of the program may have made it difficult for women to participate. Third, there were some indications that women who participated in the program were already talking about sex with their daughters while nonparticipants were not. Fourth, half the women who participated were known personally to E and this was probably a factor in their participation.

The third study consisted of approaching women with information about the program and asking for their participation. If they were interested they were asked to attend a meeting with Sex Information and Referral Service Board members who were responsible for the program. Attendance at this meeting was taken as a measure of S's interest and commitment to actually participating in the program. Of the 53 women who filled out questionnaires, twenty-three said they felt both a need for and interest in such a program, eighteen committed themselves to attend the meeting with Sex Information and Referral Service Board members and two women attended the meetings. One of these women was known personally by E. Differences between those who expressed an interest but did not participate in this study and the nonparticipants of the first study were few, as were differences between this group and those who did not express an interest at all.

A review of the basic assumptions upon which the program was based was made. Several speculations about the nonparticipation phenomenon and several suggestions for future approaches to offering such a program were made.

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CHAPTER I

INTRODUCTION

This study has, in fact been a progression from the original idea. The original proposal was to develop and evaluate a program to aid mothers in talking more comfortably and informatively with their daughters about sex, particularly menstruation and puberty. This was based on the following set of assumptions:

1. Education about sexuality for children is a good thing.
2. Parents are in a position to be the primary sex educators of their own children, and want to be.
3. Many parents have found the role of sex educator a difficult one for them, and thus formal sex education programs have often been instituted in schools and/or churches.
4. There have been few, if any, systematic attempts to help parents deal with being the sex educators of their own children.
5. Many parents would welcome some help in dealing with this role vis á vis their children.

Thus a program to help mothers talk more comfortably and informatively with their daughters about sex and evaluation procedures were developed. This program offered parents a unique opportunity in that it combined sex information with communication skills. Groups of women were asked for their participation. In spite of a high rate of expressed interest in the program and relatively good initial volunteer

rates, actual attendance at the program was very sparse. It was not clear whether this was a fluke caused by the season of the year (summer), due to something specific about the program, or something wrong with one of the basic assumptions under which the program was developed. Thus the questions then became how many women will express an interest in a program to help them talk more comfortably and informatively with their daughters about sex, and how many will ultimately participate in such a program? Would women rather participate alone or with their daughters? And, possibly are there any differences between women who would participate with their daughters and those who would not that would have further bearing on program development?

The present study incorporates briefly the development of the program and its evaluation procedures, and the attempt to study the phenomenon of low participation in the program. It is divided into three parts, the first being the development of the program. The second part is the first attempt to come to terms with the low participation phenomenon by analyzing existing data on those subjects who had expressed an interest in the program and then ultimately participated in the program or not, and a follow-up phone interview with a number of the Ss involved. The third part of the study is an attempt to confirm or deny the tentative findings of the first two parts. In this a somewhat different program is offered within an altered format to study rates of participation and differences between participants and nonparticipants. To try to make the presentation of the study as readable as possible the

three different parts are presented in toto in sequence rather than in the traditional way of presenting all procedures together, all results together, etc.

In review, the specific questions addressed by this study were:

1. The initial questions were "Could a program be designed to help parents talk more comfortably and informatively with their children about sex? Could this program be evaluated?"
2. When subject participation made it impossible to assess this, the question then became:
   A. When offered such a program, how many women will volunteer and how many will ultimately participate?
   B. What factors influence their participation, i.e., season of the year, daughter participation, etc.?
   C. Are there differences between women who would participate and those who would not that have bearing on program development?

Limitations

The samples for all parts of this study are white, middle class women. Whenever the program was offered, it was done so as a separate program to which people would have to commit themselves as a separate entity from any group or activity in which they were already involved.

CHAPTER II

LITERATURE REVIEW

There is a growing body of literature that supports the value of better sex education in general. Malcolm (1971) discussed the growing number of sex education courses on college campuses and stressed the seeming massive ignorance of college students of basic sexual information. He concludes that largely due to young people's ignorances of sex, contraception, and their own anatomy a number of serious social problems have emerged, notably the increase in illegitimate births, abortions, and VD. Deschen (1963) studied 600 adolescents who were treated for VD and stated that though they were all very different, they did have in common a "baffling ignorance of the meaning of sex and its relation to family life and, even more, ignorance of the hazards of premature sexual involvement before they have found themselves or are able to assume responsibility for their acts." Blazer (1964), in a study of women who remained virgins within their marriages from one to 21 years of marriage (mean 8 years), found that ignorance of sexual matters was underlying almost all their reasons for doing so. He concludes that more general knowledge of sex imparted at an early age would be very helpful in preventing this phenomenon. Chernick and Chernick (1970) and Masters and Johnson (1970) stress the major role of ignorance of sexual matters in sexual dysfunction. A major goal in the treatment of most sexual dysfunctioning is the education and reeducation of the people

involved in basic sexual information. Many of the difficulties brought about by sexual ignorance, it seems, could be corrected and forestalled by better sex education.

Sex education has usually been understood as formal sex education programs offered through the schools, churches, and various agencies such as Planned Parenthood. However, sex education involves far more than this. Learning that begins earliest and continues longest occurs in the home, and this includes sex education. Parents are the role models most readily available for at least the initial processes of sex role identification and attitude formation toward sexuality.

> When human beings are interacting with each other sex education is going on nearly all the time. Everyone is a sex educator, whether he recognizes it or not. From infancy to maturity, our self-concept as men and women is continually changing and developing, becoming damaged or being enhanced. Probably the most powerful influences that shape this image are our parents, our religious upbringing, and our association with our peers. (AASEC, 1972)

That parents play an extremely vital role (knowingly or unknowingly) in the "sex education" of their children is generally taken for granted. But in spite of this widely assumed influence of parents, most sex education programs have been aimed at bypassing parents' responsibility for educating their children sexually.

Three factors have been offered as contributing to the development of nonparent sex education programs. One is the belief that parents do not have enough basic information about sex themselves to adequately teach their youngsters. Another is the belief that most parents are not comfortable in talking about sex at all, least of all with their children.

Third, the emotionally charged topic of sex is better handled in a less emotionally laden atmospnere than that created by a tense parent and child, i.e., the school classroom.

Sex education programs in the school system have been an extremely helpful alternative to parent sex education. An investigation into the sex education background of 1100 college students on the campus of a major southern university revealed some interesting relationships between the primary source of information and its accuracy. When that primary source was physicians or ministers there was no relationship at all with the accuracy of the information, either positive or negative. However, when the primary source was either the peer group or the parents there was a significant negative relationship between the source and the accuracy of the information. Only when the students had received their sex education primarily from the classroom courses or from books of authenticated accuracy was there a significantly positive relationship between source and accuracy of information (Barfield and McCary, 1969).

Though the most accurate sex education may come through the school system, the timing for the individual child may be wrong. Many schools do not have any sex education programs and few schools have a sex education program so integrated into the total curriculum that it is able to be responsive to the individual needs of the child when the need arises for that child. In a study conducted in the early 1940's with boys aged 10-16 Ramsey found that by age ten 69% knew about pregnancy, 57% knew about sexual intercourse, and 43% knew about masturbation. By

age 14 virtually all (92-100%) knew about all these topics. The accuracy of their information was very poor, however, and most had acquired their first information from their male peers. More recently Thornburg (1970) found in a sample of college women that 76% were aware of the concept of "origin of babies" and 60% were aware of menstruation by age 10, and most other concepts dealing with sexuality were learned during junior high school age. He found again that girl companions and literature tended to be the basic sources of pertinent sex information although mothers did play an active role in imparting information about the origin of babies and menstruation. Thornburg concludes from his data that ". . . youth are not getting adequate information, either at home or at school, on sex topics they either have a need for or interest in knowing." Thus it would seem that an effective school sex education program would have to be started much earlier than age 10 in order to head off possible misconceptions and inaccuracies that have already been acquired by that age, as well as give children adequate information to deal with the changes of puberty. Many sex education programs in the schools are held off until at least junior high school age if not later. Though changes are occurring in the system, Tennessee law states that it is illegal to teach sex education below high school level unless the program has been approved on a State level and by the community as a whole. This has effectively stopped all systematic efforts to introduce formal sex education programs into the Knoxville junior high school system up until this time. The evidence cited, however, seems to indicate that optimal timing for sex education occurs even prior to junior high school.

Many studies support the findings that children learn much of what they know about sex from their peers and that this information is not usually accurate (Malcolm, 1971; Angelino and Mech, 1955 and 1958). Gagnon, as cited by McCary (1972), found that for 53% of the males and 35% of the females in his sample, friends were the primary source of sex information. Mothers were a source for 46% of the females but for only 18% of the males. Twenty-five percent of the males cited their father as a primary source but almost none of the females received much sex information from their fathers. In contrast to this he found that his sample overwhelmingly expressed the desire that their parents be the primary source of their information about sex. About 90% indicated a preference for the mother as a major source; 80% indicated the father; 60% the family doctor; 40% the school; 25% the church; 25% books; and 10% siblings. Only 5% signified a preference for friends as a primary source of sex information. Thus we see that what actually seems to have happened is that most young people learn about sex from their friends, though they would much prefer that they get that information from their parents. Dubbe (1957) also found that many young people wanted to talk with their parents about sex but had difficulty doing so. He saw the breakdown in communication about this vital topic as often leading to a serious breakdown in the parent-child relationship that could be dealt with only through more understanding and education on the part of the parents. This points to another aspect of sex education programs in the school which does not meet a basic need in the education of the

child. That is, the provision of a trusting, continuing relationship within which sex can be discussed and to which the child can turn when the need arises.

Evidence, then, seems to agree with McCary when he stated that:

> . . . no thoughtful educator would disagree with the argument that, if parents feel comfortable in their role as teacher, the home is the ideal setting for a child's sex education. Ideal and actuality have, unfortunately, proved to be poles apart. Parents are not, generally speaking, discharging their obligation to provide children with the accurate, timely sex instruction essential to the young people's future good mental health.

And that in spite of the fact that parents are in the best position to offer their children well-timed, accurate, on-going sex education and are preferred by most to be the conveyors of sex information, few programs have been developed to assist them in this process.

It would seem that another approach would be that of reexamining the parents as sex educators of their children. No evidence could be found in the literature of active, systematic attempts to offer interested parents the opportunity to gain more information about sexual topics and to become more comfortable in talking about sexual matters with their children.

CHAPTER III

METHOD AND RESULTS FOR STUDY I

Subjects

Ss for the original program were 13 women who had at least one daughter in the age range of 5-13 years old. All 13 of these women participated in a preprogram interview, while six of them participated in the program itself.

Ss ranged in age from 27 to 38 years old, 11 were married, 1 divorced and 1 widowed. The size of these women's families ranged from one to four children with seven of the 13 women having two children. Educational level of the Ss and their husbands are presented in Table 1, Part I. All the women were at least high school graduates and only one husband had less than a high school degree. Seventy-seven percent of the Ss and their husbands had some college, a college degree, or were pursuing graduate work. Three of the Ss husbands had Ph.D.'s.

Measures

During the preprogram interview each mother was asked to sign a consent form, to fill out a demographic face sheet, and to answer a questionnaire developed for this project called the Mother-Daughter Interaction Questionnaire. See Appendix A, B, and C respectively for these materials. The Mother-Daughter Interaction Questionnaire (hereafter

Table 1

Educational Level: Ss and Husbands

Educational Level	Part I		Part II	
	Ss	Ss Husbands	Ss	Ss Husbands
Less than high school		1		
High school	1	2	14	5
High school, other training	2	1	1	1
1 year college	2	1	4	1
2-4 years college, no degree	2	3	2	1
B.S., B.A., B. Arch.	4	1	18	24
1 year graduate training	1		2	3
M.S., M.A.			5	6
B.S. Nursing			2	
R.N.			4	
Ed.D.				1
Ph.D.	1	3		6
M.D.				2
J.D.				2
Blank			1	1
Deceased		1		

referred to as the MDIQ) deals with how much the mother feels like she and her daughter know about a variety of sexual topics, how ofter mother and daughter have talked about these sexual topics, and how comfortable she feels when talking with her daughter about sexual topics.

The evaluation procedures for the program itself consisted of a questionnaire on basic sexual information and a video-taped interchange of the mothers and daughter talking about a particular sexual topic selected by the mother in the preprogram interview. The Sexual Information Questionnaire was developed by E to cover basic information about male and female anatomy, menstruation, puberty, and some common myths and falacies about sexuality. Three alternate editions of the test were developed, simply labeled a, b, and c so that each S would take a different version of the test for the pre, interim, and posttesting. See Appendix D for copies of the three tests. Pre, interim, and postprogram each S was also asked to sit down with her daughter and talk for a few minutes about some sexual topic that she has previously chosen during the preprogram interview. This interchange was videotaped, giving a firsthand record of the mother-daughter interaction.

Procedure

A two-part program with evaluation procedures was developed. One part of the program dealt with a review of basic sexual information ranging from male and female anatomy to some of the physical and emotional aspects of puberty and menstruation. The other part focused

on basic communication skills with special emphasis on using these when talking about sexual topics with a child. The evaluation procedures consisted of the Sexual Information Questionnaire and a videotaped interchange of the mother and daughter talking about a particular sexual topic. The entire program and evaluation was thoroughly explained to each mother with ample opportunity for questions during a preprogram interview conducted by E. At this time the MDIQ was also administered.

Presentation and evaluation of the original program was planned in the following manner. It was conducted in five phases, which consisted of the educational program and the assessment of its impact. The two parts of the educational program were labeled EP1, the part that dealt with the imparting of basic sexual information, and EP2, the part that dealt with basic communication skills. Phases I, III and V involved the pre, interim, and posttesting sessions. Phases II and IV consisted of the presentation of EP1 and EP2 respectively. Schematically this looks like this:

Phase				
I	II	III	IV	V
Pretesting	EP1	Interim testing	EP2	Posttesting

Two graduate students in the Child Development and Family Relations Department conducted EP1 while E and another graduate student conducted EP2. Pre, interim, and posttesting were carried out with the help of several undergraduate assistants.

The following means were used to locate people who might be interested in participating in a program to aid them in talking with their children about sex more informatively and comfortably:

1. Newspaper ads in the body of the newspaper, women's section, for several weeks.
2. Newspaper article written in Sunday's woman's section.
3. T.V. appearance by E on evening local news, short interview with basic information conveyed.
4. Posted notices in all laundry rooms of married student housing areas (Kingston Apts., Laurel Apts., Woodlawn and Taliwa Courts).
5. Twelve churches, the Girls Club, Girl Scouts Central Office, West Hills Girl Scout troop, Westside YMCA, and Downtown YWCA were called and asked if they would run a notice in their bulletin and/or like a visit from E to talk with their group about the program. Six churches agreed to place a notice of the program in their Sunday bulletins and three agreed to a visit by E. The mothers of the West Hills Girl Scout troop were all called by a woman whose daughter belonged to that troop.

There were two opportunities when the program was presented. Five women (of six scheduled to do so) participated in the first of these and one (of six scheduled) in the second. Program outlines and materials for the first presentation of the program may be found in Appendix E. For the second presentation EP1 was left unchanged while EP2 was changed to include the use of a videotaped session between mother and daughter for direct feedback to the mother. She thus had the added opportunity

to observe her own behavior in relation to her daughter, to receive feedback from others about her behavior, and to better incorporate the aspects of the program directed at facilitating her interaction with her daughter. The changed format for EP2 may be found in Appendix F. Though one woman did participate in its presentation, it was at this time that the "nonparticipation" phenomenon took precedence over all else since it seemed increasingly impossible to schedule a program date with any confidence that anyone would show up for it. The reasons for this were not clear and the phenomenon presented itself as a vital area of study in and of itself since it appears fruitless to offer a program unless one has some confidence that women will participate in it.

Results

Although many mothers expressed an interest in the concept of such a program, fewer were willing to pursue participating in the program to the point of a preprogram interview in their home, and fewer still actually showed up to participate in spite of having committed themselves to do so in the course of the preprogram interview. Specifically, of about 60 women who were approached personally in small groups, twenty-nine expressed an interest in the program and twenty-five of these women were contacted by phone to arrange preprogram interviews. If a woman was not contacted it was because she could not be reached after repeated attempts to do so. Of these 25, 18 women scheduled preprogram interviews and 16 carried through with the interviews. Six of the women who participated in a preprogram interview participated in the program and

three never had an opportunity to do so because of cancellations of the program. Seven women who participated in a preprogram interview did not participate in the experimental program. All seven of these women expressed a high rate of interest at the time of the preprogram interview and committed themselves to a particular date to participate in the program. Most of these women canceled, recommitted themselves to a new program date, and canceled again several times.

Pre, interim, and posttesting results for the Sexual Information Questionnaire for the two presentations of the program are given in Table 2. Little difference can be seen between pre, interim, and post-test scores for the first presentation. This was not taken as an accurate assessment of EP1 since the people who led this part of the program did not complete the presentation of it as planned because of inaccurate timing. Thus EP1 was left the same for the second presentation to attempt a more accurate assessment of its impact. Considerable difference shows up in the scores in the second presentation but no clear statement can be made about whether this is due to the impact of EP1 or some other factor because of the small N (N = 1).

No formal scoring system was developed for the videotapes since the "nonparticipation" phenomenon took precedence over the actual evaluation of the program. However, on the basis of impressions from viewing the videotapes of the mother-daughter interaction pre, interim, and post-program in the first presentation, it did not appear that EP2 was as effective as it could be with a few basic changes. On this basis the previously mentioned changes of including the videotaped interaction in

TABLE 2

Sex Information Questionnaire Test Scores

Subject #	Test Scores - Number of Errors			Pre-post Differences
	Pre	Interim	Post	
		Presentation 1		
05	5	6	2	- 3
07	20	16	12	- 8
08	6	6	8	+ 2
10	10	7	4	- 6
11	9	9	3	- 6
		Presentation 2		
13	16	4	2	-14

the program for direct feedback to the mother were made in EP2. The changed presentation was only conducted with 1 S. Based on impression again, the change seemed to be quite helpful in facilitating mother-daughter interaction.

CHAPTER IV

METHOD AND RESULTS FOR STUDY II

Subjects

Ss for the follow-up phone interview included all 13 of the above Ss. In addition, four other women who had indicated an interest in the program but had not participated in either the preprogram interview or the program itself were contacted and interviewed.

Measures

A form was designed for this study covering a variety of possible reasons for participation or nonparticipation in the program. A copy of this follow-up form may be found in Appendix G. Ss did not actually fill this out as the interview was conducted over the phone, but it was used by E as a format with which to gather the same information from all the Ss.

Procedure

People who had expressed an interest in the program were contacted by phone. If they indicated a willingness to talk about their participation or nonparticipation in the program, they were asked a variety of questions pertaining to why they may or may not have participated. (If a woman was not contacted it was only after repeated attempts to do so.) There was also a collection of data on the women

who had previously participated in the preprogram interview, and this data was studied for possible differences between those women who participated in the program and those who did not. Added to this were the observations made while interviewing many of the women.

Results

Two results emerged from this study. The first of these was a clearer idea of what might have a critical effect on whether a woman participated in the program or not, and the other was the emergence of tentative differences between those women who participated and those who did not. Among those things that did not seem to be critical to participation were time of year, place, the preprogram interview, taking a sex questionnaire, reviewing basic sex information, and focusing on and dealing with communication skills as part of the program. These last two were particularly important since they were the central themes of the entire program.

The essential areas of concern to these women, and thus possibly critical to participation, seemed to be those parts of the evaluation procedures that directly involved the participation of their daughters, such as talking with her as part of the program and the videotape procedure; and the length and format of the program.

Talking to their daughters as part of the program was of concern to 2/3 of the women, as was the procedure of videotaping. One-half of the women reinterviewed expressed concern about their daughter's reaction to participating in the evaluation procedure. When asked if they would be

any more comfortable talking with someone else's daughter in the evaluation phase of the program, over one-half said that this also would bother them a great deal.

One-third of the women reinterviewed said that it would have been more convenient if it had been scheduled another day, that another format (i.e., two evenings instead of a one-day workshop) would have been more convenient for them, and that it would have been better for them if it had been shorter.

There also began to emerge a picture of the woman who ultimately did participate in the program and the woman who did not based on preprogram interview data gathered from the 6 women who participated and the seven women who did not participate but did take part in the preprogram interviews. Table 3 is a summary of this data. The most outstanding difference between the two groups was in the inclusion or exclusion of their daughters from the preprogram interview. Every mother who ultimately participated in the program included her daughter in the preprogram interview. None of the nonparticipating mothers included their daughters in the interview, and many actively excluded them from it by asking them to leave the room, etc. (Statistical analysis of such small N is not reliable so the following is a summary of the trends in Table 3.)

1. Information: Participating mothers tended to report themselves as slightly less well-informed than nonparticipating mothers reported themselves, though the groups could not be discriminated on this measure.

TABLE 3

Mother-Daughter Interaction Questionnaire
Participants and Nonparticipants

	Participants	Nonparticipants
Preprogram Interview		
Included	6	0
Not Included	0	7
Comfort Level (# of topics S reports "Quite a bit" or better)		
7 topics or less	3	7
8 topics or more	3	0
Recency of Discussion (# of topics Ss report discussing in last month)		
4 topics or less	1	7
5 topics or more	5	0
Information (# of topics S reports "Quite a bit" or better)		
1 topic or less	4	0
2 topics or more	2	7
# of Topics Discussed (# of topics Ss report talking about 3 or more times)		
4 topics or less	2	4
5 topics or more	4	3
Daughter Initiating (# of topics Ss report daughter initiating)		
2 topics or less	0	6
3 topics or more	6	1

2. Comfort level: There appeared to be no differences in the mothers' reports of how comfortable they felt about talking with their daughters about sex. There was variability, but overall most of the women reported feeling quite comfortable.

3. Frequency in talking: There were no noticeable differences in the number of times that participating and nonparticipating women reported talking with their daughters about various sexual topics. However, when pinpointed as to when they had last done so, participating mothers could be discriminated from nonparticipating mothers by the greater number of topics they had talked about with their daughters within the last month. All but one of the participating mothers had talked about 5 or more topics in the last month while no nonparticipating mothers had.

4. Daughter initiating: Participating and nonparticipating mothers could be discriminated on the number of sexual topics about which their daughters had initiated talking with them. By the mothers' report, the daughters of women who participated in the program initiated talking about a greater number of topics than daughters of nonparticipating mothers. All daughters of participating mothers had initiated talking about 3 or more topics. Only one daughter of nonparticipating mothers had initiated talking about this many topics.

5. Known to E: Three of the Ss who participated were personal friends of E.

The tentative conclusions drawn from this study were four-fold. First, there are always going to be some women who volunteer for

programs who are too busy, or for whom too many "hassles" will arise, for them to actually participate in the program. This may or may not be reduced by changing certain other aspects of the program. Second, the length and the format of the program seemed to be a source of some discontent and may have made it difficult for some women to attend. Third, there are some indications that there were at least two somewhat different groups of women who volunteered for the program with somewhat different needs. Perhaps one group's needs were filled by the present program and they ultimately participated in it; the other's were not and they did not. Some of the groups' differences seem to center around the participation of their daughters in the program. For mothers who ultimately participated in the program the program appeared to be a simple extension of their present style of interacting with their daughters. They included their daughters in the preprogram interview, thus informing them very early of their involvement as well as the intent and purpose of the program. They have talked to their daughters about a variety of sexual topics within the last month and for whatever the reasons their daughters initiate talking about sex with them freely. Another approach, however, may be necessary for those mothers who did not participate in this program. They report themselves as reasonably well-informed and comfortable in talking with their daughters, but their daughters tend not to initiate talking with them about sex and they have not talked about many sexual topics with them recently. Their difficulty, if any, does not appear to be in talking with their daughters as much as in initiating talking with their daughters and thus a program that

already includes their daughters may be inappropriate for them. And fourth, half the women who participated were personal friends of E. This personal element may prove essential in participating in a program that involves a rather personal subject matter.

CHAPTER V

METHOD AND RESULTS FOR STUDY III

Subjects

Ss for the second follow-up study were 53 Caucasian women who had at least one daughter in the age range of 5-13 years old who agreed to fill out a questionnaire regarding their interest in a program for talking to their children more comfortably and informatively about sex. Two women with no children and 14 women with children over 14 years old, under 5 years old, or male also filled out questionnaires for a total of 69. Only those questionnaires from the 53 women with daughters 5-13 years old were used in the data analysis since this target population was comparable to that sought for the original program.

Ss ranged in age from 26 to 47 years old with 62% falling between 31 and 36 years of age. All but one of the Ss were married, the one being divorced. The size of these women's families ranges from 1 to 5 children with 51% having 2 children. The Ss and their husbands' educational level are presented in Table 1, Part II (page 11). No one in the sample, nor their husband, was less than a high school graduate and most of the women, 74%, had some training beyond high school as did 91% of their husbands. In fact, 38% of the women and 51% of their husbands had college degrees and at least a year of graduate training in some field. Although 9.4% of the women had their M.S. or M.A. degree, none had a

higher degree than this while 11.3% of their husbands had their M.S. and M.A. and 20.7% had either their Ph.D., M.D., Ed.D. or J.D. In sum, this sample appeared to be roughly equivalent to the first sample with regard to age, number of children, and educational level of themselves as well as their husbands.

Measures

Ss were given the Program Interest Questionnaire, see Appendix H. This questionnaire included:

1. Demographic data.
2. Revised Mother-Daughter Interaction Questionnaire (hereafter referred to as the Revised MDIQ).
3. Interest Section, consisting of:
   A. Questions regarding the degree of interest in participating in a program designed to be helpful to parents in talking with their children about sex.
   B. Questions regarding attending an interview with the Board members of the Sex Information and Referral Service (hereafter referred to as SIRS) to talk further about the program.

Each S who attended the follow-up meeting with the SIRS Board was asked to fill out two short questionnaires designed by E. The first of these consisted of basic demographic data that allowed Ss to be connected anonymously with earlier data and questions concerning child participation in the proposed program. The second asked them to make a commitment

regarding their own participation and possible participation of their child in the program. Copies of these questionnaires can be found in Appendix I. The demographic data allowed E to identify, without the use of names, which Ss ultimately came to the meetings with the SIRS Board and made some kind of commitment to participating in a program. The questions about daughter participation gave some indication of how these women feel about daughter participation since this seemed a crucial factor in the earlier program that automatically included their participation.

Procedure

The following groups were approached with the proposal that E would visit with their group and talk briefly about a program for parents on talking with their children more informatively and comfortably about sex. If people present then wished, they could fill out the brief questionnaire regarding their interest in such a program.

1. Ten churches were contacted. Generally both the Sunday School class leaders and women's group leaders were contacted for each church. Two groups expressed an interest in a visit from E and arranged times for this.
2. Law Women, Law Wives, Faculty Wives Club and National Organization of Women. None were able to arrange a visit.
3. Girl Scouts. Arrangements were made with the Central Girl Scout Office to visit nine meetings of Girl Scout leaders.
4. Selected Eastern State Hospital staff.

If they were interested in talking further about the program or in participating in it, they were asked to indicate whether or not they would attend a meeting with the people who would be teaching the program to talk about the program further. Board members of SIRS agreed to be responsible for the program and to meet with any interested parents to discuss the program. See Appendix J for a list of SIRS Board members.

SIRS Board members were available at the Wesley Foundation to meet with interested people and talk with them about the program on dates indicated in the questionnaire. Each S who indicated an interest in the program and gave their name and address was sent a reminder notice of the time and place of the meetings several days prior to the meeting times. Attendance at this meeting was taken as a measure of each Ss interest and commitment to actually participating in the program.

Results

Table 4 gives the responses to the first six questions from the Interest section of the Program Evaluation Questionnaire and the number of Ss who participated in the meetings with the SIRS Board members. These six questions dealt with the Ss reported need for a program for parents on talking with their children about sex, interest in such a program, and willingness to commit themselves to a meeting with the SIRS Board to discuss the program. These questions were expected to give some reflection of the number of people one could expect to attend such a meeting and ultimately attend a program.

TABLE 4

Program Interest Questionnaire - Interest Section

	Yes	No	Maybe	Blank
1. Need	31 59%	21 39%	1 02%	
2. Interest	26 49%	22 41%	1 02%	4 08%
3. Need & Interest	23 43%	22 41%	2 04%	6 12%
4. Two Programs	28 53%	18 33%	4 08%	3 06%
5. Pre-meeting	26 49%	20 37%	1 02%	6 12%
6. Date	18 34%	20 37%	3 06%	12 23%
8. With or Without Child				
If yes to # 6				
a. with child b. without child	7 9			2
If maybe to # 6				
a. with child b. without child	2		1	

Note: Attendance at meeting out of 18 who said yes:

Yes	No
2	16

Thirty-one women indicated on question #1 that they felt the need for a program developed to help them talk more comfortably and informatively with their children about sex while 21 indicated they did not feel the need for this and one woman wrote in "maybe." In response to the second question about whether they were interested in participating in such a program, 26 women indicated that they were. When further questioned as to whether their need and interest was great enough for them to find time to participate in such a program (#3), 23 women indicated that it was, 22 that it was not, 6 left it blank and there were 2 "maybe's." A "maybe" response had to be written in since it is not a given choice. Thus there were ultimately 23 women, or 43%, who indicated that they felt both a need for and interest in a program to help them talk more informatively and comfortably with their children about sex.

In response to question #5 about whether they would be willing to come to a short meeting with some of the people who would be teaching the program, 26 women indicated that they would be willing to do so, 20 said they would not be willing, 6 left it blank and 1 said "maybe." Of the 26 women who indicated that they would be willing to attend such a meeting, 18 then indicated that they could come to one of the two meetings scheduled. Of the remaining 8 women, 5 said no to both dates (4 writing in other possible times) and 3 wrote in "not sure" or "possibly" by the dates.

Two women came to the meetings to talk with the SIRS Board members who would be offering the course. One of these women came with her husband and the other came with her daughter.

In summary, of the 53 women who filled out questionnaires, 23 said they felt both a need for and interest in such a program, 18 committed themselves to attend a meeting about the program and two women came to the meetings to talk with the people who would be offering the course. Attendance at these meetings was taken as the final criteria for interest in participating in the program and an indication of whether someone would probably in fact participate.

Regarding the question of daughter participation, the fourth question mentions that there are two possible programs, one for the parent only and one which would include the daughter's participation in parts of the program. Twenty-eight women indicated that they would be interested in having their child participate in a program with them while 18 said they would not be interested in this, 3 left it blank and 4 said "maybe." Of the 23 women who expressed both need and interest in the program, 16 indicated interest in daughter participation, 4 said they were not and 3 were unsure. Of the 18 women who responded yes to one of the meeting times given, 7 indicated that they would probably bring their child, 9 indicated they would probably not do so, and 2 left it blank. One of the two women who attended the meeting brought her daughter with her. Reaction was obviously mixed but one-half of those women who did commit themselves to a time thought they would not bring their child.

Ss were divided into three groups on the basis of interest and participation in the program. These groups were made up of those who indicated that they were:

Group A: not interested in this program and/or did not commit themselves to a definite date to talk about the program, N = 35.

Group B: interested in the program, committed themselves to a date to meet with SIRS Board members, but did not attend the meeting with the SIRS Board, N = 16.

Group C: interested in the program, committed themselves to a particular date to meet with the SIRS Board, and came to the meeting, N = 2.

Little can be said about Group C, in most ways the most important group, since the N is so small. A brief description of the two women who came to the meeting will be given. A short comparison of Groups A and B will be given in terms of demographic measures and the Revised Mother-Daughter Interaction Questionnaire. Group B is comparable to the Nonparticipating group of the first part of the study while Group C is comparable to the Participating Ss. The small N of Group C makes comparison between these two groups impossible, but a comparison between Group B and the Nonparticipating group will be made.

Group C

S # 1

This S was a 38 year old high school graduate married to a man with 1 year of college (he is a salesman for a prestigious company). She has three children, a boy 11 and two girls 9 and 5 years old, and her husband came to the meeting with her.

She reported herself as knowing "quite a bit" or more about seven of the topics and her daughter as knowing "nothing" about any of the topics. Her daughter had initiated talking about four of the topics. She reported having talked 3 or more times to her daughter about three topics, and never having talked about five of the topics. When asked how comfortable she felt she reported feeling not at all comfortable talking about six of the topics and "some" or "a little" comfortable talking about the other five topics. She reported having talked with her daughter about three of the topics within the last month and two other topics within the last year.

S # 2

This S was a 30 year old woman with a B.S. and one year of graduate school whose husband is a Ph.D. psychologist. She has two girls 5 and 2 years old; the 5 year old girl accompanied her to the meeting. She is known personally to E. She reported herself as knowing "quite a bit" or more about five of the topics and her daughter as knowing at least "a little" about 5 of the topics and "nothing" about five of the topics. Her daughter had initiated talking with her about five topics. She

reported having talked 3 or more times with her daughter about five topics and the otner six were left blank. When asked how comfortable she felt she reported feeling very comfortable talking about four topics and the rest were left blank. She reported having talked about four topics within the last month and the rest were left blank.

In sum, both Ss report themselves as relatively well-informed but S # 2 reports her daughter as better informed than S # 1 reports hers. Her daughter is 5 years old compared to 9 years old of S # 1. Both daughters have initiated talking about several topics. Again S # 2 has talked a little more often to her daughter and reports herself as quite comfortable in doing this. S # 1 reports herself as quite uncomfortable though she has talked to her daughter about three topics within the last month. S # 2 confirms her comfortableness by the fact that she has talked about four topics in the last month.

Demographically, differences were few between Groups A and B. There were no differences in marital status or number and/or distribution of children. Ss and their husbands were quite highly educated in both groups with everyone at least a high school graduate. Group A was loaded in the direction of women with a college degree (43%) or women in the nursing profession (14%). Comparatively, Group B had more people who had completed some graduate training and had either their M.S. or M.A. (32% compared to 9% in Group A). All their husbands were at least high school graduates and 92% of Group A and 67% of Group B had college degrees or graduate training. Thus Group A wives were not quite as

educated as Group B wives, but they were married to men with more education than Group B husbands.

Results from the revised MDIQ are presented in Table 5 in approximately the same order as the results for the MDIQ in the earlier parts of the study. In summary:

1. Information: For both Groups A and B all but 5 Ss report knowing "quite a bit" or "very much" about six subjects or more. The daughters of both groups were relatively uninformed with 26% of Group A and 25% of Group B knowing "nothing at all" or only "a little" about all 11 of the topics.

2. Comfort level: As to how comfortable they felt talking with their daughters, Group B Ss were more likely to report that they were "not at all" comfortable about one or more topics (31% compared to 14% in Group A).

3. Frequency in talking: In Group A, 34% of the Ss reported talking to their daughters about five or more topics at least three times, while 56% of Group B had talked about five or more topics at least three times (χ^2,$p<.01$).

4. Recency of talking: When asked the last time they had talked about any of the sexual topics with their daughters, 6% of Group A had talked about five or more topics in the last month and 25% of Group B had talked about five or more in the last month.

In summary, both groups of Ss seem to feel that they are fairly well-informed while their daughters are not particularly so. The

TABLE 5

Revised Mother-Daughter Interaction Questionnaire
Groups A and B

	Group A	Group B
Information (# of topics S reports "Quite a bit" or better)		
1 topic or less	0	0
2 topics or more	35	16
# of Topics Discussed (# of topics Ss report talking about 3 or more times)		
4 topics or less	23	7
5 topics or more	12	9
Daughter Initiating (# of topics Ss report daughter initiating)		
2 topics or less	17	5
3 topics or more	17	11
Comfort Level (# of topics S reports "Quite a bit" or better)		
7 topics or less	19	7
8 topics or more	7	9
Recency of Discussion (# of topics Ss report discussing in last month)		
4 topics or less	33	12
5 topics or more	2	4

daughters of Group B Ss were more likely to have initiated talking about sexual topics and this group or Ss was more likely to say that they were not comfortable talking with their daughters. They report having talked more frequently with their daughters about sex (χ^2,$p<.01$) but have done so less in the last month than have Group A Ss. The groups' differences attain statistical significance using χ^2 one sample test only in frequency of talking. The other differences indicate trends only.

Comparison of Group B with the Nonparticipating Group of the first and second part of the study in Table 6 shows that there is only one difference between these two groups that approaches significance. They are essentially the same with regard to how much information they report themselves and their daughters to have, comfort level in talking with daughters and frequency and recency of talking with their daughters. Statistical analysis is not reliable due to the small N, but the groups appear to differ on the number of times their daughters have initiated talking with them about sex. Group B Ss report their daughters as initiating talking with them about three or more sexual topics much more than do the Nonparticipating Ss. In this respect Group B Ss resembled the mothers who originally participated in the program more than those who did not.

Summary of All the Results

1. The initial nonparticipation phenomenon was overwhelmingly confirmed by the follow-up.

TABLE 6

MDIQ and Revised MDIQ - Group B and Nonparticipants, Part 1

	Group B	Nonparticipants
Information (# of topics S reports "Quite a bit" or better)		
1 topic or less	0	0
2 topics or more	16	7
# of Topics Discussed (# of topics Ss report talking about 3 or more times)		
4 topics or less	7	4
5 topics or more	9	3
Daughter Initiating (# of topics Ss report daughter initiating)		
2 topics or less	5	6
3 topics or more	11	1
Comfort Level (# of topics S reports "Quite a bit or better)		
7 topics or less	7	3
8 topics or more	9	3
Recency of Discussion (# of topics Ss report discussing in last month)		
4 topics or less	12	7
5 topics or more	4	0

2. Tentative differences emerged regarding those who did and did not participate in the original program. Main differences between the groups centered around daughters initiating talking about sex and the recency of talking about sex. Daughters of participating Ss initiated talking about more sexual topics and these Ss had talked about more sexual topics with their daughters in the past month than had nonparticipating Ss.

3. It was not possible to confirm or deny these tentative differences between participating and nonparticipating Ss in the follow-up because of the small N (N = 2) in the participating group in the follow-up part of the study.

4. Ss who expressed an interest but did not participate (Group B) in the follow-up part of the study were essentially the same as the nonparticipating group of the first part of the study with one possible difference in the number of times their daughters had initiated talking about sex. Ss from the last part of the study reported their daughters initiating more than the original nonparticipating Ss.

5. One difference was found between those who expressed an interest but did not participate and those who did not express an interest in such a program at all. Those who did not express any interest in the program had talked more frequently with their daughters in the past.

6. The finding was confirmed that it was not a fluke of the season of the year.

7. The issue of the importance of daughter participation on mother participation does not seem to be a factor since low participation continued even when this was flexible.

8. One-half of the original Ss who participated in the program were personal friends of the E. One-half of the women who attended the meeting with the SIRS Board were known personally to E.

CHAPTER VI

DISCUSSION

It can be seen from the above data that what started out as an optimistic attempt to offer a needed (it was believed) service in the form of a program for mothers on talking with their children about sex, ended in an overwhelming confirmation of the fact that, for whatever the reasons, women did not attend such a program when it was offered. The percentage of women who attended out of those who expressed interest in doing so was so low that it would seem that either a massive advertising campaign would have to be launched (or some other means of offering the program than was used here would have to be used) in order to insure that even a moderate sized group (8-12) might participate.

Certain issues that seemed to bear on this low participation initially have been ruled out with follow-up. The participation of the daughter in parts of the program and the videotaped evaluation procedure may have been causing difficulty in the original offering of the program, low participation continued at a high rate even when these were deemphasized or left out altogether in the follow-up. They were not, it would seem, then, the crucial factors involved. Also ruled out was the possibility that it may have been a fluke of the summer season in the first presentation since the follow-up occurred in the fall of the year. The second program was to be offered in January with sufficient notice to all possible participants to make appropriate plans. The length and format of the original program (a one-day, eight hour workshop) was

considered as a reason for the low participation. In follow-up the format was kept flexible with considerable emphasis on the fact that this would be worked out with the groups that were interested to best fit their needs and schedules—and still there was low participation.

Looking again at the basic assumptions under which the program was first conceived, one wonders if one or all of them is faulty. To repeat, the basic assumptions under which the program was originally based were:

1. Education about sexuality for children is a good thing.
2. Parents are in a position to be the primary sex educators of their own children, and want to be.
3. Many parents have found the role of sex educator a difficult one for them, and thus formal sex education programs have often been instituted in schools and/or churches.
4. There have been few, if any, systematic attempts to help parents deal with being the sex educators of their own children.
5. Many parents would welcome some help in dealing with this role vis á vis their children.

There does not seem to be any evidence that these women thought that education about sexuality was not a good thing for their children. Most of the women had talked about at least some of the sexual topics with their children. Informally many of the women talked about the sex education their children were receiving from Girl Scouts or in their schools, and many spontaneously reminisced about their own sex education background, nearly always emphasizing that they felt they should have

had more or better sex education. Most of the women indicated on their questionnaire that they wanted their children to know more about sexuality.

Parents are in close physical proximity to their children for many hours of the day and serve both as role models (and sex educators in this way) and people to whom their children may turn with questions regarding sexuality. However, it is not at all clear that parents want more direct participation in the sex education of their own children, or if they would not just as well let the church, school, or Girl Scouts do most of that for them. Though many parents object to sex education in the school system, this subject sample probably would not object strongly to such programs. In talking about sex education informally, many indicated their support of programs in Girl Scout troops and churches. Thus for this group there is no overriding feeling that they must be the primary sex educators of their children and they are comfortable letting this fall to other people. It is impossible to say if a program of the type talked about here would have been any better received by a group that was opposed to sex education in the schools.

There is no doubt that sexuality in our culture has traditionally been a rather private affair and sex education a private affair between parent and child. Much of the uproar about sex education in the classroom and other areas concerns the issue that this is in fact a very private area and not one which parents feel just anyone is qualified, or should, teach their child. These same feelings that this is a private affair between parent and child may generalize to their own participation

in a program about sex education. That is, parents may feel that they are exposing a very private part of themselves and their family affairs, and that this is not something that is acceptable for them to do. Seen this way, such a program would be seen as an invasion of their private family life.

Also, given the total number of responses that one's child gives to a parent and the number of responses that have to do with sexuality, the number of times that sexuality becomes an issue are few. Parents are not, perhaps, confronted very much with this role of sex educator. Or perhaps they are confronted more with it while their children are small and inquisitive but not once their children reach 5 years old or so and have learned not to ask their parents questions about certain topics. Since this behavior doesn't occur too much it would not be top priority for the parents to learn other ways to deal with it. In the first sample one of the differences that separated those who participated from those who did not was the number of topics their daughters had initiated talking about with them. Those women who ultimately participated were confronted with the role of sex educator more often by virtue of the fact their daughters tended to initiate talking about sex more often. This same difference appeared between those who expressed an interest in the program and those who did not in the follow-up. Those who expressed an interest were again faced with the role of sex educator more often because their daughters initiated talking about sex more often. In this case, however, it did not seem to be enough to carry them through to participate in the program.

Morality cannot be left out whenever sex or sex education is mentioned. Concern was often expressed informally among the women about whether or not one should in fact talk with one's children if they had never asked, or had stopped asking, questions about sexual topics. (That is, is it right to give one's children sex information, especially if they do not directly ask for it?) The issue of initiating talking about sex with one's child was an important one for many parents. But it was not just a matter of "how" to initiate talking with them, it was more often a matter of whether one should do so or not. There seemed to be some feeling of not wanting to push oneself on one's child with regards to a very private area of their life, and there was the feeling that perhaps one would be premature in talking about certain things. They seemed to fear that this in turn might do one of several things. First, it might turn the child off. Or it might embarrass them. Or it might lead them to think about things, or do things that they wouldn't ordinarily do if you hadn't talked with them about it. This is quite commonly believed when it comes to dispensing information about birth control. Many people believe that to even talk to their child about birth control might encourage their acting out sexuality. This belief may hold on a lesser level with other information at earlier ages, especially as regards talking about masturbation or homosexuality.

There was some evidence that the personal touch increased parent participation in this type of program. With this in mind programs might be designed that could be carried out by a variety of people in many settings. Training in holding such programs might be offered to people

who were interested in such training, i.e. teachers, Sunday school teachers, Girl Scout leaders, etc. and they could then hold the program with their particular group. In this way the group involved would know personally the person who was conducting the program and would perhaps have more confidence that it would meet their needs because of this.

And last, the possibility exists that, in spite of expressing some uncomfortableness with the role of sex educator, most women feel that they are doing an adequate job of dealing with this and their interest (if any) is an academic interest rather than a real need. Thus participation in a program is just not top priority except for those women who might have a particular problem in dealing with their child. Both of the women who came to the meeting in the follow-up study had special concerns that they wanted to share. The first had an 11 year old son whom she was particularly concerned about getting some kind of sex education since he had never initiated talking about sex. The second had had some difficulties with her daughter bed wetting and was interested in talking some about this. The combination of feeling at least moderately informed and comfortable about sexuality, the topic of sexuality coming up relatively seldom, and feeling it an invasion of their child's privacy would mitigate against a woman's participating in a program designed to help her talk more comfortably and informatively with her child about sex.

Several possibilities still remain as to how this may be approached. First, the program might be slanted toward, and offered as, a program in human sexuality for the parents. There may or may not be a particular

emphasis on talking with their children. Many women might then participate out of their own curiosity and for their own education since this would be the main purpose of the program. Secondly, the program might be offered as a "communication workshop" where learning how to talk more comfortably with one's child is the emphasis and sex would be deemphasized or omitted. Third, the program might be offered in a setting familiar to those who would be participating and with a group of people with whom they are already comfortably interacting. For instance, the program could be offered to a particular church group that expressed an interest and would be held in their church at the regular meeting time of that group. In this way it would not require an additional commitment in already busy schedules, they would know the other people attending, and it would have the support or tacit approval of their leader(s). In the case of a church group it would have the tacit approval of their pastor and this might deal with some of the issues having to do with morality. And fourth, the program might be offered to people who are interested in conducting it with their own group so that the person actually offering the program is well known by their group.

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APPENDICES

APPENDIX A

Consent Form

This research project is to determine the effectiveness of a program to help mothers talk to their daughters about sex more comfortably. Your participation will involve one 8-hour day and a follow-up interview. You will be assigned to one of three groups. One of these groups will participate in a program involving reading material and discussions of your role as a parent and a woman. Two of these groups will participate in a program that focuses more directly on sexual information and skills that would be helpful in talking with your daughter. All parts of the program will involve direct participation on your part.

Certain measures have been incorporated into the program to aid in assessing the impact of the program. These are: (1) a demographic questionnaire, (2) a questionnaire involving information about how comfortable you are in talking with your daughter about different topics and what topics you might like to work on in the program, (3) an information questionnaire to assess your knowledge of certain sexual topics, and (4) a 3-minute discussion between you and your daughter about a sexual topic selected by you. This discussion will be recorded on videotape. Your daughter will be asked to take the information questionnaire and to participate in the videotaped interaction. These are the only parts of the procedure in which she will participate. Provision will be made for your daughter to be taken care of while you are participating in the program.

I agree that I have read the above description as well as received a thorough explanation of the program. I agree to participate as a subject in this research project and to allow the researchers to use the information I give as data in their research. I also give permission for my daughter to participate in those parts of the program mentioned above. I understand that I am free to question all procedures, and that I am free to discontinue my participation in the research project at any time.

_____
Signature of Research Participant

_____
Date

_____
Signature of Daughter

APPENDIX B

Subject #: _____

Demographic Data

Name: _____ Date of initial contact: _____

Age: _____

Date of Interview: _____

Name of daughter: _____

Age of daughter: _____ Date of Program: _____

_____

Address: _____

_____ Date of follow-up: _____

Phone: _____

Marital Status: Single _____ Divorced _____

Married _____ Widowed _____

Separated _____ Other _____(Explain) _____

Number of children: _____

Age and Sex of living children:

Sex	Age	Sex	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

From what source did you hear about this program?

Daughter _____ Church or church group: _____

Friend _____ (please specify) _____

School _____ _____

Girl Scouts _____ Mother of one of your daughter's

NOW _____ classmates: _____

Newspaper ad _____ Other: _____(Explain) _____

Education of mother: _____

Education of father: _____

Dates available for the program: _____

_____

_____

_____

APPENDIX C

Instructions: Please read all the questions before beginning to answer any of them. Read all individual instructions very carefully since a variety of methods of indicating your answer is used (i.e., circling, checking, X-ing, etc.).

1a. How much do you know about each of the following topics? Please circle the number to the right.

	Nothing	A Little	Some	Quite A Bit	Very Much
__a. Puberty: physical changes	0	1	2	3	4
__b. Puberty: emotional changes	0	1	2	3	4
__c. Menstruation: physiology	0	1	2	3	4
__d. Menstruation: "practical" aspects	0	1	2	3	4
__e. Female anatomy	0	1	2	3	4
__f. Male anatomy	0	1	2	3	4
__g. Current dating patterns	0	1	2	3	4

b. Now look back over the list and place an X through the number to indicate how much you think your daughter knows about each of the topics.

c. Which of these are you interested in learning more about? Place a check in the column to the left of the letter.

2a. Indicate to the best of your knowledge where your daughter has learned about each of the following by circling the number in the appropriate column to the right.

M D		Mother	Father	Books	School	Church	Friends
__ __	a. Puberty: physical changes	0	1	2	3	4	5
__ __	b. Puberty: emotional changes	0	1	2	3	4	5
__ __	c. Menstruation: physiology	0	1	2	3	4	5
__ __	d. Menstruation: "practical" aspects	0	1	2	3	4	5
__ __	e. Female anatomy	0	1	2	3	4	5
__ __	f. Male anatomy	0	1	2	3	4	5
__ __	g. Sexual intercourse	0	1	2	3	4	5
__ __	h. Current dating patterns	0	1	2	3	4	5
__ __	i. Relationships with boys	0	1	2	3	4	5

b. Now look back over the topics. Indicate by placing a check under the column to the left marked M the topics about which you have initiated discussion with your daughter. Indicate by placing a check under the column marked D the topics about which your daughter has initiated discussion with you.

3a. How often have you talked with your daughter about each of the following? Please circle the answer that is closest.

	Never	Once	Twice	3-4 Times	5 or More
__ a. Puberty: physical changes	0	1	2	3	4
__ b. Puberty: emotional changes	0	1	2	3	4
__ c. Menstruation: physiology	0	1	2	3	4
__ d. Menstruation: "practical" aspects	0	1	2	3	4
__ e. Female anatomy	0	1	2	3	4
__ f. Male anatomy	0	1	2	3	4
__ g. Sexual intercourse	0	1	2	3	4
__ h. Current dating patterns	0	1	2	3	4
__ i. Relationships with boys	0	1	2	3	4

b. Which of these would you like to talk more about with your daughter? Please indicate this by placing a check to the left of the list of topics.

4a. How comfortable do you feel when you and your daughter talk about each of the following sexual topics? Please circle the number that corresponds to your answer.

	Not at all	A little	Some	Quite a bit	Very
a. Puberty: Physical changes	0	1	2	3	4
b. Puberty: emotional changes	0	1	2	3	4
c. Menstruation: physiology	0	1	2	3	4
d. Menstruation: "practical" aspects	0	1	2	3	4
e. Female anatomy	0	1	2	3	4
f. Male anatomy	0	1	2	3	4
g. Sexual intercourse	0	1	2	3	4
h. Current dating patterns	0	1	2	3	4
i. Relationships with boys	0	1	2	3	4

b. Please look back over the list. This time draw an X through each number to indicate how comfortable you would like to be in talking about these topics with your daughter.

5. When was the last time that you can remember talking to your daughter about any of the following topics? Please circle the number.

		Within last 2 wks.	2-4 wks.	1-2 mos.	2-12 mos.	Over 1 yr.
a.	Puberty: Physical changes	0	1	2	3	4
b.	Puberty: emotional changes	0	1	2	3	4
c.	Menstruation: Physiology	0	1	2	3	4
d.	Menstruation: "practical" aspects	0	1	2	3	4
e.	Female anatomy	0	1	2	3	4
f.	Male anatomy	0	1	2	3	4
g.	Sexual intercourse	0	1	2	3	4
h.	Current dating patterns	0	1	2	3	4
i.	Relationships with boys	0	1	2	3	4

6. Is there a topic (or topics) that have not been mentioned here that you would like to be able to talk more comfortably with your daughter about? Please list them.

APPENDIX D

Subject #:_____
Date:_____

P I P

SEX INFORMATION QUESTIONNAIRE

Please circle the number of the answer you think best answers the question.

1. Which of the following is (are) not part of the female reproductive system?
   1. Oviducts
   2. Ovary
   3. Urethra
   4. Uterus

2. Which is another name for the fallopian tubes?
   1. Vulva
   2. Oviduct
   3. Ovaries
   4. Fallon tubes

3. The vulva is:
   1. the name given to all the internal male sex organs.
   2. the name given to all the external female genitalia.
   3. the name given to all the internal female sex organs.
   4. none of the above.

4. How many openings are there in the pelvic area of the female (for sexual intercourse, urination and bowel movements).
   1. one
   2. two
   3. three
   4. more than three

5. The cervix is:
   1. a "tube-like" structure that leads from the uterus to the vulva
   2. a site of sexual stimulation in the female and becomes enlarged when the female is sexually aroused.
   3. the lower part of the uterus that projects into the vagina.
   4. another name for the womb.

6. When facing the female body, the correct order of parts of the genital region, front to back is:
   1. vagina, clitoris, urethra
   2. clitoris, vagina, urethra
   3. clitoris, urethra, vagina
   4. urethra, clitoris, vagina

7. Which is generally the most sensitive part of the female's sexual physiology?
   1. clitoris
   2. vagina
   3. vulva
   4. labia

8. The hymen in the female
   1. can usually be broken through sexual intercourse
   2. is quite easily stretched or broken by active sports
   3. is not always intact in a virgin
   4. all of the above

9. Which of the following is located between the oviduct and the cervix?
   1. ovary
   2. uterus
   3. vagina
   4. clitoris

10. The vagina is:
   1. usually the most sensitive part of the woman's sexual system.
   2. 4 or 5 inches long and very elastic
   3. a "tube-like" structure that leads from the cervix to the vulva
   4. both 2 and 3

11. The primary male sex organ used in sexual intercourse is the:
   1. prostrate
   2. penis
   3. testes
   4. scrotum

12. In the male both urine and sperm may be released:
   1. at the same time through the same opening.
   2. at the same time through different openings.
   3. at different times through the same opening.
   4. at different times through different openings.

13. The sac which contains the testes is the:
    1. scrotum
    2. prostate
    3. prepuce
    4. seminal vesicles

14. The physical reason for erection of the penis is:
    1. a neurological reflex response.
    2. seminal fluid located in the testes.
    3. that it becomes engorged with blood.
    4. no different than any other muscular contraction.

15. Spermatozoa are produced by which organ?
    1. testes
    2. urethra
    3. prostate gland
    4. vas deferens

16. On the average there are about _____ sperm released during ejaculation.
    1. 500,000,000
    2. 50,000
    3. 5,000
    4. 500

17. Semen is:
    1. a mixture of urine and sperm
    2. a mixture of secretions from the seminal vesicles, prostate gland, and sperm.
    3. a milky substance that the male produces
    4. a lubrication to help make intercourse easier.

18. The _____ is removed in circumcision:
    1. pubic hair
    2. vas deferens
    3. scrotum
    4. foreskin

19. One purpose of the prostate gland is to:
    1. produce the white carrier substance for the sperm
    2. produce the sperm
    3. produce the male hormone testosterone
    4. produce secondary sex characteristics.

20. When sperm production begins in the male it generally continues:
    1. throughout life
    2. through the age of sixty
    3. through the age of seventy
    4. through the age of eighty

21. Day 1 of the menstrual cycle is counted from:
    1. the first day of menstrual bleeding.
    2. the first day menstrual bleeding stops.
    3. the approximate time of ovulation.
    4. none of the above.

22. The shedding of the uterine lining each month is called:
    1. copulation
    2. fertilization
    3. ovulation
    4. menstruation

23. The hormone that serves to stimulate the enriching of the uterine lining during the last 14 days of the menstrual cycle is:
    1. estrogen
    2. testosterone
    3. progesterone
    4. thyroxine

24. Pregnancy is possible only when semen is deposited:
    1. directly on the cervix
    2. in the vagina
    3. on the vulva
    4. all of the above

25. Which of the following is not a true statement?
    1. ovulation normally occurs two weeks before menstruation begins.
    2. the number of days before ovulation shows more variability than does the number of days after ovulation.
    3. ovulation reliably occurs two weeks after menstruation begins.
    4. the occurrence of ovulation is often very hard to predict.

26. In the menstrual cycle, estrogen is responsible for which changes:
    1. the onset of menstrual bleeding each month.
    2. the cessation of menstrual bleeding and beginning of the build-up of another uterine lining.
    3. stimulating the release of ova.
    4. none of the above.

27. Typically, fertilization of the egg by the sperm takes place in:
    1. the ovary
    2. the fallopian tube
    3. the uterus
    4. the vagina

28. Fertilization in the female can take place if intercourse occurs:
    1. several days prior to ovulation
    2. only during actual ovulation
    3. only within a few hours before or after ovulation
    4. a week or two before or after ovulation

29. After puberty in the female, how many egg cells generally ripen per month?
    1. one
    2. two
    3. three
    4. four

30. Women can become pregnant:
    1. during menstruation
    2. midway between menstrual periods
    3. anytime between menstrual periods
    4. any of the above

31. What hormone is responsible for producing secondary female characteristics?
    1. thyroxine
    2. estrogen
    3. prolactin
    4. testosterone

32. During puberty which of the following occur in the female?
    1. the oviducts, uterus and vagina all increase in size and physiological maturity.
    2. secondary sexual characteristics produced by estrogen develop.
    3. ovulation and menstruation take place.
    4. all of the above.

33. Which of the following is a true statement:
    1. it is generally impossible for a virginal girl to use tampons.
    2. Most girls can use tampons with little difficulty from the beginning of menstruation.
    3. It is generally safer for a girl just starting to menstruate to use sanitary napkins rather than tampons.
    4. none of the above.

34. Irregular menstrual periods:
    1. are almost always the result of a disease in some other part of the body.
    2. are quite common during puberty
    3. are quite common for virgins.
    4. are an exceedingly rare phenomenon.

35. Estrogen is responsible for all the following except:
    1. maintaining pregnancy
    2. onset of menses
    3. ovulation (onset)
    4. secondary sex characteristics.

36. The term "secondary sex characteristics" refers to:
    1. the uterus, oviducts, and vagina
    2. the increase in size of the uterus, oviducts, and vagina in puberty
    3. breasts, body hair, "rounded" buttocks and thighs.
    4. the beginning of menstruation.

37. What is the hormone in the male that produces and maintains male secondary sex characteristics.
    1. testosterone
    2. progesterone
    3. adrenalin
    4. prolactin

38. During menstruation a woman should:
    1. not engage in sports
    2. not take a bath or wash her hair
    3. not engage in sexual intercourse
    4. none of the above

39. In order for conception to occur:
    1. both sexual partners must climax
    2. both sexual partners must climax simultaneously
    3. the couple must have intercourse lying down
    4. none of the above

40. Masturbation is typically viewed by sex experts as:
    1. a cause of physical defects
    2. abnormal behavior
    3. a cause of mental disturbance
    4. a safe and normal outlet

Subject #: _____

Date: _____

P I P

SEX INFORMATION QUESTIONNAIRE

Please circle the number of the answer you think best answers the questions.

1. The name given to the external female genitalia is:
   1. urethra
   2. oviduct
   3. vulva
   4. prepuce

2. Which of the following is (are) not part of the female reproductive system?
   1. oviducts
   2. ovary
   3. urethra
   4. uterus

3. The oviduct in the female:
   1. produces the ova
   2. is a tube-like structure that leads from the uterus to the vulva
   3. is another name for ovary
   4. carries ova to the uterus

4. The primary function of the cervix is:
   1. as the primary center of sexual excitation
   2. to protect the uterus from foreign material
   3. to "catch" the sperm
   4. none of the above

5. In the female reproductive system:
   1. the urethra and vagina share the same exterior opening
   2. the bladder and urethra are part of the reproductive system
   3. the opening of the urethra is located between the vagina and clitoris
   4. the opening of the urethra is located above the vagina and clitoris.

6. The clitoris is:
   1. a tube-like structure that leads from the uterus to the vulva.
   2. a site of sexual stimulation in the female and becomes enlarged when the female is sexually aroused.
   3. the lower part of the uterus that projects into the vagina.
   4. another name for the womb.

7. When facing the female body, the correct order of parts of the genitals from front to back is:
   1. vagina, clitoris, urethra
   2. clitoris, vagina, urethra
   3. clitoris, urethra, vagina

8. The uterus:
   1. is located between the oviduct and cervix
   2. serves to nourish and protect the growing fetus
   3. is a small opening into the vagina
   4. both 1 and 2 above

9. An intact hymen in the female indicates:
   1. frigidity
   2. that she may be sterile
   3. nothing about her sexual activities
   4. that she is a virgin

10. The part of the female reproductive system that leads from the cervix to the vulva is called:
   1. uterus
   2. ovary
   3. vagina
   4. clitoris

11. In the male reproductive system, the penis:
   1. contains the urethra
   2. is used in sexual intercourse
   3. is responsible for the secretion of testosterone
   4. two of the above

12. How many different openings are there in the male for release of urine and sperm?
   1. one
   2. two
   3. three
   4. more than three

13. The scrotum contains the:
   1. prostate
   2. testes
   3. prepuce
   4. seminal vesicles

14. The physical reason for erection of the penis is:
   1. a neurological reflex response
   2. seminal fluid located in the testes
   3. that it becomes engorged with blood
   4. no different than any other muscular contraction

15. Spermatozoa are produced in the:
    1. testes
    2. Cowper's gland
    3. prostate gland
    4. vas deferens

16. On the average there are about _____ sperm released during ejaculation.
    1. 500,000,000
    2. 50,000
    3. 5,000
    4. 500

17. Semen is a:
    1. mixture of urine and sperm
    2. mixture of secretions from the seminal vesicles, prostate, and sperm
    3. milky substance that the male produces
    4. lubrication to help make intercourse easier

18. In the male, the removal of the foreskin is called:
    1. vasectomy
    2. sterilization
    3. circumcision
    4. all of the above

19. Which of the following produces most of the white carrier substance for the sperm in the male?
    1. prostate gland
    2. testes
    3. vas deferens
    4. scrotum

20. Sperm production in the male:
    1. Is present at birth and continues throughout life.
    2. Is present at birth and continues through the age of sixty.
    3. Begins at puberty and continues throughout life.
    4. Begins at puberty and continues through the age of sixty.

21. The menstrual cycle starts:
    1. with the onset of menstruation.
    2. with the end of menstrual bleeding and a rise in estrogen.
    3. with the occurrence of ovulation
    4. prior to the onset of menstruation.

22. Menstruation:
    1. is the shedding of the uterine lining
    2. is the first stage of the menstrual cycle
    3. usually lasts around 5 days, though it varies
    4. all of the above.

23. In the menstrual cycle, progesterone generally serves to:
    1. enrich the lining of the uterus during the last 14 days of the menstrual cycle.
    2. cause menstruation to stop and stimulate the uterus to begin to build another lining.
    3. cause ovulation of occur.
    4. bring about the onset of menstruation.

24. Pregnancy is not possible when semen is deposited:
    1. directly on the cervix
    2. in the vagina
    3. on the vulva
    4. none of the above

25. Ovulation normally occurs:
    1. two weeks after menstruation begins
    2. two weeks before menstruation begins
    3. every two weeks
    4. none of the above

26. That part of the menstrual cycle from approximately the 6th to the 13th day is characterized by what development?
    1. a rise in the production of estrogen causing menstruation to stop and stimulating the uterus to begin to build another lining.
    2. the release of the egg from the ovarian follicle into the oviduct.
    3. a rise in the production of progesterone causing menstruation to stop.
    4. the occurrance of ovulation.

27. What usually takes place in the Fallopian tube in the female reproductive system?
    1. secretion of estrogen
    2. fertilization of the egg by sperm.
    3. protection of the ovaries from foreign materials
    4. all of the above.

28. How long does sperm survive in the female's body?
    1. a few hours
    2. 24 hours
    3. 48 hours
    4. about a week

29. Women are most likely to become pregnant:
    1. During menstruation
    2. midway between menstrual periods
    3. anytime between menstrual periods
    4. any of the above

30. After puberty in the female, how many egg cells generally ripen per month?
    1. one
    2. two
    3. three
    4. four

31. What hormone is responsible for producing secondary female characteristics:
    1. thyroxine
    2. prolactin
    3. estrogen
    4. testosterone

32. During puberty which of the following does not occur in the female?
    1. the oviducts, uterus and vagina all increase in size and physiological maturity.
    2. secondary sexual characteristics produced by estrogen develop.
    3. the oviducts, uterus and vagina become joined to make the reproductive system functional.
    4. ovulation and menstruation take place.

33. Which of the following is a true statement:
    1. It is generally impossible for a virginal girl to use tampons.
    2. Most girls can use tampons with little difficulty from the beginning of menstruation.
    3. It is generally safer for a girl just starting to menstruate to use sanitary napkins rather than tampons.
    4. None of the above.

34. Once a girl begins to menstruate in puberty:
    1. She tends to be fairly regular almost immediately
    2. it is important that she become regular fairly quickly
    3. it is quite common for her to be irregular for some time
    4. if she is irregular at first she is likely to remain irregular until she has a child.

35. Estrogen is responsible for all the following except:
    1. the onset of menstruation
    2. the onset of ovulation
    3. maintaining pregnancy
    4. secondary sex characteristics

36. Which of the following is not a "secondary sex characteristic" in the female?
    1. Development of soft and smooth skin
    2. Development of rounded buttocks and thighs
    3. Development of pubic hair
    4. Development of a vagina

37. What is the hormone in the male that produces male secondary sex characteristics?
    1. testosterone
    2. progesterone
    3. adrenalin
    4. prolactin

38. Most sex experts would agree that the effects of masturbation on the human body are:
    1. less strength
    2. temporary reduction of sexual tension
    3. enlarged sex organs
    4. reduced resistance to disease

39. During menstruation a woman should not:
    1. engage in sports
    2. take a bath or wash her hair
    3. engage in sexual intercourse
    4. none of the above

40. In order for conception to occur:
    1. both sexual partners must climax
    2. both sexual partners must climax simultaneously
    3. the couple must have intercourse lying down
    4. none of the above

Subject #: _____

Date: _____

P I P

SEX INFORMATION QUESTIONNAIRE

1. The urethra is:
   1. part of the female reproductive system
   2. not part of the female reproductive system
   3. another name for the uterus
   4. none of the above

2. The organ in the female reproductive system that carries the egg from the overy to the uterus is the:
   1. oviduct
   2. vulva
   3. labia
   4. vagina

3. The external female genitalia is called:
   1. oviduct
   2. vulva
   3. prepuce
   4. cervix

4. That part of the female reproductive system that forms the lower part of the uterus and extends into the vagina is called:
   1. vulva
   2. clitoris
   3. womb
   4. cervix

5. How many openings are there in the pelvic area of the female (for sexual intercourse, urination, and bowel movements)?
   1. one
   2. two
   3. three
   4. more than three

6. The clitoris is:
   1. located above the vagina and urethra
   2. generally the most sensitive part of a female's sexual physiology
   3. part of the vulva
   4. all of the above

7. When locating the female genitals front to back, the vagina is located:
   1. behind the clitoris and urethra
   2. between the clitoris and urethra
   3. in front of the clitoris and urethra
   4. it is the same as the urethra

8. That part of the female reproductive system that builds a lining to nourish and protect a growing fetus is called:
   1. vagina
   2. mons
   3. oviduct
   4. uterus

9. Women who have a hymen:
   1. have had no intercourse
   2. often have pain when menstruating because of the hymen
   3. are unable to become pregnant
   4. none of the above is necessarily true

10. The vagina is:
   1. the organ in the female that receives the penis in sexual intercourse
   2. the organ in the female through which she urinates
   3. located between the ovary and the uterus
   4. all of the above

11. The part of the male reproductive system containing the urethra is:
   1. prostate
   2. testes
   3. penis
   4. scrotum

12. In the male, urine and sperm are _____ released at the same time.
   1. almost always
   2. often
   3. sometimes
   4. virtually never

13. The sac which contains the testes is the:
   1. scrotum
   2. prostate
   3. prepuce
   4. seminal vesicles

14. When the penis becomes engorged with blood:
    1. It can only be relieved by ejaculation
    2. It is called an erection
    3. The probability of urinating is increased
    4. two of the above

15. The testes produce:
    1. spermatazoa
    2. urine
    3. lubrication for intercourse
    4. a mixture of urine and sperm

16. The mixture of secretions from the seminal vesicles, prostate and testes is called:
    1. sperm
    2. semen
    3. urine
    4. blood

17. On the average about 500,000,000 sperm are:
    1. stored in the male's testes
    2. produced each day by the male
    3. released during each ejaculation
    4. none of the above

18. In the male, circumcision is the removal of the:
    1. vas deferens
    2. penis
    3. foreskin
    4. scrotum

19. One purpose of the prostate gland is to produce:
    1. the white carrier substance for the sperm
    2. the sperm
    3. the male sex hormone testosterone
    4. secondary sex characteristics

20. Sperm production in the male starts:
    1. prenatally
    2. at birth
    3. about age 5
    4. during puberty

21. The onset of menstruation marks the:
    1. beginning of another menstrual cycle
    2. the end of another menstrual cycle
    3. occurrence of ovulation
    4. none of the above

22. What is menstruation?
    1. clearing the body of impure blood
    2. bringing the ovum down into the uterus
    3. clearing the uterus to prepare again for possible pregnancy
    4. nature's way of reducing sex desire in women

23. In the menstrual cycle, progesterone generally serves to:
    1. enrich the lining of the uterus during the last 14 days of the menstrual cycle
    2. cause menstruation to stop and stimulate the uterus to begin to build another lining.
    3. cause ovulation to occur.
    4. bring about the onset of menstruation

24. When semen is deposited only on the vulva, pregnancy is:
    1. possible
    2. possible if there is no hymen
    3. likely
    4. impossible

25. Which of the following is a true statement:
    1. ovulation normally occurs 2 weeks before menstruation
    2. the number of days before ovulation shows less variability than does the number of days after ovulation
    3. ovulation reliably occurs 2 weeks after menstruation begins.
    4. the time of occurrence of ovulation is not reliable but relatively easy to predict.

26. From approximately the 6th to the 13th day of the monthly menstrual cycle is predominated by which hormone?
    1. progesterone
    2. estrogen
    3. thyroxin
    4. testosterone

27. Conception usually occurs in the:
    1. ovary
    2. Fallopion tube
    3. uterus
    4. vagina

28. Fertilization in the female can take place if intercourse occurs:
    1. several days prior to ovulation
    2. only during ovulation
    3. only within a few hours before or after ovulation
    4. a week or two before or after ovulation

29. After puberty, an average of one egg cell ripens:
    1. every two weeks
    2. every month
    3. in each ovary every month
    4. all of the above

30. At what time in her cycle (menstrual) is a woman most likely to become pregnant?
    1. About 2 weeks before menstruation begins
    2. During the 3 days before menstruation begins.
    3. During menstruation
    4. During the first week after menstruation ends.

31. During puberty estrogen is directly responsible for:
    1. acne
    2. secondary sex characteristics
    3. creation of a true vagina in the female
    4. menstrual cramps

32. When a virginal girl begins to menstruate, it is generally:
    1. impossible for her to use tampons
    2. safer for her to use sanitary napkins rather than tampons
    3. just as safe and possible to use tampons as sanitary napkins
    4. safer for her to use tampons rather than sanitary napkins

33. Menstrual periods during puberty tend to be:
    1. regular almost immediately
    2. irregular for some time
    3. extremely heavy
    4. irregular only if the girl is a virgin

34. Progesterone is primarily responsible for which of the following:
    1. maintaining pregnancy
    2. onset of menses
    3. onset of ovulation
    4. secondary sex characteristics

APPENDIX E

Program Outline

8:00 - 8:45
- A. Orientation to video role playing, mother and daughter
- B. Video role playing
- C. Information questionnaire

8:45 - 9:00 Coffee break, introductions, daughters leave

9:00 - 9:45
- A. Orientation
- B. Male and Female Anatomy
  1. Introduction to male and female anatomy
  2. Read handout on female anatomy
  3. Presentation of male anatomy
     a. Transparencies
     b. Diagram in materials
  4. Discussion of common questions and misconceptions

     and

     Coffee break

9:45 - 11:30
- C. Menstruation and conception
  1. Read handout on menstruation and conception
  2. Discussion of common questions
- D. Puberty
  1. Slides on the physical/emotional aspects of puberty
  2. List to supplement this and discussion
  3. Discussion of puberty, boy-girl relationships, dating, masturbation, and other problems of special interest concerning puberty.

11:30 - 12:00
- A. Video
- B. Information questionnaire

12:00 - 1:00 Lunch

Program Outline

1:00 - 1:55
- A. Introduction
  1. Introduction to leaders and other group members
  2. Orientation to afternoon session
  3. Receive materials
- B. Listening Skills
  1. Leaders talk about listening/responding
  2. Read handout on Listening Skills
  3. Exercises and discussions of exercises (handout):
     a. Exercise 1: Nonverbal behavior
     b. Exercise 2: Reflecting content
     c. Exercise 3: Common responses

1:55 - 2:10 Coffee Break

2:10 - 2:55
- A. Introduction: "Door Openers"
  1. Definition of "Door Openers"
  2. Read exerpt from "Memoirs of An Ex-Prom Queen"
  3. Discussion, use of listening skills to hear both feelings and content when daughter approaches you
  4. Modeling tape: Child's desire for privacy
- B. "Putting Off" Behaviors
  1. Definition
  2. Develop list of nonputting off behaviors
  3. Modeling tape: Question about controversial topic
- C. Initiating discussion with daughter
  1. Discussion of indirect methods of initiating discussion
  2. Discussion and leader role playing, direct methods

2:55 - 3:10 Coffee Break

3:10 - 4:00
- A. Content communication of specific sexual topics
  1. Modeling tape of mother talking with her daughter about menstruation
  2. Preparation for role-playing
  3. Role playing content issues with each other
  4. Feedback and discussion of role-playing
- B. Summary and wrapup of afternoon

4:00 - 4:30
- A. Videotaping
  1. Orientation to video role playing, mother and daughter
  2. Video role playing
- B. Information questionnaire, mother

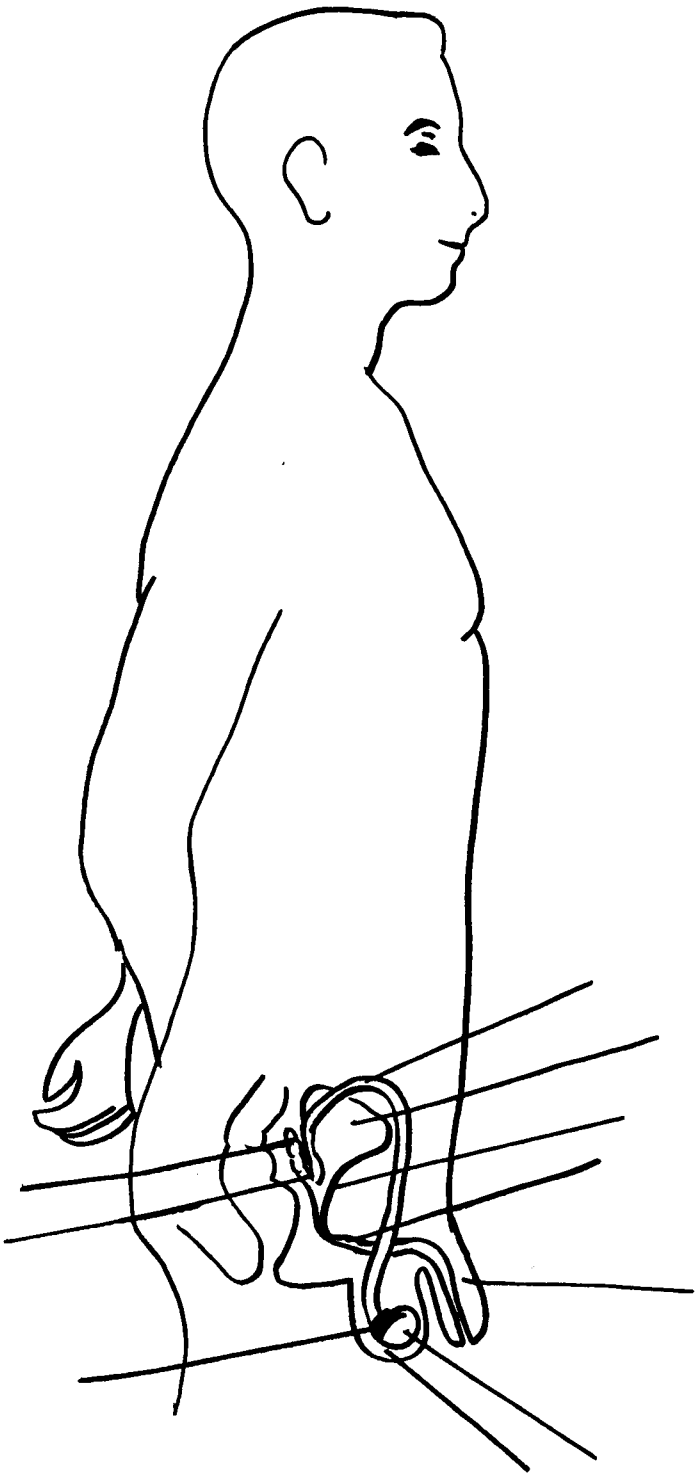
Common Questions by Children About Female Anatomy

1. Do I urinate through my vagina?
2. What's the clitoris?
3. What does "virgin" mean?
4. Do breasts produce milk immediately?
5. What would happen if a woman was born with one Fallopian tube?
6. What organ is in the breast?
7. Do all girls develop?

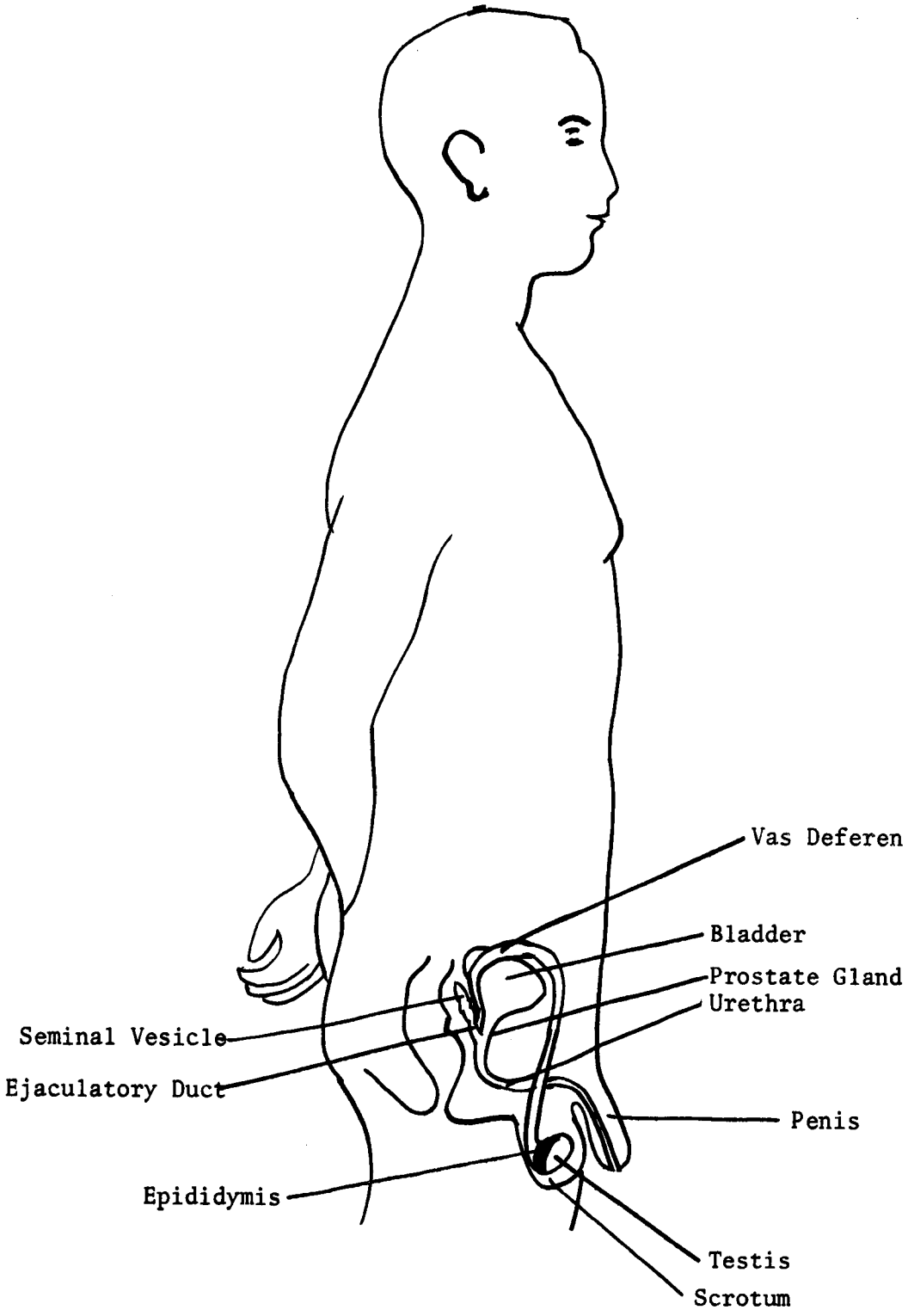
Younger children will tend to be much more concerned with where and how babies develop, how they are born and the total birth process. Older children become more concerned with their own bodies and the changes they see. They will also have many questions about slang words that they begin to hear from their peers and older children.

What are some questions that your children have posed to you about female anatomy?

MALE ANATOMY



MALE ANATOMY



Common Questions by Children About Male Anatomy

1. When do the testicles start producing sperm?
2. Does the sperm come out in the urine?
3. Are the testicles always the same size?
4. Why does circumcision take place?
5. How many sperms go into the woman's body at one time?
6. Why does the penis become stiff?
7. Is there blood that comes from the penis?

What are some other questions that your children have asked you about male anatomy?

Common Questions by Children About Menstruation

1. When having a menstrual period are there any restrictions to what you can or can't do?
2. Is there something wrong with a girl if she hasn't started her menstruation period before 17 or 18?
3. Can women have babies only during menstruation?
4. What is Kotex? Tampex? Can I wear tampex?
5. Why do some girls wear belts?
6. When do you know when an egg is coming out of a woman's body to have a baby?
7. Do men have something like menstruation?

Some Common Misconceptions

1. Menstruating women should not swim or exercise heavily.
2. Menstruating women should not take tub baths or wash their hair.
3. Menstruating women's hair will not "take" a permanent wave, and kinky hair cannot be straightened during the menstrual period.
4. Dogs fed by a menstruating woman will develop worms.
5. Menstruating women are more subject to chills.

Common Questions by Children About Puberty and Adolescence

1. Does acne come to everybody?
2. Why is my hair so oily?
3. Why do we need body hair?
4. Why are girls taller than boys when they're our age?
5. When are you old enough to wear a bra?
6. What is masturbation? Is it bad for you?
7. What is birth control?

What are some others that your daughter has brought to you?

Listening

Have you ever tried to talk to someone who was fiddling with a pencil, staring around the room, or otherwise seeming to be interested in events other than what you were saying? If so, you will recall how this made you feel. Probably you interpreted the other person's behavior as lack of interest in what you were talking about. And, that seeming to be the case, you probably were not inclined to continue the conversation. It could be said then, that your talking did not get encouraged, or reinforced, by the other person. That lack of reinforcement led to your ceasing to talk, or to the extinction of your verbal behavior. The event can be described in other ways as well. It could be said that the listener lacked any involvement or commitment. It can certainly be said that the relationship could not develop very well under such conditions.

This section deals with your skills in encouraging or reinforcing, behavior. It involves an awareness of your daughter's communications and, in turn, communicating your attentiveness to her. Attentiveness is one way of communicating commitment and involvement with her.

Attentiveness is communicated primarily by three channels: facial expressions, bodily positions and movement, and verbal responding. These communication modes offer cues to her as to the level of acceptance, approval, agreement, rejection or indifference associated with her behavior.

You can use facial expressions to reinforce your daughter's behavior in three primary ways: eye contact, head nods, and manipulation of facial muscles to produce frowns, smiles, quizzical looks, indifference, etc.

What is good eye contact? You need not gaze fixedly, but at the same time, frequent breaks in eye contact communicate nonattentiveness. A varied use of eye contact is most effective. Look at your daughter when she is talking. Occassionally permit your eyes to drift to an object away, <u>but not far away</u>, from her. Then return your eyes to her.

Affirmative head nods can indicate to your daughter that you are listening and being attentive. When overdone, however, they can become distracting. You do want her to be aware of your attentiveness. The use of occasional head nods, paired with eye contact, will reassure (reinforce) your daughter of your involvement and commitment.

Animation in facial expressions gives your daughter the feeling that you are alert and responding to her communications. It may be that your facial expressions serve as a kind of mirror for her feelings. Certainly an absence of facial expression (the proverbial dead-pan) will

suggest a lack of interest, awareness, or mental presence to her. Again, it is possible to be overly expressive. A smile is always more appropriate than a laugh (particularly when it is a nervous laugh). A continual smile becomes a negative stimulus. Frequent frowns can communicate disapproval. Occasional frowns, on the other hand, may communicate your failure to follow or understand a particular point, and are therefore useful.

Attentiveness can be communicated by bodily positions and movements.

The key to bodily communication is to relax, physically. You will find yourself more able to listen to your daughter if you feel relaxed rather than tense. And she will feel less tense if you do not appear to be tense. In order to get your body relaxed, you must find a position which is comfortable under nonstress conditions. You cannot bend your body into a pretzel and relax the muscles at the same time. Secondly, you must concentrate upon something other than your self (preferably what your daughter is saying).

As your position is relaxed, you will be more able to move around at times and make use of meaningful gestures without moving and gesturing to the point of distraction. Body movements can also be used to encourage or discourage some of your daughter's behaviors. Leaning forward communicates interest in what she is saying, while slouching or pulling away from her may indicate disinterest or disapproval.

The use of a well-modulated, unexcited voice quality and pitch will reassure your daughter of your comfort with her problems. The use of intermittent one-word phrases (minimal verbal stimuli) serves much the same purpose as the head-nod and eye contact. These are verbal signs that you are listening and following what your daughter is saying. The more common minimal verbal stimuli are "mm-hmm," "mmm," "yes," "I see," etc. There is one hazard which should be mentioned. Overuse of these can produce a "parrot-like" effect that has negative results.

In summary, one of your goals is to listen attentively and to communicate this attentiveness through the use of eye contact, head nods, a variety of facial expressions, relaxed posture, leaning forward, modulated voice, minimal verbal stimuli, and verbal comments that follow what your daughter is saying. The effect of this communication will be to encourage your daughter to talk with you comfortably about subjects that may be of concern to her.

EXERCISES

Exercise 1: Nonverbal behavior. In the roles of mother and daughter, choose a partner and sit in pairs, face to face. Listen to your partner talk for 3 minutes but do not respond verbally. You may use eye contact, gestures, head nods, etc., to communicate your attentiveness and interest. The woman taking the part of the daughter will talk for 2 minutes while her "mother" responds nonverbally, then switch roles.

The purpose of this exercise is to become aware of your nonverbal modes of communication. What is the effect of nonverbal type responses on the communication process?

Exercise 2: Reflecting content. Divide into two groups of five. Place your seats in a circle so that you can all see one another easily. Begin a discussion on what age you think it is appropriate for girls to begin dating. Before you respond to the person who has spoken ahead of you, or say anything to the group, sum up what the person who spoke before you had to say. They must agree that your summary is accurate before you can go on. You will have about five minutes to discuss this.

The purpose of this exercise is to become more aware of listening carefully and accurately to the content of another person's communication. This is to help become more aware of what we often "read into" what other people say to us.

Exercise 3: Common responses. Take the blank sheet of paper and the pencil you have and write down exactly how you would respond verbally to the messages given by the leaders. The messages will be different situations that one of your children might come to talk with you about.

The purpose of this exercise is to examine common verbal responses to children and to think about the effect these have on children.

Frequent Ways of Responding To Children

1. Ordering, directing, commanding

2. Warning, admonishing, threatening

3. Exhorting, moralizing preaching

4. Advising, giving solutions or suggestions

5. Lecturing, teaching, giving logical arguments

6. Judging, criticizing, disagreeing, blaming

7. Praising, agreeing

8. Name-calling, ridiculing, shaming

9. Interpreting, analyzing, diagnosing

10. Reassuring, sympathizing, consoling, supporting

11. Probing, questioning, interrogating

12. Withdrawing, distracting, humoring, diverting

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APPENDIX F

Program Outline

1:00 - 1:55
- A. Introduction and Orientation
- B. Listening Skills
  1. Read handout on Listening Skills
  2. Exercises and discussions of exercises (handout):
     a. Exercise 1: Nonverbal behavior
     b. Exercise 3: Common responses

Coffee

1:55 - 2:20
- C. "What if she doesn't ask me?"
  1. Definition of "door openers" and discussion of initiating talks
  2. Read exerpt from "Memoirs of An Ex-Prom Queen"
  3. Discussion: "Reading" your child and asking for feedback
  4. Modeling tapes: Child's desire for privacy

Coffee

2:20 - 3:30
- D. Communication of specific sexual topics
  1. Individual feedback from tapes
  2. Modeling tape: mother talking with her daughter about practical aspects of menstruation
  3. Role playing with each other, use of video
  4. Feedback and discussion of role-playing
- E. Summary and wrap-up

3:30 - 4:15
- A. Video with daughter
- B. Information questionnaire

VIDEO RATING

After watching the videotaped talk with your daughter, read over the following questions. Please circle the number that seems to best fit what you think you did on the tape.

	Very	Good	Some	Poor	Not at all
1. How successful were you in:					
a. initiating the topic of menstruation?	1	2	3	4	5
b. initiating the topic of menstruation in the context of the total developmental process?	1	2	3	4	5
c. asking her if you needed to explain words?	1	2	3	4	5
d. explaining words that you used?	1	2	3	4	5
e. talking about menstruation in a generally positive manner?	1	2	3	4	5

2. Were you able to use your daughter's answers or comments to introduce the topic of menstruation or other topics?

A lot	Quite a bit	Some	A little	Not at all
1	2	3	4	5

3. How successful do you feel that you were in getting feedback from your daughter about her level of understanding of what you were attempting to talk about with her?

Very	Good	Some	Poor	Not at all
1	2	3	4	5

4. Were you able to ask your daughter if she understood what you were talking about and feel satisfied that she did understand?

Most of the time	Quite a bit	Some	A little	Not at all
1	2	3	4	5

5. Do you feel that your child was generally attentive to what you were saying?

Most of the time	Quite a bit	Some	A little	Not at all
1	2	3	4	5

APPENDIX G

Subject #: _____

Volunteer Attendance/Nonattendance

Please circle the appropriate answer. Feel free to write any comments you might have or to give more details since these will be very important for me to have.

Time Element:

1. The program you attended or were scheduled to attend was what day of the week? Th Sat

2. Would it have been more convenient if scheduled on another day? Yes No
   Circle which day, if Yes.
   a. Monday
   b. Tuesday
   c. Wednesday
   d. Thursday
   e. Friday
   f. Saturday
   g. Sunday

3. The program was scheduled to be a one-day workshop lasting from about 8:30-4:00. Would another format have been more convenient for you? Yes No
   If Yes, would any of the following been better?
   a. 2 evenings
   b. 2 half-days
   c. 1 half-day
   d. Afternoon and evening (i.e. 2-5, 6:30-9:30)
   e. Other (explain) _____

4. Would it have been more convenient for you if the program had been a different length? Yes No If Yes:
   a. longer
   b. shorter
   c. same length, different time
   d. other

5. Was the primary reason you didn't attend because of problems rather uniquely associated with it being summertime, such as:
   a. Going on vacation
   b. Leaving for weekends for the lake, mountains, etc.
   c. Lots of visitors and in-laws in to stay
   d. the kids just have too much going on in the summer
   e. other (explain)
   f. None of these were big problems

6. Would you have been better able to attend if the program had been held during the school year? Yes No
If so, why is this? _____

_____

Setting:

1. The program you attended or were scheduled to attend was to be held where?
   a. Psychological Clinic
   b. John XXIII Center

2. If the Psychological Clinic, did the fact that it is located on the UT campus bother you? Yes No
   a. the fact that it is a Clinic? Yes No
   b. other (explain) _____

3. If John XXIII:
   a. Did the fact that it is located on UT campus bother you? Yes No
   b. That it is a church? Yes No
   c. That it is a Catholic church? Yes No
   d. Other (explain) _____

4. If you were approached as a member of a group, i.e. through your Sunday School, would you rather the program was offered at the facility of your group, i.e. the church? Yes No
   a. If Yes, is this a necessity for you to attend? Yes No

Program:

Wherever indicated below, use the following scale:

A great deal	Quite a bit	Moderately	Some	Not at all
1	2	3	4	5

1. Did it disturb you that the program was part of a dissertation project and therefore "research"? Write in the scale number. _____

2. Using the scale, did the idea of a preprogram interview in your home bother you? _____

3. Was there something about the preprogram interview itself that disturbed you? Yes No
   a. Answering questions about yourself Yes No
   b. Taking the questionnaire Yes No
   c. Other (explain) _____

4. Did you have any doubts about the confidentiality of the information received, either during the preprogram interview or the program itself? Yes No

5. Because I am a psychology student and the program was part of a dissertation, did you have concerns over being "psychoanalyzed"? Yes No

6. Using the above scale of 1 to 5, how much did any of the following concern you:
   a. Information questionnaire given during the program a._____
   b. videotaping b._____
   c. bringing your daughter in as part of the program c._____
   d. talking to your daughter as part of the program d._____
   e. concern over your "babysitting" arrangements e._____
   f. your daughter's reaction to participating in the program f._____
   g. reviewing basic sexual information as part of the program g._____
   h. focusing on and dealing with communication skills h._____
   i. would you object to talking to someone else's daughter? i._____

Program Director:

1. During the preprogram interview, was there something about me that disturbed you (please use the above scale)
   a. too positive a._____
   b. too negative b._____
   c. I sounded like I didn't know what I was talking about c._____
   d. I lacked enthusiasm d._____
   e. I wasn't clear enough e._____
   f. you felt a lack of communication with me f._____
   g. you felt I was not competent g._____

2. Was there something about me personally that turned you off to the program? (Please explain) _____ Yes No

Other Possibilities:

1. Was transportation a problem for you? Yes No

2. Was babysitting for your children at home a problem? Yes No

3. Was your husband's support or nonsupport of you a factor in participating (or not) in this program? Yes No
   How? _____

4. Would you have been more likely to participate if you had been paid? Yes No

5. Are you a personal friend of mine? Yes No
   a. If so, did this influence your participation? Yes No
   b. How? _____

6. Would the program have been more attractive to you if the topic had been something other than "sex"? That is, you liked the idea of learning to talk more comfortably with your daughter, but didn't like starting with "sex". Yes No

7. You did not participate because of an accident or unforseeable event beyond your control. Yes No

8. Academic interest vs. real need. _____

APPENDIX H

Program Questionnaire

1. Age: _____

2. Marital Status:
   single _____ separated _____
   married _____ widowed _____
   divorced _____ other _____

3. Your educational level: _____

4. Husband's educational level: _____

5. Sex and age of children:

	female	male
	____	____
	____	____
	____	____
	____	____

There are two short questionnaires that follow. The first is an attempt to assess how much, and about what, you have talked with your children about sex. The second is to get some indication of your interest in a program to help women talk more comfortably and infortably about sex with their children.

The first questionnaire is phrased in terms of one child. For the purpose of this questionnaire, please use as your "reference" child your oldest daughter between 6 and 12 years old. If you do not have a daughter in this age range, then your son. If neither, refer to any of your children. Please indicate which of your children you are using for "reference" by circling in question #5 their age and sex.

INSTRUCTIONS: Please read all the questions before beginning to answer any of them. Read all individual instructions very carefully since a variety of methods of indicating your answer are used (i.e. circling, checking, X-ing, etc.).

1a. How much do you know about each of the following topics? Please circle the number to the right.

		Nothing	A Little	Some	Quite A Bit	Very Much
___a.	puberty: physical changes	0	1	2	3	4
___b.	puberty: emotional changes	0	1	2	3	4
___c.	female anatomy	0	1	2	3	4
___d.	male anatomy	0	1	2	3	4
___e.	conception	0	1	2	3	4
___f.	current dating patterns	0	1	2	3	4
___g.	contraception	0	1	2	3	4
___h.	abortion	0	1	2	3	4
___i.	venereal disease	0	1	2	3	4
___j.	variant sexual behavior	0	1	2	3	4
___k.	sexual intercourse	0	1	2	3	4

b. Now look back over the list and place an X through the number to indicate how much you think your child knows about each of these topics.

c. Which of these are you interested in learning more about? Place a check in the column to the left of the letter.

2a. Indicate to the best of your knowledge where your child has learned about each of the following by circling the number in the appropriate column to the right.

P	C		Mother	Father	Books	School	Church	Friend
__	__	a. puberty: physical changes	0	1	2	3	4	5
__	__	b. puberty: emotional changes	0	1	2	3	4	5
__	__	c. female anatomy	0	1	2	3	4	5
__	__	d. male anatomy	0	1	2	3	4	5
__	__	e. conception	0	1	2	3	4	5
__	__	f. current dating patterns	0	1	2	3	4	5

P	C		Mother	Father	Books	School	Church	Friend
__	__	g. contraception	0	1	2	3	4	5
__	__	h. abortion	0	1	2	3	4	5
__	__	i. venereal disease	0	1	2	3	4	5
__	__	j. variant sexual behavior	0	1	2	3	4	5
__	__	k. sexual intercourse	0	1	2	3	4	5

b. Now look back over the topics. Indicate by placing a check under the column to the left marked P the topics about which you have initiated discussion with your child. Indicate by placing a check under the column marked C the topics about which your child has initiated discussion with you.

3a. How often have you talked with your child about each of the following. Please circle the answer to the right that is closest.

		Never	Once	Twice	3-4 Times	5 or more
___	a. puberty: physical changes	0	1	2	3	4
___	b. puberty: emotional changes	0	1	2	3	4
___	c. female anatomy	0	1	2	3	4
___	d. male anatomy	0	1	2	3	4
___	e. conception	0	1	2	3	4
___	f. current dating patterns	0	1	2	3	4
___	g. contraception	0	1	2	3	4
___	h. abortion	0	1	2	3	4
___	i. venereal disease	0	1	2	3	4
___	j. variant sexual behavior	0	1	2	3	4
___	k. sexual intercourse	0	1	2	3	4

b. Which of these would you like to talk more about with your child? Please indicate this by placing a check to the left of the list of topics.

4a. How comfortable do you feel when you and your child talk about each of the following sexual topics? Please circle the number that corresponds with your answer.

		Not At All	A Little	Some	Quite A Bit	Very Much
a.	puberty: physical changes	0	1	2	3	4
b.	puberty: emotional changes	0	1	2	3	4
c.	female anatomy	0	1	2	3	4
d.	male anatomy	0	1	2	3	4
e.	conception	0	1	2	3	4
f.	current dating patterns	0	1	2	3	4
g.	contraception	0	1	2	3	4
h.	abortion	0	1	2	3	4
i.	venereal disease	0	1	2	3	4
j.	variant sexual behavior	0	1	2	3	4
k.	sexual intercourse	0	1	2	3	4

b. Please look back over the list. This time draw an X through each number to indicate how comfortable you would like to be in talking about these topics with your child.

5. When was the last time that you can remember talking to your child about any of the following topics? Please circle the answer that is closest.

		2 wks.	2-4 wks.	1-2 mos.	2-12 mos.	Over A Year
a.	Puberty: physical changes	0	1	2	3	4
b.	puberty: emotional changes	0	1	2	3	4
c.	female anatomy	0	1	2	3	4
d.	male anatomy	0	1	2	3	4
e.	conception	0	1	2	3	4
f.	current dating patterns	0	1	2	3	4
g.	contraception	0	1	2	3	4
h.	abortion	0	1	2	3	4
i.	venereal disease	0	1	2	3	4
j.	variant sexual behavior	0	1	2	3	4
k.	sexual intercourse	0	1	2	3	4

6. Is there a topic (or topics) that have not been mentioned here that you would like to be able to talk about more comfortably with your child? If so, please list them.

Please read each question carefully and circle the appropriate answer to the right.

1. Do you feel the need for a program developed to help you talk more comfortably and informatively with your children about sex? 1. Yes No

2. Are you interested in participating in such a program? 2. Yes No

3. Is this need and interest great enough for you to find time to participate in such a program? 3. Yes No

4. Two possible programs have been mentioned. One is for you only and the other includes your child's participation in parts of the program. Would you be interested in having your child participate with you? 4. Yes No

5. Would you be willing to come to a short (about an hour) meeting with some of the people who would be teaching the program to talk with them about the program and answer any questions you might have? 5. Yes No

6. If yes, can you come to a meeting either:

   a. Thursday eve, November 21 7:30- 8:30 6a. Yes No
   b. Saturday morning, November 23 10:00-11:00 b. Yes No

7. If these are not convenient times, when could you come?

---

8. If you answered yes to either date above, do you think you will come:

   a. With your child 8a. Yes No
   b. Without your child b. Yes No

9. Would you only be willing to participate in such a program if it is free? 9. Yes No

10. If no, how much would you be willing to pay for the program?

    a. $10.00 10a. Yes No
    b. $20.00 b. Yes No
    c. $30.00 c. Yes No

11. If you indicated that you were interested and would like to attend a pre-program meeting to talk about your interest and the program format, please give your name and address so that we may send you a reminder card.

_____

_____

_____

APPENDIX I

Questionnaire

1. Age _____

2. Marital Status: single _____ separated _____
   married _____ widowed _____
   divorced _____ other _____

3. Your educational level: _____

4. Husband's educational level: _____

5. Age and Sex of children:

female	male
____	____
____	____
____	____
____	____

6. In the original questionnaire, did you indicate that you would like to have your child:

   a. accompany you to this meeting about the program — Yes No
   b. participate in parts of the program with you — Yes No

7. Did any of your children accompany you to this meeting (to find out about the program with you)? — Yes No

8. Have you decided whether or not you would like to have your child participate in parts of the program with you? — Yes No

9. If yes, what is your decision at this time?

   a. My child (children) will participate with me — Yes No
   b. My child (children) will not participate with me — Yes No

10. If no, is it because:

    a. you are waiting to make a final decision until you hear more about the program and what part your child would be participating in. — Yes No
    b. Other (specify) _____

Questionnaire

1. After having talked with the SIRS (Sex Information and Referral Service) Board members and people who will be leading the program, are you still interested in participating in a program to help you talk more comfortably and informatively with your children about sex? Yes No

2. If you answered no, is this because you:

   a. are no longer interested Yes No
   b. do not feel you have the time Yes No
   c. do not feel that the SIRS people are competent to teach such a program Yes No
   d. do not feel comfortable with the SIRS people Yes No
   e. the tentative program outline does not fit your needs Yes No
   f. other (specify) _____

3. If you indicated that the tentative program outline does not fit your needs, what would better fit your needs? _____

   _____

   _____

4. How do you feel now about your child (children) participating in parts of the program with you?

   a. I still want my child to do so Yes No
   b. I still do not want my child to do so Yes No
   c. I have changed my mind about my child's participation. Originally I (did/did not) want my child to do so, now I (do/do not) want my child to participate with me.

APPENDIX J

Sex Information and Referral Service Board Members and Course Planners:

Priscilla White, Ph.D.	Ass't. Professor, Child Development & Family Relations
Leo F. Droppleman, Ph.D.	Assoc. Professor, Clinical Psychology
John Wright	Chaplain, Presbyterian Center
Diane Whitehead	Ass't. Psychologist, Eastern State Hospital
Al Minor	Chaplain, Tyson House
Robert Parrott	Chaplain, Wesley Foundation
Kathy Clebsch	Tyson House
Sam Haskell	Graduate Student, Clincial Psychology
Rick Barnes	Graduate Student, Public Health
Kitty Cramer, R.N.	Instructor, School of Nursing
Noreen Lephart	Graduate Student, CDFR
Richard Nash, Ed.D.	Director, UT Counseling Center

VITA

Diane Whitehead was born in Cortland, New York, on a snowy stormy Sunday in February, 1947. She has two older brothers and one younger brother, being the first female born into the Whitehead family in several decades. After eight years in the country a major change took place—Diane became the daughter of a preacher instead of a newspaperman as father Bruce picked up his family and went to Episcopal Seminary and mother Louise went back to work.

Several moves later saw Diane through a stormy adolescence, Adams High School, a reluctant graduate of Ft. Lauderdale High School, and moving on to Florida State University with high hopes for her future. In the middle of her Sophomore year there she walked into her new advisor's office and announced she intended to get a Ph.D. in Psychology and just how did she go about doing that? They were four good years and moving on again was hard. But next came Knoxville and graduate school in clinical psychology was calling.

In 1971 Diane met Mark, Rob and Brett, the latter two then 11 and 9 years old and now a healthy 15 and 13 and a foot taller. All four moved to Worcester, Massachusetts, together for Diane's internship in clinical psychology. It was a good, hard year and made a family out of four people.

After internship it was home to Knoxville. There she struggled over her dissertation and completed her doctoral work in March, 1975, while working full time at Eastern State Psychiatric Hospital.