# A Study of Attitudes and Training of Physical Educators Teaching Sexuality Education in Tennessee

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A dissertation presented to the Graduate Faculty of Middle Tennessee State University in partial fulfillment of the requirements for the degree Doctor of Arts in Physical Education

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# A Study of Attitudes and Training of Physical Educators Teaching Sexuality Education in Tennessee

# APPROVED: Graduate Committee: Major Professor Committee Member Head of the Department of Health, Physical Education, Recreation, and Safety Dean of the Graduate College

### ABSTRACT

A Study of Attitudes and Training of Physical Educators

Teaching Sexuality Education in Tennessee

Bobbie Mai Majors

The purpose of this study was to determine (1) the relationship between physical educators' sexuality education training and their attitudes toward teaching sexuality education and (2) the relationship between their attitudes toward teaching sexuality education and the sexuality topics included in their course content. The study was conducted in selected high schools in the South Central area of Tennessee.

The Attitudes Toward Teaching Human Sexuality Scale, developed by J. B. Schultz, was modified and mailed to 120 physical educators in selected high schools in the South Central area of Tennessee. The study was designed to test two null hypotheses:

- There was no significant relationship between teacher attitudes and teacher sexuality education training.
- 2. There was no significant relationship between teacher attitudes and the sexuality topics included in their course content.

The Chi-square test of significance showed there was a significant relationship ( $\underline{p} \leq .05$ ) between teachers' attitudes toward teaching family life/sexuality education and the sexuality topics included in their course content. The other hypothesis, which examined the statistical

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significance of teacher attitude and the amount of training in sexuality education the teacher has, also showed a relationship that was highly significant ( $\underline{p} \leq .0001$ ) using the Chi-square.

The latter hypothesis was also supported by Pearson's correlation coefficient (r) which showed that there was a positive relationship between teacher attitude and the degree of emphasis placed on various topics. Both hypotheses were supported in the literature. These findings led to the recommendations that teachers need more exposure to sexuality education training, not only to fill the gaps of the sexual knowledge of adolescents, but also to correct incorrect information and myths about sex. These findings will also serve to correct maladaptive attitudes and behaviors teenagers often have about sex.

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### CHAPTER 1

### Introduction

The need for more sexuality education in the schools is evidenced by the many sex-related problems found in the communities nationwide. One of these problems which threaten the lives and quality of life of children is the high rate of teenage pregnancy (Jackson, 1990; Stark, 1986; Tennessee Department of Human Services, 1990). Other problems are the growing incidence of sexually transmitted diseases (STDs) and the increasing death rate from Acquired Immune Deficiency Syndrome (AIDS) (United States Department of Health and Human Services, 1988).

More and more support is building for the educational system to include a wider range of sexuality education in the curriculum to address some of these concerns (Doster, 1985; United States Department of Health and Human Services, 1988). Increasingly, schools have attempted to meet this challenge; however, just what to call these programs continues to be a problem. Diverse titles have been given to sexuality programs, including family life and sexuality education, family living, sex education, human sexuality, family life education, human growth and development, and family life and human development (Bruess & Greenberg, 1994; Haffner, 1992).

Bruess and Greenberg (1994) explain that the previously used term, <u>sex education</u>, was a problem because it gave the

image of a class focused on sexual behavior. "Sexuality education" is the preferable title because it conveys a broader meaning. Bruess and Greenberg further noted that the title, "Family Life Education," is often chosen in schools due to its less controversial sound and its implied emphasis on family life and family relationships.

The literature on sexuality education, regardless of what it is called in the curriculum, has been concerned with the effectiveness of the sexuality educator (Levenson-Gingiss & Hamilton, 1989a; Schultz & Boyd, 1984). While different titles have been given to sexuality programs, educators from diverse disciplines, such as science and home economics, have also taught and are teaching sexuality education (H. Manley, 1985).

Historically and traditionally, the person to handle the teaching of sex education was usually the health educator, or most commonly the health and physical educator.

The research regarding who are effective teachers of sexuality education in public schools has looked at demographic variables, such as age, sex, race, marital status, size of residential community, years of teaching experience, and religious affiliations, in relation to teachers' attitudes toward teaching sexuality education (Carter & Frankel, 1983; Schultz & Boyd, 1984; Yarber & McCabe, 1981). These studies generally concluded that

teacher attitude is an important factor in effective sexuality education programs.

Several studies and papers (Stone, 1984) have shown that teacher attitude toward sexuality education changed immediately after in-service sex education programs. Studies also suggest that the more sex education training the teacher has, the more willing the teacher is to teach sexuality education (Jorgensen & Alexander, 1983; Kirby & Scales, 1981). There is little research in the literature on determining the amount of sex education necessary to influence change in attitudes toward teaching sexuality education in public schools.

Ryan (1989) pointed out, "In most American schools today, sex education falls to health educators and sometimes physical educators. Their training tends to lean heavily on physiology and psychology" (p. 3).

# Statement of the Problem

The purpose of this study was to determine (1) the relationship between physical educators' sexuality education training and their attitudes toward teaching sexuality education and (2) the relationship between their attitudes toward teaching sexuality education and the sexuality topics included in their course content. The study was conducted in selected high schools in the South Central area of Tennessee.

### <u>Hypotheses</u>

The following hypotheses were formulated for this study:

- 1. There is a significant relationship between teacher attitudes and teacher sexuality education training.
- 2. There is a significant relationship between teacher attitude and the sexuality topics included in their course content.

# Review of Related Literature

This section is designed to review the related literature relevant to this study. The literature reviewed includes (1) evolution of sexuality education, (2) attitudes of teachers toward teaching sexuality education, (3) teacher training for sexuality education, and (4) sexuality topics included in course content.

# Evolution of Sexuality Education

The early beginnings of sexuality education can be traced back to the late nineteenth century, between 1890 and 1900. It appears from the literature (Penland, 1981) that, during the late nineteenth century, sex educators had decided that traditional silence on the topic of sex education must be halted and that young people must be taught "right" information about sex based on the values of that time. These clearly understood values were self-control and restraint, while the only acceptable purpose of sex was procreation. The major discussion in this period

was whether sex education should be taught in the home or in the school (Penland, 1981). When sex education was taught, the context was very controlled and limited and most often was taught by a male instructor (Penland, 1981).

By the 1940s, the teaching of sex education in the schools had changed. One of the changes was that support from outside the schools grew, favoring some kind of sex education in the schools. Another change was observed in organizations, such as the American Association of School Administrators (AASA) and the United States Public Health Service (USPHS), that came out in support of placing some sex education in the school curriculum. Also, the scope and purpose of sex education were undergoing change. A new purpose for sexuality education was that it should help in long-term sexual adjustment of individuals. Penland (1981) continued his observation by noting that, during this period (1940s), in many cases, sex education was still masquerading under titles, such as "homemaking, "character building," and "mental hygiene and moral spiritual values" (p. 307).

The change from 1900 to 1940 was superseded by the change in sex education from 1940 to 1980. Penland (1981) said that the "new sexuality" of the 1950s and the 1960s which saw an increase in permissiveness toward sex and greater openness about sex created a "new sex education" (p. 307). The new sex education, according to the World Health Organization (WHO), was "the integration of the

somatic, emotional, intellectual and social aspects of sexual being in ways that are positively enriching and that enhance personality, communication and love" (Parron, 1940, cited in Penland, 1981, p. 308).

The changes seen in sex education in the 1980s did not solve all the problems for sex educators. Barriers to instituting and implementing sex education programs remained.

Despite the barriers and pressures to implementing sexuality education in middle schools and high schools, most of the schools' curricula do not meet the Sexuality Information and Education Council of the United States (SIECUS) Guidelines for Comprehensive Sexuality Education (Klein, Goodson, Serrins, Edmundson, & Evans, 1994). SIECUS developed these guidelines in 1990 by a Task Force of 20 professionals from varied disciplines. The guidelines' basic assumptions are that

. . . Sexuality education should be offered as a part of an overall comprehensive health education program; that sexuality education should be taught only by specially trained teachers; that the community must be involved in the development and implementation of the program; that all children and youth will benefit from comprehensive sexuality education; and that all three learning domains—cognitive, affective, and behavioral—should be addressed in sexuality education programs. (Klein et al., 1994, p. 329)

# Attitudes of Teachers Toward Teaching

### Sexuality Education

Teacher attitudes toward teaching sexuality education have been influenced by the history of the development of sex education. The values and beliefs of the purpose of sex education may have changed at a more rapid pace and in a different direction for the general population than for teachers who may have come from a middle-class, conservative background and may not feel comfortable about their own sexuality. According to Scales (1981), topics, such as contraception and homosexuality, caused the most controversy over sex education in the schools since there were those who rejected the inclusion of these topics in the family life/sexuality education curriculum.

Yarber and McCabe (1981) conducted a study and found:

Teachers' attitudes toward sexuality are apparently the most important personal factor influencing the inclusion of topics. Experts have suggested that the teacher's sexuality self-concept directly relates to successful teaching performance. (p. 290)

According to Schultz and Boyd (1984), "teachers felt more competent to teach human sexuality when they had more positive attitudes toward their own sexuality" (p. 540). A study conducted by Graham and Smith (1984) noted: "Experts in the field of sexuality education have long agreed that sexuality comfort in teachers of sexuality directly influences their teaching effectiveness" (p. 441). This sentiment was also noted in research conducted by Titus,

Gingles, and Kanter (1992-1993) that showed that teacher effectiveness is affected by teachers' attitudes toward sexual self-concept and their knowledge of the subject.

Attitudes toward teaching sexuality education are also affected by cultural considerations. The United States has attempted to include some level of sexuality education in the schools' curricula most of this century (Penland, 1981). However, in Israel, sex education in schools was formally established between 1973 and 1978 with a narrow range of subject areas. Attitudes toward teaching sexuality education were related to the sex of the teacher. Female teachers were able to promote the idea of family life education to a greater extent than their male peers. Men were more prepared than women to accept the full range of topics falling under the heading of family life education (0z, 1991).

# Teacher Training for Sexuality Education

The literature is replete with information on the importance of and need for sexuality education training of teachers. H. Manley (1985) pointed out that "perhaps the biggest problem in introducing sexuality education in schools is the teacher" (p. 27). M. M. Krueger (1990) noted that the call for training of sexuality education teachers has roots nearly as old as sexuality education itself. She traced sexuality education as far back as 1912. At that time, the National Education Association passed a resolution

favoring special training for sexuality education teachers. In the mid-1930s, in-service training and courses designed specifically for sexuality education teachers became apparent. This trend continued through the 1930s.

Krueger (1990) agreed with other writers who were concerned with sexuality education training of teachers. The assertion was made that "no matter how carefully planned the course or how sound the philosophy and community backing, the ill-prepared, fearful, or embarrassed teacher can defeat the entire effort" (Krueger, 1990, p. 1). She further explains that "unless schools were willing to make necessary investments in training programs in terms of time and personnel, it is best that they avoid including sexuality education in the curriculum" (p. 1).

Levenson-Gingiss and Hamilton (1989a) voiced their concerns about teacher training:

Teachers' concerns assume a special relevance with human sexuality education. With increases in teenage pregnancies, sexually transmitted diseases, and AIDS among adolescents, schools are called upon to incorporate human sexuality education curricula that help teenagers make thoughtful, informal decisions about sexual behaviors.

For new programs to be implemented in schools, normative, administrative, and organizational changes need to occur at the group level. However, implementation of educational innovations is ultimately accomplished by individuals, not institutions.

In addition to the need to become familiar with the subject matter, teachers often must alter their ways of relating to students and learn to use new teaching strategies. They must examine

their attitudes toward the topics covered as well as how students, parents, administrators, and peers might react. (p. 156)

Other researchers (Hall & Hord, 1987) noted that changes in teachers' reactions or attitudes occur at various stages of a project implementation, with the greatest change at the times they are being trained. These researchers contend that training in human sexuality would affect teachers' attitudes toward teaching that subject. Further, the more teachers become involved with the subject and become more comfortable, the more their concerns would change (Levenson-Gingiss & Hamilton, 1989a). Additionally, it was noted that trained teachers would focus more on the teaching tasks and, in effect, become better teachers in that area because they could focus more on and adapt to the need of the learners (in this case, the students) (Levenson-Gingiss & Hamilton, 1989a).

To support the above contention, Levenson-Gingiss and Hamilton (1989a) examined 59 middle school physical education teachers before and after one week of in-service training. Significant changes ( $p \le .05$ ) in the teachers' knowledge, attitudes, and concerns about teaching a new human sexuality education course were noted.

J. Manley (1986) is another voice in the concerns for sexuality education:

Training for sexuality educators is absolutely essential, whether the teacher is just beginning or has been teaching the subject for years. Initially, 30-40 hours of sexuality

education is suggested as a minimum, with update training periodically throughout the years. In such a rapidly changing field, continuing education for all teachers is absolutely necessary. In the interim, keeping up to date through reading journals and articles is an additional way to keep abreast of new developments and research in the field. (p. 10)

However, as late as the 1980s, there were continued concerns over the problem of sexuality education training of teachers. Welbourne-Moglia and Moglia (1989) contended:

Although empirical information is not available about how many educators have received appropriate training, indications point to a small number. Education majors are not currently required to take courses in human sexuality and only four university programs offer graduate, specialized training resulting in a degree. Given their limited availability, most training takes place at professional conferences, seminars, and in-service programs and is of a limited nature. Most sex educators seem to be self taught. (p. 162)

According to Hamblin, Sydney, and Reid (1994), there appears to be a new awareness in the training of teachers with the emergence of the human immunodeficiency virus (HIV) epidemic among children. Human immunodeficiency virus (HIV) is a retrovirus that invades and damages cells of the immune system and is the cause of acquired immune deficiency syndrome (AIDS).

Palfrey et al. (1994) stated, "Recent figures (October, 1993) from Centers for Disease Control (CDC) indicate that 4,906 children between the ages of 0-12 have been reported to have AIDS. In addition, 1,412 adolescents, ages 13-19, have been reported to have AIDS" (p. 22). This population

is expected to increase each year. Schools find that they must respond to the needs of this population.

Palfrey et al. (1994) conducted a survey of the 100 largest school districts in the United States (three of these districts were in Tennessee) to determine the response of schools to the appearance of children with HIV/AIDS infection. This survey demonstrated that schools are investing considerable time, energy, and talent in preparing to accommodate students with HIV/AIDS infection. All the school districts in the survey provided training regarding the presence of children with HIV/AIDS in the schools.

Nurses and teachers were the highest recipients of the in-service training regarding concerns for children with AIDS/HIV.

The heightened sensitivity to the problem of AIDS/HIV has made the teaching and training in sex education in high school even more urgent. However, a national study of local school districts' policies and practices revealed school-level differences in requirements for instructions and the nature of educational focuses (Holtzman et al., 1992).

Another study of 112 school districts in Texas

(Levenson-Gingiss & Basen-Enquist, 1994) was conducted. The purpose of this study was to assess the nature and scope of HIV/AIDS education provided by each teacher, also to assess teachers' need for training, and to determine positive and negative factors associated with providing HIV/AIDS

education. One of the items in the survey was measuring teachers' comfort and effectiveness. Other items in the survey scale were to determine how much time teachers spent on instruction in each content area and their perceptions about the adequacy of their preparation and their desire for future training in each area. Most teachers in the study spent the major portion of instructional time on how the AIDS/HIV virus is transmitted. Most teachers providing HIV/AIDS education (54%) were self-taught with no formal More than two-thirds of all teachers wanted additional training. The most frequently used teaching methods by all teachers were videos and films (87%) and lectures and group discussions (87%). Teachers considered barriers to teaching HIV/AIDS education to be similar to those teaching other sex-related topics. Areas of most frequent concerns were adequacy of resources (61%), parent/community responses (47%), and curriculum adequacy (38%).

According to Bruess and Greenberg (1994),

training of sexuality educators has improved greatly. Colleges and universities offer single courses; combination of courses and even entire degree programs designed to prepare people to be sexuality educators. Some voluntary agencies and professional training programs also contribute to the training of sexuality educators. (p. 54)

### Sexuality Topics Included in Course Content

Some sex education experts were concerned not only with the effects of training on teacher attitudes and their feelings of inadequacy to teach sexuality education, but with how do their attitudes and concerns affect what they teach and how they teach and the effect on students. To test these concerns, Levenson-Gingiss and Hamilton (1989b) conducted a pre- and post-test which included 80 in-service teachers. The results showed that the "items which most teachers felt extremely comfortable were self-esteem and interactional skills (70%)" (Levenson-Gingiss & Hamilton, 1989b, p. 429). "More than two-thirds of the teachers found students to be extremely/very cooperative and involved" (p. 429).

The Prince George Public School District in Upper Marlboro, Maryland, is an example of a fully implemented and comprehensive sexuality education program. According to Schaffer (1981), their program of family life and human development (sex education) was developed in the late 1960s. This program started slowly, but is now fully implemented in 99% of the schools in grades K-12. The program is credited with better than 98% parental acceptance and student participation.

The program includes three focused areas:

1. Focus Area 1--Family Life and Interpersonal Relationships. This area is a part of the regular curriculum taught by all teachers at all grade levels (K-12).

- 2. Focus Area 2--Physiological and Personality Changes Related to Puberty. This area is presented in an identifiable unit, and prior written parental permission is required before a student may be enrolled in the course.
- 3. Focus Area 3--Advanced Physiology and Psychology of Human Sexual Behaviors. This area, by state law, is offered as an identifiable elective course for the first time at the ninth-grade level (Schaffer, 1981).

The State of Tennessee's Sexuality and Family Life
Curriculum appears to be as varied as sex education
curricula are in other states in the United States.

Different school districts may have the option as to what
sexuality topics to include. However, the Tennessee school
districts do have a mandate that has been issued by the
State Board of Education. In this mandate are a set of
Terminal Objectives of Family Life Curriculum for the state
of Tennessee educators to follow who are teaching sexuality
and family-life education courses (see Appendix A).

Despite the stated concerns about teacher training and sexuality topics included in course content, there is still the awareness that sexuality education is not fully implemented in some American schools. S. Gordon (1990) stated:

Sex education is not taught in the vast majority of American schools. Most courses that do exist can be described as courses in plumbing, a relentless pursuit of the Fallopian tubes. We estimate that less than 20 percent of the American school children are exposed to anything

approaching a reasonably good sexuality education. (p. 4)

### Importance of the Study

This study may be useful in helping high school administrators determine the minimal level of training necessary to bring about a positive attitude toward teaching sexuality education. It may also be helpful in determining how much sexuality education training is needed for teachers to include sexuality topics in their course content for effective teaching of sexuality education, hence, impacting sexual behaviors positively.

Effective sexuality education may impact on problems, such as teenage pregnancy, sexually transmitted diseases (STDs), and acquired immune deficiency syndrome (AIDS).

AIDS is a disease caused by HIV.

This study shows that sexuality education training affects teachers' attitudes toward teaching sexuality education. Attitudes toward teaching sexuality education affect what sexuality topics teachers will include in their course content. Sexuality education training is key to the sexuality topics teachers include in their course content by way of their attitudes toward teaching sexuality education.

# Limitations of the Study

The following limitations apply to this study:

1. This study was limited to 37 public senior high schools selected from 16 counties within the South Central area of Tennessee.

- The sample was limited to physical educators from each of the selected schools.
- 3. The analysis of the data was based on information acquired via the questionnaire.

### Basic Assumptions

The basic assumptions of this study were as follows:

- 1. The respondents have a similar understanding of the meaning of the definition of terms.
- 2. The responses are candid and adequate to the best of the respondents' ability.
- 3. The terms <u>sex education</u>, <u>human sexuality</u>, <u>sexuality</u> <u>education</u>, <u>family life/sexuality education</u> can be interchangeable.

### Definitions of Terms

For the purpose of clarification, the following definitions were established to be used in the present study:

Acquired immune deficiency syndrome (AIDS). This illness is the endpoint of a disease that is caused by the human immunodeficiency virus (HIV) (Haffner, 1989).

Attitude. Attitude is a feeling or behavior of a person toward a situation, person, or thing in a particular manner.

<u>Family life education</u>. This kind of education implies the importance of family life and family relationships. The focus areas are self-esteem, preparation for marriage,

family economics, and parenting skills (Bruess & Greenberg, 1994).

Human immunodeficiency virus (HIV). Human immunodeficiency virus (HIV) is a retrovirus that invades and damages cells of the immune system and is the cause of acquired immune deficiency syndrome (AIDS).

Human sexuality/Sexuality. This is a general term that relates to a pervasive component of personality, specifically an individual's attitudes and behaviors as a sexual being and as a male or female (Schultz, Boyd, & Fanslow, 1983).

Physical educator. This is a person who conducts the physical education program which may include health education. This program is designed to provide experiences through wholesome activities that will contribute to the physical, mental, social, and emotional well-being of the participants.

<u>Senior high school</u>. Senior high school is an institution providing education encompassing grades 9 through 12.

Sex education. Sex education is "a level of study which evaluates the physical and emotional components of human sexuality; also called in certain research, sexuality education or family life education" (Krueger, 1990, p. 10).

Sexuality education. This kind of education is described by some experts in the field as

a lifelong process of acquiring information and forming attitudes, beliefs, and values about identity, relationships, and intimacy. It encompasses sexual development, reproductive health, interpersonal relationships, affection, body image, and gender roles. Sexuality education addresses the biological, sociocultural, psychological, and spiritual dimensions of sexuality from (1) the cognitive domain, (2) the affective domain, and (3) the behavioral domain, including the skills to communicate effectively and make responsible decisions. (Haffner, 1990, cited in Bruess & Greenberg, 1994, pp. 20-21)

Sexuality topics included in course content. Sexuality topics included in course content refer to those specific topics included in a family life/sexuality education curriculum that are actually taught by the teacher in a classroom setting. Various aspects of sexual behavior have been identified as topics educators include in their teaching of sexuality education in public high schools. Twenty-six have been identified in this study.

### CHAPTER 2

### Methods and Procedures

This study was conducted to determine (1) the relationship between physical educators' sexuality education training and their attitudes toward teaching sexuality education and (2) the relationship between their attitudes toward teaching sexuality education and the sexuality topics included in their course content in selected high schools in the South Central area of Tennessee. This chapter is divided into the following areas: (1) population sample, (2) instrument development, (3) collection of data, and (4) statistical analysis.

# Population Sample

The sample was taken from 37 selected high schools representing 16 counties in the South Central area of Tennessee. The sampling frame of physical educators from each school was obtained from the 1990-1991 Preliminary Report--Split File and the Current School Files from the State Department of Education in Nashville, Tennessee. The selected schools and counties were within the South Central area of Tennessee.

The subjects for this study included 62 male and female physical education teachers. The sexual characteristics of the subjects consisted of 66% male and 32% female. The racial description of the subjects was 18% black, 76% white, and 7% race was not indicated on questionnaire.

### <u>Instrument Development</u>

To determine teacher attitudes toward teaching sexuality education and teaching sexuality topics included in course content in selected high schools, the Attitudes Towards Teaching Human Sexuality Scale was used. This scale was developed by J. B. Schultz, Director of Family and Consumer Resources at the University of Arizona in Tucson, Arizona. Schultz developed this scale to examine teachers' attitudes toward teaching sexuality education in public schools as related to their perception of their own sexuality and personal competency to teach sexuality education.

For this study, the investigator modified the research instrument and used it to examine teachers' attitudes toward teaching sexuality education in selected high schools as related to training and sexuality topics included in course content. Schultz's Human Sexuality Attitude Scale includes five parts. Only one part was used in this study, the Personal Readiness (PR) Scale. The PR Scale addresses an individual's assessment of personal competency to teach sexuality education in a public high school, with a high score indicating a belief in personal competency to communicate with high school students about sexuality (Schultz et al., 1983). This part contains 20 items (questions) with a reliability score of .90. Also, this

scale contains 25 sexuality topics. The investigator added the topic of AIDS, making a total of 26 topics.

The scale developed by Schultz is a 9-point Likert-type scale. The transformation for the present study was based on the following response differences: an average response of 1.0 to 6.4 is considered low, and an average response of 6.5 to 9.0 is considered high. A 5-point scale, ranging from "no emphasis" to "a great deal of emphasis," was used to measure the extent teachers used sexuality topics in their (course content) teaching (see Appendix C).

On November 22, 1991, this investigator contacted Schultz by telephone to ask for permission to use the instrument for this study. On December 2, 1991, the instrument and a letter of permission to use the document were received (see Appendix B).

The demographic portion of the instrument (Part C) used for this study was developed by the investigator based on the study of the relevant literature and recommendations of the Dissertation Committee. Data included in this section of the questionnaire are demographic variables and teacher training. Demographic variables included are age, race, marital status, sex, years of teaching experience, grade level(s) taught, educational background, and community size.

### Collection of Data

During the months of April and May 1992, 120 questionnaires were mailed to the physical education

teachers of selected high schools in the South Central area of Tennessee (see Appendix C). Each questionnaire was accompanied by a cover letter describing the purpose of the study and instructions for completion and assuring respondents that their anonymity would be protected (see Appendix D). A self-addressed, stamped envelope was also included for returning completed questionnaires.

Each questionnaire included a code number. This coding was to assist in identifying non-respondents in the initial mailing. Each respondent was asked to return the questionnaire to the investigator within one week, if possible.

After three weeks, 50 (42%) of the questionnaires had been returned. A follow-up letter was sent (see Appendix E). After two more weeks, 15 additional questionnaires were returned. Several telephone calls were made, netting 5 more questionnaires and making a total of 70 (58%) of the 120 questionnaires returned. Of the 70 questionnaires returned, 8 were not usable for the following reasons: 2, no longer employed at the selected schools; 2, incomplete information; 2, returned with no ("0") responses; 1, retired; and 1, deceased. A total of 62 (52%) of the questionnaires were completed and usable for the data analysis.

# Statistical Analysis

After the questionnaires were returned, the results were organized and analyzed to determine (1) if a significant relationship existed between physical educators' sexuality education training and their attitudes toward teaching sexuality education and (2) if a relationship existed between teachers' attitudes toward teaching sexuality education and the sexuality topics included in their course content in selected high schools in the South Central area of Tennessee.

The data were entered into the Honeywell Computer, verified, and processed in the Computer Center at Middle Tennessee State University. Tables and percentages were used to describe demographic data. Chi-squares were used to test the following hypotheses:

- 1. There is a significant relationship between teacher attitudes and teacher sexuality education training.
- 2. There is a significant relationship between teacher attitudes and the sexuality topics included in their course content.

Chi-square is frequently used in nominal levels of measurement and is relatively free of assumptions. However, it cannot be used indiscriminatingly. Sample size is one of the concerns in that extremely small samples can sometimes yield misleading results. Expected frequencies should be five or above in cells. The age, sex, race, and community

size categories yielded Chi-squares with very small numbers and zeros in some of the cells (Levin & Fox, 1991). Hence, these variables were not used in the Chi-square analysis due to sample size. Pearson's correlation coefficient (<u>r</u>) was also used to show the relationship between teachers' attitudes and the level of emphasis they placed upon sexuality topics.

## CHAPTER 3

### Results

The purpose of this study was to determine (1) the relationship between physical educators' sexuality education training and their attitudes toward teaching sexuality education and (2) the relationship between their attitudes toward teaching sexuality education and the sexuality topics included in their course content. The study was conducted in selected high schools in the South Central area of Tennessee.

The research hypotheses tested in this study were as follows:

- 1. There is a significant relationship between teacher attitudes and teacher sexuality education training.
- 2. There is a significant relationship between teacher attitudes and the sexuality topics included in their course content.

# Characteristics of Study Population

A total of 120 questionnaires were mailed to physical educators in the high schools. Of the 70 questionnaires (58%) that were returned, 8 were not used because they were incomplete. Sixty-two (or 52%) of those returned were used in this study. The following tables show some demographic characteristics of the population studied.

A total of 37 schools were used in the study. The number of physical education teachers per school ranged from

zero to five. There were no responses from 9 schools. In 1 school, five physical education teachers responded. In 3 schools, four teachers responded; in 5 schools, three teachers responded; and in 10 schools, only one teacher responded (see Table 1, p. 28).

Sixty-six percent of the respondents were male, and 32% were female (see Table 2, p. 29). The vast majority of the respondents were between 30 and 60 years of age; 3% of the respondents were over 60 years of age (see Table 3, p. 29). Most respondents (65%) were married (see Table 4, p. 30). Seventy-six percent were white, and 18% were black (see Table 5, p. 30). Eighty-three percent had an educational status of a master's degree or above (see Table 6, p. 31).

The Personal Readiness Scale addresses physical education teachers' personal assessment of their competency to teach sexuality education in secondary schools. Schultz developed this scale to be used on home economics teachers since earlier studies showed that home economics teachers were more likely to be teaching sexuality education (Hughes, Rougive, & Woods, 1980) than others. In this area of Tennessee, the physical education teacher is likely to teach family life/sexuality education in the health classes. This is the reason physical education teachers were used in this study.

Table 1
Participants by School

Code	<u>N</u>	Percent
	Number and percent of participants	
1	2	3
2	4	6
3	<b>2</b> 1	3
1 2 3 4 5	2	3 2 3
7	4	6
8	5	6
9 <b>10</b>	5 3 3 3	6 5 5 5
11	3 3	5
12	4	7
13	2	3
14	2 2	3
17	1 2	2
18	2	3
19 20	3 1	5
21	1	2 3 5 2 2
24	2	3
25	1 2	3 2 3
26	2	3
28	2	3
29	2 1	3 2
32	1	2
33	2	3
34	3	5
36	1 1	2 2
37	1	2
99	1	2
Total	62	100

Table 2
Participants by Sex

Sex	Cod	le <u>N</u>	Percent
	Number and	percent of partic	cipants
Male	1	41	66
Female	2	20	32
Unknown	9	1	2
Total		62	100

Table 3
Participants by Age Group

Age group	Code <u>N</u>		Percent	
Number and	percent of p	articipants		
22-29 years	1	2	3	
30-39 years	2	17	28	
40-49 years	3	18	29	
50-59 years	4	17	27	
60 years and above	5	2	3	
Unknown	9	6	10	
Total		62	100	

Table 4
Participants by Marital Status

Marital stat	us	Code	<u>N</u>	Percent
	Number a	and percent o	f participants	
Single		1	12	19
Married		2	40	65
Divorced		3	5	8
Unknown		9	5	8
Total			62	100

Table 5
Participants by Race

Race	Cod	le <u>N</u>	Percent
	Number and	percent of participa	nts
White	1	47	76
Black	2	11	18
Unknown	9	4	6
Total		62	100

# <u>Data Analysis</u>

The data were statistically analyzed using the Chisquare. Chi-square is a nominal level of measurement employed to make comparisons between frequencies (in this case, the frequencies of those who have high attitudes toward teaching sexuality education, with those who have low attitudes). Two major comparisons were made in this study:

(1) attitudes versus training and (2) attitudes versus sexuality topics. The 2 x 2 Chi-square, for example, shows the frequencies of high attitudes with high training in Cell I (see Figure 1, p. 34), the frequencies of high attitudes with low training in Cell III, and the frequencies of low attitudes with low training in Cell IV.

Table 6
Participants by Educational Status

Educational status	Code	<u>N</u>	Percent
B.S. or B.A.	1.	2	3
M.S. or M.A.	2	17	27
Ed.s.	3	18	29
Ph.D., Ed.D., D.A.	4	17	27
Unknown	9	8	14
Total		62	100

The Yates Correction was also used for each Chi-square. The Yates Correction is important to control distortions that can occur in Chi-squares when expectancy frequencies in a cell are less than or equal to 5. Some researchers recommend that the Yates Correction be used for all 2 x 2 tables, not just those with small expected frequencies. Using the Yates Correction, the difference between observed and expected frequencies is reduced by .50 (Levin & Fox, 1991).

The null hypothesis in this study states that there was no relationship between attitudes and training, and attitudes and sexuality topics. The research hypothesis states that there is a relationship between these variables. The Chi-square helps to determine if the relationship is significantly different from zero at the .05 level of significance. In this study, the Chi-square was used to determine the relationship between the following: (1) the level of training and the physical educators' attitudes toward teaching family life/sexuality education and (2) the number of sexuality topics they included in their family life/sexuality education classes and their attitudes toward teaching sexuality education. Pearson's correlation coefficient (r) was used to measure the relationship between the sexuality topics and the attitudes of the respondents.

The Statistical Package for the Social Science (SPSS) was run on the Honeywell DPS 8/49D CP-6 Computer System of

Middle Tennessee State University in Murfreesboro, Tennessee, in accordance to the SPSS User's Guide.

# Statistical Analysis

# Attitudes Versus Training

The research hypothesis 1 states that there is a significant relationship between teacher attitudes and sexuality education training.

Hypothesis 1. Chi-square (Figure 1) tests the null hypothesis that there was no significant relationship between teacher attitudes and teacher sexuality education training. The Chi-square comparing the level of sex education training with attitudes toward teaching family life/sexuality education showed that there was a significant relationship between the level of sex education training and attitudes toward teaching family life/sexuality education (p < .05). Thus, the null hypothesis was rejected.

These scores could range from 1.0 to 9.0, with a 9.0 being "agree completely" and a 1 being "completely disagree." A score of 6.5 to 9.0 on the Personal Readiness Scale indicates that the teachers perceive themselves as having a great deal of competence (high or more positive attitude) related to teaching sexuality education in high school and is in the high category in the Chi-square table. By contrast, scores ranging from 1.0 to 6.4 on the scale indicate that teachers perceived themselves as having limited competence related to teaching sexuality education.

_								
п	-	_	-	-	-	-	q	
ŧ	1	<b>a</b>		11	4		u	

		High 2+	Low 0 to 1	Row Total
High = 6.5 to	9.0	25	10	35 62.5
Attitude  Low = 1.0 to	6.4	4	17	21 37.5
Column Total		29 51.8	27 48.2	56 100.0
Chi-square	D.F.	Significano	e Min. E.F	Cells with E.F. < 5
12.40153	1	.0004	10.125	None
14.42316	1	.0001	(Before Yates correcti	on)

Figure 1

Chi-Square Comparing the Level of Sex Education Training with Teachers' Attitudes Toward Teaching Family Life/Sexuality Education Figure 1 suggests that the relationship between training and attitude is a positive one. These items are in Part A, questions 1 to 55, of the scale.

The data concerning training are based on the actual number of training experiences the participants have had. The actual number of training experiences is used in statistical analysis. Zero or 1 sexuality education training experiences were placed in the low category. On the other hand, two or more sexuality education training experiences were placed in the high category. The training experiences were placed in the high category ranged from 2 to 29 (see Figure 1).

# Attitudes Versus Topics (Course Content)

The research hypothesis 2 states that there is a significant relationship between teacher attitudes and the sexuality topics included in their course content.

Hypothesis 2. Chi-square (Figure 2) tests the null hypothesis that there was no significant relationship between teacher attitudes and the sexuality topics included in their course content. The Chi-square comparing attitudes toward teaching family life/sexuality education with the number of topics included in their course content showed a significant relationship (p < .05). Thus, the null hypothesis was rejected. Mean attitudes ranged from 1.0 to 9.0, as indicated earlier, which have been divided into low (1.0 to 6.4) and high (6.5 to 9.0) scores.

	Topics				
	-	High 2.5+	Low 0 to 2.49	Row Total	
High = 6.5 t	o 9.0	20	13	33 60.0	
Attitude					
Low = 1.0 t	co 6.4	7	15	22 40.0	
Column Total		27 49.1	28 50.9	55 100.0	
Chi-square	<u>D.F.</u>	<u>Significano</u>	e <u>Min. E.F.</u>	Cells with E.F. < 5	
3.30109	1	.0692	10.800	None	
4.37720	1	.0364	(Before Yates correctio	n)	

Figure 2

Chi-Square Comparing Teachers' Attitudes Toward
Teaching Family Life/Sexuality Education
and Number of Topics Included
in Their Course Content

Scores for topics ranged from 0 to 4.0, with 4.0 representing "a great deal of emphasis" and 0 representing "no emphasis at all" on a particular topic. A score of 2.5 and over is placed in the high category on the Chi-square table. A score of less than 2.5 is placed in the low category (see Figure 2).

The Chi-square showed a positive relationship between attitude toward teaching family life/sexuality education and the degree of emphasis placed on a sexuality topic. The items for topic scores were taken from Part B of the Questionnaire Scale, questions 1 to 26.

# Attitudes Versus Degree of Emphasis

# Placed on a Particular Topic

Pearson's correlation coefficient ( $\underline{r}$ ) was used to show the relationship between teacher attitude and degree of emphasis placed on a particular topic. According to Levin and Fox (1991), correlation is the most commonly used measure of strength of relationships or the degree of association between variables. These data revealed that there is a high degree of relationship between attitudes and selected topics teachers used in their sexuality education. A significant relationship ( $\underline{p} \leq .05$ ) existed between teacher attitudes and degree of emphasis placed on sexuality topics. This finding is supported by earlier researchers (Yarber & McCabe, 1981, 1984). The highest correlation ( $\underline{r}$ ) between

teacher attitude and degree of emphasis on sexuality topics was noted between the following:

- 1. Lifestyles, including abstinence ( $\underline{r} = .59$ );
- 2. Alcohol, drugs, and sexual behavior ( $\underline{r} = .58$ );
- 3. Values clarification (r = .56);
- 4. Conception  $(\underline{r} = .52)$ ;
- 5. Sexually transmitted diseases ( $\underline{r} = .52$ ); and
- 6. Intercourse  $(\underline{r} = .51)$ .

The lowest correlation was found in the following:

- 1. Masturbation ( $\underline{r} = .15$ ) and
- 2. Self-examination of breasts and/or testicles  $(\underline{r} = .20)$ .

These results show that there is a low relationship between the above variables and teacher attitudes. The teachers did not emphasize these topics in their courses and had a low feeling of competency to teach these subjects.

The findings in this study using physical education teachers are similar to those found in the study carried out by Schultz et al. (1983). However, the highest correlation in this study was between attitude and lifestyles, including abstinence. This result suggests that teachers in this study place high emphasis on teaching lifestyles, including abstinence. In the present study, the topic of AIDS was added. AIDS was not a significant factor in the earlier studies since it was a newly emerging factor on the human sexuality scene. However, in the present study, AIDS showed

high emphasis in the mean score measurement (ranking number 2) and high relationship on the attitude scale ( $p \le .0001$ ) and an <u>r</u> of .48. AIDS is the second highest ranking out of the 26 topics, while masturbation ranks last of the 26 (see Table 7).

Table 7
Sexuality Topic Mean Scores and Personal Readiness Correlations

Sexuality topic	Mean scores	PR (correlations)	Probability
Adolescent physical development	3.2	.271	.023
AIDS	3.1	.480	.000
Adolescent social development	3.1	.326	.008
Adolescent psychological/emotional development	3.1	.340	.006
Sexually transmitted diseases	2.9	.520	.000
Developmental tasks of adolescents	2.9	.320	.009
Adolescent cognitive development	2.9	.304	.012
Alcohol, drugs, and sexual behavior	2.8	.581	.000
Values clarification	2.6	.564	.000
Lifestyles, including abstinence	2.4	.588	.000
Birth control	2.4	.299	.013
Female reproductive system	2.3	.431	.001
Intimate sexual relationships	2.2	.473	.000
Male reproductive system	2.2	.447	.000
Conception	2.1	.528	.000
Childbirth decisions	2.1	.432	.000
Prenatal care	2.0	.467	.000
Rape	2.0	.493	.000
Pregnancy decisions	2.0	.457	.000
Intercourse	1.9	.508	.000
Sex rate socialization	1.9	.446	.000
Expectant father's participation	1.7	.434	.000
Diversity of sexual expression	1.6	.432	.000
Self-examination of breasts and testicles	1.4	.197	.004
Homosexuality	1.2	.344	.005
Masturbation	0.9	.146	.143

### CHAPTER 4

Findings, Conclusions, and Recommendations

The purpose of this study was to determine (1) the relationship between physical educators' sexuality education training and their attitudes toward teaching sexuality education and (2) the relationship between their attitudes toward teaching sexuality education and sexuality topics included in their course content. The study was conducted in selected high schools in the South Central area of Tennessee.

# Findings

Based on the analysis of the data in this study, the findings were as follows:

- 1. Thirty-nine (63%) of the respondents were presently teaching or had previously taught sexuality education.
- 2. Twenty (32%) of the teachers indicated no training in sexuality education.
- 3. Forty-two (68%) of the teachers had received sexuality education training.
- 4. Teachers who had no training in sexuality education, only 8 (40%), had a more positive attitude toward teaching sexuality education (6.5 or above), while those who had two or more training experiences, 29 (80%), had a more positive attitude toward teaching the subject.

- 5. Those teachers (83%) who had more training experiences had more positive attitudes toward teaching sexuality education.
- 6. Three (15%) of the teachers who had no training in sexuality education placed an emphasis level on sexuality topics of 2.5 or above.
- 7. Seventeen (59%) of those teachers who had two or more training experiences placed an emphasis level on sexuality topics of 2.5 or above.
- 8. Four (6%) of the teachers had no training and were teaching sexuality education.
- 9. Twelve (19%) of the teachers who had training in sexuality education were not presently teaching nor had they formally taught sexuality education.
- 10. The Chi-square test showed a significant relationship ( $\underline{p} \leq .0001$ ) between training and teachers' attitudes toward teaching sexuality education.
- 11. The Chi-square showed a significant relationship  $(\underline{p} \leq .03)$  (see Figure 2) between teachers' attitudes and sexuality topics included in their course content. Thus, both null hypotheses 1 and 2 of this study were rejected.
- 12. The highest correlation (<u>r</u>) was found between teachers' attitudes and the following topics: (a) lifestyles, including abstinence; (b) alcohol, drugs, and sexual behavior; (c) values clarification; (d) conception; (e) sexually transmitted diseases; and (f) intercourse.

- 13. The lowest correlation (<u>r</u>) was found between teachers' attitudes and the following topics: (a) masturbation and (b) self-examination of breasts and/or testicles.
- 14. When using the mean scores, it was found that teachers placed the most emphasis on the following topics:

  (a) adolescent physical development, (b) AIDS, and (c) adolescent social development.
- 15. When using the mean scores, it was found that teachers placed the least emphasis on the following topics:

  (a) self-examination of breasts and/or testicles, (b) homosexuality, and (c) masturbation.

# Conclusions

The following conclusions were made based on the findings derived from this study:

- 1. Teachers who have had more sexuality education training have a more positive attitude toward teaching sexuality education than those who had little or no sexuality education training.
- 2. Teachers who had a positive attitude toward teaching sexuality education did include more sexuality topics in their course content.
- 3. Teachers who showed a more positive attitude toward teaching sexuality topics also had more training experience.

# Recommendations

The findings derived from this study have suggested the following recommendations:

- 1. There is a need for additional research concerning the relationship between teacher training and sexuality behavioral change in students.
- 2. There is a need for further research on the academic disciplines of the teacher and student sexuality behavioral change.
- 3. Future researchers on this topic may want to use a larger sample size to determine the effects of various demographics on attitudes, such as age, race, and sex.
- 4. Additional research is needed to determine teachers' reasons for their patterns of emphasis on sexuality topics.
- 5. Further research is needed to determine if there is a relationship between teacher sexuality education training and teacher effectiveness in solving sexuality problems.
- 6. Additional research is needed to determine if teachers who are teaching sexuality education are trained to do so.
- 7. More research is needed to determine if teachers who are trained in sexuality education are teaching the subject.
- 8. Administrators should give more consideration to teachers' sexuality education training when teaching

assignments are made to ensure placement of those teachers who are trained to teach the subject.

9. There is a need for further research to determine the minimal amount of sexuality education training necessary for a teacher to be effective.

# APPENDICES

# APPENDIX A STATE OF TENNESSEE TERMINAL OBJECTIVES OF FAMILY LIFE CURRICULUM FOR SECONDARY EDUCATION

# APPENDIX A

# STATE OF TENNESSEE TERMINAL OBJECTIVES OF FAMILY LIFE CURRICULUM FOR SECONDARY EDUCATION

Recognize abstinence from sexual activity as a positive choice and effective method of preventing

HIV/AIDS and the only sure method of preventing pregnancies.

Identify factors that promote a positive self-image.

Identify social, emotional, intellectual, and economic aspects of dating.

Understand that relationships are based on respect, caring, trust, intimacy, etc.

Understand the privileges and responsibilities within a caring relationship.

Describe appropriate actions to take with situations involving home violence and personal safety.

Identify ways of resisting persuasive tactics regarding sexual involvement.

Recognize how sexual decisions are influenced by group pressure.

Recognize the nature of sexuality as a part of self which is related to total well-being.

Explain life saving information on sexually transmitted diseases, including HIV/AIDS.

Define sexual harassment, promiscuity, date rape, and the effects of each.

Describe gender differences, expectations, and biases.

Understand how one's sexuality and sex role in the family are influenced by tradition, economic factors, religious beliefs, and social and cultural influences.

Recognize that having children is best undertaken in marriage.

Understand and explain human reproduction and the emotional components of human sexuality.

Explore the alternatives to and consequences of teenage pregnancy, including adoption, abortion, single parenting, and teenage marriage.

Compare and contrast various methods of contraception and the degrees of effectiveness or lack thereof.

Discuss the lifelong responsibilities and requirements of being a parent.

Adopted by the State Board of Education in 1994.

# APPENDIX B

PERMISSION LETTER FROM DR. JERELYN B. SCHULTZ

### APPENDIX B

### PERMISSION LETTER FROM DR. JERELYN B. SCHULTZ

THE UNIVERSITY OF
ARIZONA
TUCSON ARIZONA

College of Agriculture School of Family and Consumer Resources Family and Consumer Resources Bidg. Tucson, Arizona 85721 Telephone: (602) 621-1075 FAX: (602) 621-9445

November 22, 1991

Bobbie Majors P.O. Box 591 Clarksville, TN 37041

Dear Miss Majors:

In response to your telephone call today, I am sending you a copy of an article that was published in the <u>Journal of Vocational</u> <u>Home Economics Education</u>. This article describes the process of instrument development that we used for the sexuality inventories reported in the article in <u>Family Relations</u>. This gives you a better perspective about the results of the factor analyses that were used.

I am also enclosing copies of the two instruments referred to in the article. One assesses teachers' attitudes toward teaching human sexuality and the other their attitudes toward sexuality. You have my permission to use the instruments in your dissertation research. What I ask if that you appropriately reference the instrument(s) and that you send me a copy of the final dissertation in which it is used.

It is always rewarding to find other people interested in the area of family life education. I have been on a national advisory committee for Project Taking Charge. This is a project developed by the American Home Economics Association. It is a middle school family life education curriculum.

Good luck as you begin your dissertation work.

Sincerely,

Jerelyn B. Schultz, Director

Janen Stweet

School of Family and Consumer Resources

b:copies.art

College of Agriculture

School of Family and Consumer Resources

School of Renewable Natural Resources

# APPENDIX C SURVEY INSTRUMENT (QUESTIONNAIRE)

# APPENDIX C

# SURVEY INSTRUMENT (QUESTIONNAIRE)

Majors' Modified Schultz's Questionnaire (MMSQ)

This instrument was used to determine (1) the relationship between physical educators' sexuality education training and their attitudes toward teaching sexuality education and (2) the relationship between their attitudes toward teaching sexuality education and sexuality topics included in their course content.

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# APPENDIX D LETTER TO PHYSICAL EDUCATORS

### APPENDIX D

# LETTER TO PHYSICAL EDUCATORS

Post Office Box 591 Clarksville, TN 37041 April 15, 1992

Dear Educator:

I am enrolled in the Doctor of Arts program in Physical Education at Middle Tennessee State University. Also, I am a teacher in the Clarksville/Montgomery County School System. As a part of my dissertation, I am surveying selected public senior high schools in Middle Tennessee. My study relates to the attitudes of physical educators concerning teaching of family life/sexuality education.

Please complete the enclosed questionnaire whether or not you teach sexuality education and return it to me in the enclosed self-addressed, stamped envelope at your earliest convenience. I am trying to complete the data collection before the end of this school term. The data collected in this study will be confidential.

Your support and cooperation in assisting me in this survey will be greatly appreciated.

Again, thank you for your sincere support and cooperation.

Yours truly,

Bobbie M. Majors Doctoral Candidate Department of Physical Education Middle Tennessee State University

Enclosures

# APPENDIX E FOLLOW-UP LETTER FOR PHYSICAL EDUCATORS

### APPENDIX E

# FOLLOW-UP LETTER FOR PHYSICAL EDUCATORS

Post Office Box 591 Clarksville, TN 37041 June 1, 1992

### Dear Educator:

A few weeks ago, I wrote to ask you to complete a questionnaire on the attitudes of physical educators concerning the teaching of family life/sexuality education in high school.

As of this date, I have not received your completed questionnaire. I realize that this is a busy time of the year, but completing the questionnaire should require only 15 to 20 minutes of your time, and you would be helping me tremendously toward completing the data-gathering phase of my doctoral research.

Please help me out by returning the questionnaire as soon as possible as I am trying to comply with a deadline. I have enclosed another copy of the questionnaires. Please send it to me in the enclosed self-addressed, stamped envelope.

Sincerely,

Bobbie M. Majors Doctoral Candidate Department of Physical Education Middle Tennessee State University

Enclosures

REFERENCES

### REFERENCES

- Bruess, C. E., & Greenberg, J. S. (1994). <u>Sexuality</u> education: Theory and practice. Madison, WI: Wm. C. Brown Communications.
- Carter, J. A., & Frankel, E. A. (1983). The effects of a teacher training program in family life and human sexuality on the knowledge and attitudes of public school teachers. The Journal of School Health 53, 459-462.
- Doster, M. (1985). School health education: Who, when, where? The Journal of School Health, 55, 161.
- Gordon, S. (1990). Sexuality education in the 1990s. Health Education, 21(1), 4-5.
- Graham, C. A., & Smith, M. M. (1984). Operationalizing the concept of sexuality comfort: Applications for sexuality education. <u>Journal of School Health</u>, 54, 441.
- Haffner, D. W. (1989). AIDS and sexuality education.

  Theory Into Practice, 28, 198-202.
- Haffner, D. W. (1992, September). Sexuality education in public schools. <u>The Education Digest</u>, pp. 53-57.
- Hall, G. E., & Hord, S. M. (1987). <u>Change in schools:</u>
  <u>Facilitating the process.</u> New York: State University of New York Press.
- Hamblin, J., Sydney, A., & Reid, E. (1994). Who urges sex education in schools to prevent AIDS. Women's International Network News, 20, 19.
- Holtzman, D., Green, B. Z., Ingraham, G. C., Daily, L. A., Demchuk, D. G., & Kalbe, L. J. (1992). HIV education and health in the United States: A national survey of local school districts' policies and practices. <u>Journal of School Health</u>, 62, 421-427.
- Hughes, R. P., Rougive, B., & Woods, B. (1980). The national census study of consumer and homemaking programs. Ames, IA: Iowa State University Research Foundation.
- Jackson, L. (1990). Teen pregnancy programs showcased.

  <u>Tennessee Teacher Journal of the Tennessee Education</u>

  <u>Association</u>, 57, 7.

- Jorgensen, S. R., & Alexander, S. J. (1983). Research on adolescent pregnancy-risk: Implication for sex education programs. <u>Theory Into Practice</u>, 22, 125-133.
- Kirby, D., & Scales, P. (1981). An analysis of state guidelines for sex education instruction in public schools. <u>Family Relations</u>, 30, 229-237.
- Klein, N. A., Goodson, P., Serrins, D. S., Edmundson, E., & Evans, A. (1994). Evaluation of sex education curricula: Measuring up to the SIECUS Guidelines. Journal of School Health, 64, 328-333.
- Krueger, M. M. (1990). <u>Sex education by state mandate:</u>
  <u>Teachers' perceptions of its impact.</u> Unpublished doctoral dissertation, University of Pennsylvania, Philadelphia.
- Levenson-Gingiss, P., & Basen-Enquist, K. (1994). HIV education practices and training needs of middle school and high school teachers. <u>Journal of School Health</u>, 64, 290-295.
- Levenson-Gingiss, P., & Hamilton, R. (1989a). Evaluation of training effects on teacher attitudes and concerns prior to implementing a human sexuality education program. The Journal of School Health, 59, 156-160.
- Levenson-Gingiss, P., & Hamilton, R. (1989b). Teacher perspectives after implementing a human sexuality education program. The Journal of School Health, 59, 427-431.
- Levin, J., & Fox, J. A. (1991). <u>Elementary statistics in social research.</u> New York: Harper Collins.
- Manley, H. (1985). Sex education: Where, when and how should it be taught? <u>Health Education</u>, 25, 24-27.
- Manley, J. (1986). <u>Sex Information and Education Council</u>
  of the U.S.--SIECUS report. (Available from SIECUS,
  32 Washington Place, New York, NY 10003)
- Oz, S. (1991). Attitudes toward family life education:
  A survey of Israeli Arab teachers. Adolescence, 26,
  899-912.
- Palfrey, J. S., Fenton, T., Lavin, A. T., Porter, S. M., Shaw, D. M., Weill, K. S., & Crocker, A. C. (1994). Schoolchildren with HIV infection: A survey of the nation's largest school districts. <u>Journal of School Health</u>, 64, 22-26.

- Penland, L. R. (1981). Sex education in 1900, 1940 and 1980: An historical sketch. The Journal of School Health, 51, 305-309.
- Ryan, K. (1989). Sex, morals, and schools. Theory Into Practice, 28, 217-220.
- Scales, P. (1981). Sex education in the 70's and 80's:
  Accomplishments, obstacles and emerging issues. Family
  Relations, 30, 557-566.
- Schaffer, M. J. (1981). Family life and human development (sex education): The Prince George's County Public Schools experience. The Journal of School Health, 51, 219-222.
- Schultz, J. B., & Boyd, J. R. (1984). Sexuality attitudes of secondary teachers. Family Relations, 33, 537-541.
- Schultz, J. B., Boyd, J. R., & Fanslow, A. M. (1983).

  Sexuality inventories for secondary home economics teachers. <u>Journal of Vocational Home Economics</u>

  <u>Education</u>, 1, 3-16.
- Stark, E. (1986, October). Young, innocent and pregnant.

  Psychology Today, pp. 28-35.
- Stone, J. (1984). When sex sneaks in the classroom.

  Instructor, 6, 84-86.
- Tennessee Department of Human Services. (1990). <u>The</u>
  <u>Tennessee State Plan: Adolescent pregnancy</u> (Public Document Authorization No. 345390). Nashville: Author.
- Titus, P. M., Gingles, J. M., & Kanter, R. M. (1992-1993).

  Attitudes of teachers and administrators toward human growth and development. <u>Family Life Educator</u>, <u>11</u>, 4-7.
- United States Department of Health and Human Services. (1988). Guidelines for effective school health education to prevent the spread of AIDS. Health Education, 19, 6-12.
- Welbourne-Moglia, A., & Moglia, R. J. (1989). Sexuality education in the United States: What it is; what it is meant to be. <u>Theory Into Practice</u>, 28, 159-164.
- Yarber, W. L., & McCabe, G. P., Jr. (1981). Teacher characteristics and the inclusion of sex education topics in grades 6-8 and 9-11. The Journal of School Health, 51, 288-291.

Yarber, W. L., & McCabe, G. P., Jr. (1984). Importance of sex education topics: Correlates with teacher characteristics and the inclusion of topics in instruction. <u>Health Education</u>, 15, 36-40.