## A FEASIBILITY STUDY OF A 4-H HEALTH

PROGRAM OF SEX EDUCATION IN

TULSA COUNTY, OKLAHOMA

By
BRAD LEROY TIPTON
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Bachelor of Science in Agriculture

Oklahoma State University

Stillwater, Oklahoma

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TABLE OF CONTENTS
Chapter Page
I. INTRODUCTION. ..... 1
Problem ..... 5
Purpose. ..... 6
Questions Regarding Attitudes Toward Sex Education ..... 6
Questions Regarding Program Format ..... 7
Assumptions of the Study ..... 8
Scope of the Study ..... 8
Introduction Summary ..... 9
II. REVIEW OF LITERATURE ..... 10
Theoretical Information ..... 10
Practical Information ..... 10
Literature Review Conclusion. ..... 11
Section 1 - Similar Studies ..... 11
Section 2 - Parent Attitude and Sex Education ..... 15
Section 3 - Status of School Board Based Sex Education. ..... 19
Section 4 - Cooperative Extension: Possible Sex Eduation Involvement ..... 23
Section 5 - Summary ..... 27
III. DESIGN AND METHODOLOGY ..... 29
Introduction ..... 29
Population Identification ..... 30
Sampling Technique ..... 31
Study Situations ..... 32
Instrument Development ..... 32
Analysis of Data ..... 34
IV. PRESENTATION AND ANALYSIS OF THE DATA ..... 36
Introduction ..... 36
Responses by Parent Interviewed ..... 37
Responses by Race of the $4-\mathrm{H}$ Family. ..... 40
Responses by Age of the $4-\mathrm{H}$ Children ..... 43
Responses by Sex of the $4-\mathrm{H}$ Children ..... 46
Total Responses Summary. ..... 49
Characteristics of the Total Population and the Surveyed Population. ..... 56
Chapter Page
V. SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS ..... 65
Study Summary ..... 65
Purpose of the Study ..... 65
Objectives of the Study. ..... 65
Design of the Study ..... 66
Results of the Research. ..... 67
Major Findings of the Study ..... 67
Conclusions. ..... 73
Recommendations ..... 74
A SELECTED BIBLIOGRAPHY ..... 77
APPENDIX ..... 80
Table Page
I. 1982 Incidents of Gonorrhea in Oklahoma ..... 4
II. 1982 Incidents of Illegitimate Adolescent Births in Tulsa County ..... 4
III. Responses to Questions by Total Respondents, Mothers and Fathers. . . . . . . . . . . . . . . . . . . . . ..... 38
IV. Responses to Questions by Race ..... 41
V. Responses to Questions by the Age of Respondent's 4-H Children ..... 44
VI. Responses to Questions by the Sex of Respondent's 4-H Children ..... 47
VII. Responses to Question by the Total Respondents ..... 50
VIII. Distribution of the Total Population by Racial/Ethical Group ..... 58
IX. Distribution of the Total Surveyed Population by Racial/Ethnic Group ..... 58
X. Distribution of the Total Population by the Sex of 4-H Children in Each Family ..... 59
XI. Distribution of the Total Surveyed Population by the Sex of 4-H Children in Each Family . . . . . . . . . ..... 59
XII. Distribution of the Total Population by the Age of the $4-\mathrm{H}$ Children in Each Family ..... 61
XIII. Distribution of the Total Surveyed Population by the Age of $4-\mathrm{H}$ Children in Each Family ..... 61
XIV. Distribution of Total Respondents by Mothers and Fathers ..... 62
XV. Distribution of Respondents by Racial/Ethnic Group Who Were Unwilling to Answer the Opinionnaire. . . . ..... 64
XVI. Distribution of Respondents by Mothers and Fathers
Who Were Unwilling to Answer the Opinionnaire. . . . 64
XVII. Responses to Questions by All Respondent
Variables. . . . . . . . . . . . . . . . . . . . . . 68

## INTRODUCTION

Studies have shown that most Americans perceive $4-\mathrm{H}$ as an organization for rural youth only (1, 2). A Gallup Poll conducted in 1979 showed that one out of every three, who indicated an awareness of $4-\mathrm{H}$, described it as being a rural program (3). This is very understandable after considering $4-\mathrm{H}$ originated out of youth corn clubs and the struggle of the mid-1950's by traditional 4-H supporters to keep it strictly rural. However, today Cooperative Extension realizes the need for 4 - H to be more than a club for youth owning livestock or crops if it is to survive the budget cuts currently being faced. The need to serve additional youth has taken $4-\mathrm{H}$ into the urban areas with newly developed programs for attracting these youth. Even some of the older projects have been redeveloped to bring them into line with the needs of today's rural and urban youth.

In 1911, the symbolic $4-\mathrm{H}$ clover was accepted with an " H " on each leaf representing "Head, Heart, Hands, and Health". Health, as a project area in 4-H club work, dates back to 1922 with the healthiest boy and girl contests. This contest faded with World War II, and the health programs that remained lacked consistent direction. This continued until 1960 when more active concepts were developed and adopted by Cooperative Extension (4).

Thus, the fourth " H " finally became an important part of the $4-\mathrm{H}$
thrust: "The mission of $4-\mathrm{H}$ is to assist youth in acquiring knowledge, developing life skills, and forming attitudes that will enable them to become self-directing, productive members of society" (5, p. 13).

The $4-H$ health project has a broad appeal to both urban and rural youth. This makes it one of the programs Extension could utilize to gain access to urban audiences and interest them in 4-H. Extension 4-H could very well concentrate on subject matter of interest to both youth and parents in order to gain maximum exposure to present and future clientele. One such subject in health education deserving of a feasibility study was sex education.

Although some parents would probably be dead-set against a 4-H health program of sex education, it was felt that adequate research was the best way to analyze public opinion. A review of literature was conducted using ERIC and AGRICOLA data base searches. Neither of these information resources revealed any studies dealing with Cooperative Extension and sex education, but some areas of need in sex education in general were identified. Because $4-\mathrm{H}$ has been America's largest out-of-school educational program for boys and girls, it has the unique opportunity to enhance any formal education adolescents have concerning sex. At the same time, it expands health as a part of the $4-H$ curricu1um.

The first step in implementing sex education into Extension 4-H was to identify social problems the program could help alleviate. The Tulsa County Health Department provided vital information indicating a need existed for adolescents to be better informed about sexuality and its consequences. When dealing with the consequences of promiscuity, most think in terms of (1) abortions, (2) venereal disease,
and (3) illegitimate pregnancy resulting in teen births. Here are the alarming statistics obtained.

1. The Center for Disease Control in Atlanta, Georgia, reported that in 1982 more than 40 million abortions were performed throughout the world. They further said that one and one-half million of these occurred in the United States and about 40 percent were adolescents. This means that about 60,000 of America's teen girls experienced an abortion in 1982 (6).
2. The following data, Table I, shows 1982 incidents of gonorrhea reported for the first time in Oklahoma by age. The total was 3,822 cases among Oklahoma youth 19 and under (7).
3. In recent years, Oklahoma has ranked among the top ten states in numbers of illegitimate teen pregnancies and births. This disgrace has continued for too long and the time is here to do something. Tulsa County added more than its share to the illegitimate teen births as reported by Tulsa County Health Department's Division of Vital Statistics (8) (see Table II).

Therefore, 673 illegitimate births by Tulsa County adolescents in 1982 indicated more sex education was possibly needed in Tulsa County. So, a missing link in adolescent development was not identified.

The second step in a $4-\mathrm{H}$ program of sex education was to determine the attitude parents had toward such a program being offered by Extension $4-\mathrm{H}$. It was felt parents were the logical place to start because they would voice the strongest opinion of the four groups involved (parents, Extension administration, $4-\mathrm{H}$ agents, and $4-\mathrm{H}$ members). The belief was that if parents said they wanted the program Extension administration might be persuaded to look to a special need and $4-\mathrm{H}$

TABLE I
1982 INCIDENTS OF GONORRHEA IN OKLAHOMA

| Age | Number of Cases |
| :--- | :---: |
| Under 10 | 32 |
| $10-14$ | 78 |
| $15-19$ | 3,712 |

TABLE II
1982 INCIDENTS OF ILLEGITIMATE ADOLESCENT BIRTHS IN TULSA COUNTY

| Age | Caucasian | Other Race | Total |
| :--- | :---: | :---: | :---: |
| 15 and under | 9 | 11 |  |
| $15-18$ | 259 | 289 | 487 |
| 19 | 89 | 77 | 116 |

materials could be developed to help $4-\mathrm{H}$ agents feel more comfortable with the topic. After this, it would just be a matter of getting $4-\mathrm{H}$ members and parents interested in using the accurate information provided by the new $4-\mathrm{H}$ health program of sex education.

The following are some desirable results of a $4-\mathrm{H}$ sex education program:

1. Parents could get much needed help to ease their concerns over:
a. Recent increases in illegitimate pregnancy and occurrences of venereal disease among adolescents (9).
b. Earlier sexual development of today's youth (10).
c. Loss of the home as a source of sex knowledge; and that adolescents cite peers as the most frequent source of sex information (11, 12).
d. Failure of the public school system to provide adequate supplemental sex education (31).
2. Extension administration and $4-\mathrm{H}$ agents could get another foot in the door of urban America and still hold rural members' interest with the same program.
3. Adolescents could benefit from such an opportunity to get the true facts and avoid regretable mistakes. Four-H sex education would be another source of information and $4-\mathrm{H}$ members might not rely as much on peers or other less knowledgeable sources of sex information to make decisions--decisions that, in some cases, have life long ramifications.

A review of literature revealed that parents for the most part do
not give their children adequate information concerning sexuality. Furthermore, public schools have not met the needs of students in the area of sex education. Consequently, adolescents often turn to less accurate sources of information to satisfy their curiosity. The present study was deemed necessary to determine if a $4-H$ health program of sex education was needed or wanted by parents of Tulsa County 4-H members. A sex education program offered through 4-H would also present an opportunity for Cooperative Education to involve people not currently aware of or participating in its programs.

## Purpose

The purpose of this study was to evaluate the attitudes $4-\mathrm{H}$ parents had toward Oklahoma State University Extension organizing a $4-\mathrm{H}$ health program of sex education in Tulsa County. A secondary purpose was to gather some useful information concerning the program format with which these parents felt most comfortable. The objective of this study was to find answers to these specific research questions.

## Questions Regarding Attitudes Toward Sex Education

1. Do Tulsa County $4-\mathrm{H}$ parents favor a $4-\mathrm{H}$ health program of sex education?
2. Do Tulsa County $4-H$ parents feel sex education is taught adequately in most homes?
3. Do Tulsa County $4-\mathrm{H}$ parents feel sex education is taught adequately in most schools?
4. In the opinion of the Tulsa County $4-H$ parents where do today's youth get most of their knowledge about sex?
5. Should the sources of knowledge listed above be supplemented by formal sex education?
6. Who should assume the major responsibility for sex education of today's youth?

Questions Regarding Program Format

What were the responses of Tulsa County $4-\mathrm{H}$ parents to the following:

1. What topics should be included in a supplemental $4-\mathrm{H}$ sex education program?
2. Should a committee of parents of $4-\mathrm{H}$ members or both groups determine the topics to be covered by a $4-\mathrm{H}$ sex education program.
3. Do Tulsa County parents feel that $4-\mathrm{H}$ parent-teaching groups supplemented with county health personnel and other professionals could conduct quality sex education classes?
4. Should a $4-\mathrm{H}$ sex education program provide classes for two age groups (9-12 years and 13-18 years)?
5. Should a $4-\mathrm{H}$ sex education program provide one class for girls and a separate class for boys?
6. Would the $4-\mathrm{H}$ parent responding attend with their child?
7. Should parents be required to attend if their children are participating in the program?
8. How many Tulsa County $4-\mathrm{H}$ parents would serve on a committee to design a sex education program?
9. How many Tulsa County $4-\mathrm{H}$ parents would help conduct this program.

Assumptions of the Study

These assumptions were made by the researcher in conducting the study:

1. That the opinions of present Tulsa County $4-\mathrm{H}$ parents are similar to the ones held by parents of youth who will enroll in Tulsa 4-H after the study has been completed.
2. That the attitudes Tulsa County $4-\mathrm{H}$ parents expressed in the study are truly a reflection of their opinions.
3. That major conclusions drawn will lend themselves to valid recommendations for further study.

Scope of the Study

The scope of this study included:

1. The attitudes of Tulsa County parents toward a $4-\mathrm{H}$ sex education program and their findings about program content.
2. Urban Tulsa County.
3. Parents who had children enrolled as $4-H$ members in Tulsa County as of November 30, 1983.
4. Both mothers and fathers within each 4-H family surveyed, the mother and father had equal chances of being the one selected to respond with that family's attitude about supplemental sex education.

Introduction Summary

Parents reportedly feel ill-equipped to teach their children sex education and a $4-H$ sex education program would facilitate adolescent development (13). This study should help answer questions regarding
the acceptability of a $4-H$ health program of sex education and determine what program format parents of Tulsa County 4-H members feel would work best.

The thrust of this literature review was to explore sex education in America. By observing various aspects and exposing the current situation thought to exist in the field, it was hoped to determine whether Cooperative Extension involvement could make a difference with adolescents. Adolescents prove the need for formal sex education in every VD and abortion clinic throughout the country, while most parents and school systems seem to act perplexed about their role in your development.

In order to organize the vast amount of literature concerning sex education, it was felt best to classify the material as having either theoretical or practical significance to this study. Five sections were developed to facilitate the reader's understanding of the facts as they related to the problem. The literature review format took this appearance:

Theoretical Information

Section 1 - Similar Studies
Section 2 - Parent Attitude and Sex Education

Practical Information
Section 3 - Status of School Based Sex Education

Section 4 - Cooperative Extension: Possible Sex Education Involvement

## Literature Review Conclusion

Section 5 - Summary

Section 1 - Similar Studies

Many and varied studies have been written on the attitude toward sex education possessed by parents, school faculty, children and the public in general. The theory universally acknowledged by all and denied by none was that sex education had majority support within each of the groups. Parents especially tend to favor sex education for their children by a margin of 80 percent to 93 percent.

A study done by Bronson (14) found that approximately 80 percent of a random sample of 1,002 people, at least 18 years old, approved of sex education classes. She determined that the minority opposition tended to be 51 years or older, had less than a high school dip1oma or were widowed. The strongest supporters came from people who were single or between the ages of 18 and 36. A person's parental status, religious preference, or sex were not found to be significantly related to the attitude expressed toward sex education (14).

It was felt these findings were applicable to the current project research because $4-\mathrm{H}$ parents fit well demographically into the groups favoring sex education programs. Although Bronson and others have shown that parents in general have a positive attitude toward sex education, no one has ever attempted a study of $4-\mathrm{H}$ parents with the intent of determining if an Extension-offered 4-H health program of sex
education should be developed and implemented.
In 1979, Pearson (15) attempted to survey parents of deaf students at the Model Secondary School for the Deaf in Washington, D.C. Questionnaires were distributed to 185 parents of the students to examine the possibility of offering sex education. The hypothesis was that 75 percent or more of that school's parents would support implementation of the new program.

When the data were interpreted, some 93 percent of the respondents were found to be favorable toward school-offered sex education. She stated that her study agreed with Libby (1970, 1971) and Dearth (1974) in the nature of parents' support for sex education (15). It was felt that Tulsa County $4-\mathrm{H}$ parents would respond with similar results, but just how supportive of a $4-\mathrm{H}$ sex education program remained to be seen.

A pitfall of Pearson's research was the mailed questionnaire. Because only 48 percent of the surveys were returned, the study may have less accurately determined the true level of support. Therefore, it was felt the best method of sampling the $4-\mathrm{H}$ parents in Tulsa County would be by telephone according to a schedule.

A telephone survey conducted with each parent of students of a fifth grade class having just concluded a sex education program was used in Youngs' study. He discovered full support of the program with only two parents feeling the instruction was too detailed. Several of the surveyed parents felt that because of the instruction, many avenues of communication between them and their child has been opened that previously were not.

Youngs concluded more long-range studies were needed to evaluate the effectiveness of sex education programs. But the major finding
of the study was the desire expressed by the parents for more supplemental sex education programs (16).

In one final study looking at sex education through the eyes of parents, Pompian (17) found some things in contradiction with other studies. Using a post-program questionnaire, youth were found to have a wider range of ideas and increased ambiguity of the meaning of "sex". She found that a majority of the students expressed preference for segregated according to student gender sex, and they were opposed to their parents attending the program with them. The study also determined that parents of those sixth graders were strongly in favor of separate classes, but there was no consensus among parents as to parent attendance (17).

Since two items on the questionnaire in the current study for Tulsa County $4-\mathrm{H}$ parents dealt with segregated classes and parent attendance, it was thought interesting to compare results with Pompian's study. In the program implemented for Pompian, it was noted that the teachers exhibited concern and a high degree of anxiety when confronted with the imminence of the topics. Their concerns were alleviated after observing the preliminary survey of parents showing excellent community support for the program. It was felt $4-\mathrm{H}$ agents might react much the same as these teachers, but what the Pompian study demonstrated was that parent support can overcome most obstacles associated with formal sex education outside the home. And, the point should be made that Extension $4-\mathrm{H}$ has a much stronger working relationship with parents than do the school systems, because parents have a volunteer leader role in $4-\mathrm{H}$ but have minimal responsibilities at school other than the PTA.

In another study related to parent attitudes, Smith (18) did some
research with school counselors to look at benefits of sex education programs. She found advantages of providing formal sex education were evidenced in the need to develop more acceptable and healthy sex attitudes among adolescents. The counselors reported that they thought adolescent premarital pregnancies, abortions, divorces or teen marriages, distorted sexual behavior, homosexuality and the increased role of venereal diseases have awakened parents to the need for formal sex education (18).

The study went on to describe the advantages urban areas, like Tulsa County, could derive from a program in sex education. These were identified as decreases in all forms of social waste such as drug and alcoholic problems, venereal diseases, illegitimate babies, slums, juvenile delinquents, divorce or broken homes, prison inmates, vandalism and child abuse.

With the above advantages identified, it was not time to explore a study designed to look at the major argumentation in the controversial sex education issue. Ingalls (19) did extensive research as the Dallas Independent School District started a sex education program. He determined those wanting a formal sex education program in the schools felt premarital pregnancies and venereal disease were caused by adolescent ignorances about sex. Those in favor cited mass media as being the source of many adolescent distortions about sex, and that the home was not handing the problem. Therefore, other agencies (such as Cooperative Extension) needed to step in and provide for the educational needs of today's youth. Although a majority supported the program of sex education, the opposition voiced the opinion that such programs would add to the problems and increase sexual activities among
the adolescent (19).
This opinion offered by those against formal sex education outside the home has not been supported by research conducted on the theory that sex education increases promiscuity. One such study revealed, after questionning 135 youth ages 11 to 19 , that as a result of attending a sex education course there was no more promiscuous sexual behavior than there was before. Furthermore, being given specific information regarding birth control and venereal diseases did not remove their inhibitions toward becoming sexually active. These sex educated adolescents still cited fear of pregnancy or disease as major deterrents to sexual relations (20).

## Section 2 - Parent Attitude and Sex Education

Like the research studies, literary information was found useful in showing widespread parent support for sex education outside the home. Parents have been heartbroken and hurt, and many have wondered who will take the initiative to start a national sex education program (21). Parents are now very concerned abuut needless reasons skeletons (unwed child mothers and fathers, children with venereal diseases, illegitimate grandchildren, etc.) are added to secret family closets.

The fact that adolescents have become more sexually active at an earlier age in life may be related to today's sex-open society. Current data indicated 40 percent of today's youth will have sexual intercourse before they complete high school. Estimates forecast that about onethird of the adolescents who participate in premarital sex will become pregnant and 94 percent who carry their baby to full term will keep them. These babies have been found three times more likely to die
before the age of one.
Adolescent mothers have a suicide rate seven times the national average and one million of their babies will be abused, of which 2,000 cases will end in the child's death. Even though 17 percent of all live births happen to teenagers under 19 years of age, on 1956 percent will marry before the child has been born. And of those that do marry, half end in divorce within five years (22).

Teen mothers have a 60 percent higher death rate during childbirth than those of other age groups. Even if the delivery is successful, babies born of teen pregnancies have a tendency to be premature, lower in birth weight, higher in cases of epilepsy, cerebral palsy, and mental retardation.

Then the decision to keep the baby must be made. Young girls, still children themselves, coping with day-to-day demands of motherhood, find themselves pushed back into dependency on adults, while their peers continue on toward independence. It is not uncommon for another closely-spaced pregnancy to occur as adolescent childbearers wish for the life they could have had. They often end up competing with their own baby for attention, and feel cheated once again.

These young mothers usually end up as unproductive members of society, robbed of any dignity they might still possess. Furstenberg's study found 60 percent were unemployed five years after the first child and almost 80 percent still remained on welfare (22).

Youth today receive conflicting messages. Society condones and even encourages teenage sex, then hypocritically thumbs its nose at the results of young ignorance. Meantime, small opposition stomps out sex education curriculum after curriculum, while media continues to
exploit sex in pursuit of the dollar.
The family structure deserves some blame for its young seeking reassurance elsewhere in order to develop moral values. It has become evident for years with the increase in broken homes that in these, families cannot set a good example for adolescents. Much less can a shattered family network communicate basic skills needed to produce healthy sex attitudes (22).

Researchers agree parent attitudes have shifted away from worry over whether sex education topics covering contraception will lead to promiscuity, because they realize children can find other less accurate sources of information. Concerned parents now worry where their child will learn the facts of life. Many fear, probably rightly so, that this knowledge will be found at the movies or from peers. Some contend the home has the responsibility to reach youth about sexual information, but studies have shown the home to be failing miserably.

It is unfortunate that most parents do not or cannot provide accurate sexual facts in a comfortable, timely manner necessary for adolescent emotional, sexual and mental development. The home ideally should be the ideal environment for primary and positive sexual learning because the education process can begin from birth on. But, parents are often too close to their children to be of objective help in sex education. Therefore, a majority of parents desire supplemental sex education outside the home (23).

In fact, Conley's study determined parents to be more in favor of a sex education program than are students. This study's data revealed that a large perecent of both parents and students felt that parents did not provide sufficient information about sex to their children.

Furthermore it was found that parents and students alike favor sex education being taught to mixed classes (24).

It was felt Tulsa County parents would respond similarly to these findings: first, the mixed sex classes would be preferred, and second that the home has not been a sufficient provider of adolescent sex knowledge.

In order for open interaction between the sexes, it is hoped sex education programs will discard the old practice of segregation. If taught segregated, sex education ends up being discussed like a cut and dried electronics course with schematic diagrams. Attitudinal topics possibly avoided because of segregation could produce surprising opinions by teenagers whose views have been heavily influenced by mass media (25).

Several of the current study's questions deal directly with how the program might be presented. It was felt that parents would more likely want their children to attend a $4-\mathrm{H}$ health program of sex education if it were structured in line with their desires. Any efforts of Extension in sex education must be coordinated through parent reaction. Outrage can be avoided only by using parents as consultants each step of the way in program planning.

A recent national study by the Centers of Disease Control confirmed the thesis that fear of opposition was listed as the most common reason that school boards and administrators do not initiate, expand or support sex education programs in schools. This phobia exists even though as the study also indicated only one percent (or fewer) of residents in most communities were irrevocably opposed to formal sex education outside the home.

Since the early 1900 's, America has relied on the school system
to provide supplemental sex education for its youth. To date, no national effort has yet been tried, despite what are optimistic estimates that suggest scarcely 10 percent of our nation's young people receive anything near an adequate sex education in public schools. Of the remaining 90 percent, even fewer students have been exposed to even isolated lectures and basic reproductive facts (26). Complicating things further has been the fact that only about 25 percent of U.S. parents provide adequate education about sexuality for their children (27). Therefore, our society persists in producing one generation after another of sexually ignorant and vulnerable citizens.

Section 3 - Status of School Based Sex Education

Schools and other agencies must view their responsibility in sex education as a secondary role in providing information and services for young people; primary responsibility has always been and must continue to remain in the home. Thus far, both primary and secondary sources have probably not been as effective as they should be.

Superintendents and principals of schools can easily over-react to small, articulate, extremist groups which are well organized and sometimes fanatical. Despite the fact U.S. Courts have ruled 100 percent with school boards in law suits over sex education (28), most administrators still grapple with the ideal that dealing with controversial issues is the basis of the democratic process (29). Thus, schools do not offer a comprehensive program of sex education irregardless of how public support, pressure by social institutions, or endorsement of educators such programs receive (30).

Teachers themselves have been critical of the efforts public
schools have half-heartedly put into sex education programs. Ready's study pointed up these opinions of 192 teachers of Family Life and Sex Education programs:

1. Public sehools need to be involved in more than just a presentation of biological facts.
2. Segregation of children by sex has been a mistake.
3. Not enough sex education was being taught in schools.
4. Small groups of opponents should not be allowed to stop the development of a sex education program as has been the rule rather than the exception in school districts.
5. In genera1, school Family Life and Sex Education Programs have not met student needs (31).

Only six states have mandated sex education, yet 60 percent of the school districts in the six states prohibit any discussion on birth control. Therefore, allowing adolescent ignorance about their reproductive biology in combination with much misinformation from peers to create accidents waiting to happen and as has been pointed out in other states, denying adolescents accurate information does not prevent sexual intercourse but rather it prevents responsible sexual behavior.

Although just six states require sex education, all stated have made "after the fact" attempts to deal with the problems of adolescent ignorance. Teen mother programs with nursery facilities available while teen mothers finish their education have become common place everywhere. As long as fear of criticism dictates what goes on in the classroom, more of these facilities will continue to be necessary. Until someone makes a unified national effort to deal with the sex education needs of youth, the current unacceptable status quo will
remain in effect (22).
Dezlsky and Shereff determined that adolescents received 90 percent of their knowledge about contraception and sexuality from peers and from the mass media; but more frightening, these sources of sex information have now become their preferred sources (32).

Obviously, children use opportunities provided by peers, television, books, magazines, advice columns and movies to develop sexual values or behaviors. McGary indicated, as a result of his study, that by age 10 69 percent of the boys surveyed say they know a little about pregnancy, 57 percent about sexual intercourse, and 43 percent about masturbation. By age 14, 92 to 100 percent of the boys knew something about these topics and, almost all could define prostitution, but this information was not necessarily reliable or accurate (33).

Too many school sex education programs seem to end up being conducted by nervous administrators as courses featuring the "human plumbing system:, a one-shot Planned Parenthood demonstration on contraception, and a VD horror film as the finale. This has been allowed to continue as adolescents struggle to survive in an exploitative, sexual milieu. The youth today deserve an education in human sexuality to understand how to cope with the pressures created by conflicting sexual norms and the deliberately provocative media.

If ours were a society in which children were all reared by loving, nurturing parents, where adults were comfortable with their own sexuality and could communicate freely with their children, and where the social situation would engender caring, responsible, nonexploitative human relationships, formal public sex education outside the home would not be so important. But our society clearly does not even
begin to shadow this utopia; therefore, the urgency of a national agency to provide formal sex education has never been greater (34). Such a call for help possibly could be answered to some degree by the U.S. Cooperative Extension Service. It has the characteristics needed to provide a nation-wide health program of sex education because it is a national agency operating as one working body (unlike thousands of school districts all going different directions). Extension would have various advantages not found in the school system:

1. School systems have differing policies between and within their structure, but Extension could operate under one national policy.
2. About 10 percent of American adolescents get exposure to school based programs depending mostly on where they attend school, but in Extension $4-H$ all youth ( $9-19$ years old) could participate in the program regardless of which school district they attend.
3. University-based personnel could develop 4-H literature in the program area and follow the national trends in sex education.
4. Extension $4-\mathrm{H}$ could involve the parents at the local level in implementation and do so with very little fanfare.
5. Extension-offered programs would be on a voluntary participation which should fend off the opposition. If individuals do not want to participate, they do not have to attend.
6. Since parents are part of the $4-H$ organization structure, they could become more informed and involved than the school-offered programs would allow.

The above items would support a sex education program. It might be argued that Extension does not have the trained staff to implement a sex education program, but neither do the school systems. A recent
major study of obstacles to sex education in public schools showed staff training to be a significant problem (35). It was not felt that Extension had all the answers, but the literature review thus far has revealed the public schools to be stuck on high center with few prospects of moving ahead soon.

## Section 4 - Cooperative Exteņsion: Possible

## Sex Education Involvement

If Extension would become involved in sex education, it would accept the responsibility to deal with attitudes and behaviors of adolescents. Controversial issues would have to be addressed, such as abstinence from sex, readiness for intercourse, use of contraception, responsibility to oneself and others, child rearing, meaning of adulthood and priorities as related to goals in life (30). All such issues that schools have had trouble handling would have to be tackled by Extension 4-H, its parent leaders, and health professionals.

A recommendation for each county $4-\mathrm{H}$ office would be to first sample the population. Yarber found through his research that a study needs to be done for each location interested in conducting a formal sex education program outside the home. He recognized that some communities might differ in the strength of their support for sex education due to beliefs in that locality (30).

But, Miller has found that as long as 80 percent of the parents were supportive of a formal sex education program, no further ground work or education of parents should be needed before initiating a program. Therefore, fear of widespread opposition to formal sex education under such conditions would probably be unjustified (36).

One of the common barriers to the implementation of a conprehensive sex education program is the presumed lack of public support for such instruction. This still occurs despite findings of many studies indicating that a majority of parents and the general public do support supplemental sex education for adolescents outside the home. Yarber stated that expectations of unanimous support among the public would be very unrealistic and some opposition should be expected as normal. And although parental support is crucial to the success of programs in sex education, the attitudes of administration, teachers, and students must also be considered. Therefore, this study of $4-H$ parents would by only the first stage of four needed to begin Extension's involvement in this phase of a $4-\mathrm{H}$ health program (30).

The question as to Cooperative Extension's qualifications to become a leader in a field of adolescent sex edcuation must also be examined. In the previous section the qualifications of Extension to supervise a national sex education program were briefly outlined. To get a complete description of the characteristics of a successful sex education program', Haims' research will be cited. He found that:

1. A solid majority of community parents are needed behind the program. This helps implement the program and fend off any attacks by opponents after the program begins operation.
2. Minority opposition must be met head on. This means the majority cannot become complacent about program support if they want the program to continue.
3. There must be no legislation at the state or local level banning implementation of an effective program as in the state of California.
4. Funds must be allocated.
5. Curriculum must deal with the issues confronting adolescents (eg., venereal disease and consequences of promiścuity).
6. Program should be on a voluntary basis only. Any attempts to force attendance gives the opposition a cause to support (37).

This study was done on programs in the public schools, but the above six are applicable to an Extension program.

1. An Extension program must have parental support to begin.
2. The program offered by Extension must have parental support to survive.
3. Extra funds, outside those currently received by Cooperative Extension, might be allocated if an acceptable nation-wide sex education program were developed and proven effective.
4. Parental support of an extension program would make curriculum formation much easier.
5. As any of the other programs offered by Extension 4-H, this health program would be for only those who want it.

The six advantages listed above show Extension's potential advantage over the public schools as an educator in the field of sex education. It was felt that Extension could adopt and utilize ideas from a highly-acclaimed program in Beverton, Oregon. This program shows itself to be the trend of sex education in America. It is a trend some school systems may have trouble accepting, while Extension has always operated on the principle of the trend. That trend is parent organized and led programs.

Beverton, Oregon provides a unique example of how effective an Extension sponsored sex education program could be. This article
paralleled on a local level what Extension could accomplish on the national level. What makes things interesting about the program is the fact it worked and without the turmoil that could possibly be associated with sex education outside the home.

One secret of Beverton's success: it was a volunteer, after-school program set up and administered by parents. It did not happen overnight, but during the 1970's a few parents wanting some type of supplemental sex education program for youth took matters into their own hands. The voluntary program was organized after school to be led by parents and volunteering health educators. Reaction was favorable enough that parents throughout other Beverton schools wanted the program for their children's schools as well. In all, 23 schools in Beverton offered the program.

The aim of this program was to involve the family in a program that could act as an ice breaker on the subject of sex. It gave families a starting point for discussions and made all family members feel more comfortable in their conversations at home. The best thing the program had going for it: the parents knew what their children were learning. In the words of one parent after attending the course, "even I learned some things."

In Beverton, the essential elements of implementing the program were:

1. Appointment of a committee to design the course.
2. Formulation of course curriculum.
3. Recruitment and training of volunteer parents.
4. Notifying the community about the course and the dates it was available.

All of this could be acomplished by Extension $4-\mathrm{H}$ and its volunteer 1eaders.

At Beverton no special training was needed for the volunteer parents, but they had to be able to talk comfortably about sex. Previewing the material was found helpful to the teachers, but the most important item was identified as full parental commitment and health personnel support (38). That has been the current study's purpose: to determine if the parents of Tulsa County $4-\mathrm{H}$ members would support a supplemental sex education program if it were implemented by Extension.

Section 5-Summary

Teenagers typically understand only partial concepts and need more complete information concerning sexuality. Parents know the risks have become greater for their children today in a sex-oriented society. This has been why parental and public support for sex education will continue to rise.

Those in favor of sex education outside the home (usually 80 to 90 percent) contend youth have not been getting an adequate education in the area of human sexuality at home. The opposition (10 to 20 percent) tend to believe that adolescents, armed with the facts of life, would increase their sexual activities, thereby adding to the problems. Regardless of which side anyone defends, the majority of the people favor sex education as has been shown by much research.

Studies indicate that both parents and adolescents agree that parents do not give enough necessary sex information to be of help. In fact, data shows that only 25 percent of parents provide adequate information to their children. With the sex-oriented society today,
many youth have become sexually active at earlier ages, giving rise to parent concerns--concerns that primarily come from not knowing where sex information has been obtained or if it is accurate.

Although schools have been charged with supplemental sex education since around 1900 , today less than 10 percent of the adolescents attending public schools receive even a barely adequate amount of sex education. Teachers themselves say that the programs they teach do not meet the students' needs. This situation exists despite research showing that 80 percent support of sex education will be enough to implement and continue a program. Most public schools probably do not incorporate adequate sex education curricula into their schedules because of possible opposition.

Therefore, no national effort toward sex education has even been attempted. Cooperative Extension could provide a national program asing the Beverton, Oregon program as a model. Through its volunteer 4-H leaders, sex education could be made available to every adolescent in America. The key to such a program would be parent involvement and participation. In Beverton, a handful of parents developed a very successful volunteer organized and led program of supplemental sex education.

It was felt that by surveying Tulsa County $4-\mathrm{H}$ parents it could be determined if enough support existed for possible implementation of a $4-\mathrm{H}$ health program of sex education. A further objective was to gather some useful information concerning such a program.

## Introduction

To achieve the purpose of this study, it was necessary to evaluate the attitude $4-\mathrm{H}$ parents of Tulsa County had towards Oklahoma State University Extension conducting a $4-\mathrm{H}$ health program of sex education at Tulsa County. An important secondary purpose was to gather some information these parents felt were major considerations in development of a program that would be comfortable to all concerned.

The steps involved in designing this study were as follows:

1. Define the problem and conduct an extensive review of literature in the field of sex education.
2. Develop and state a purpose as to what this study hoped to do about the problem.
3. Create a questionnaire that would trigger respondent answers to the questions stated in the problem.
4. Determine the population, sampling technique, and sample size that would gather unbiased data needed to answer the questions posed by the study at a . 95 confidence interval.
5. Decide the situation with which the study was to be administered.
6. Select methods to gather and analyze the data so that proper conclusions or recommendations could be made.

## Population Identification

The population of this study was defined as any person who was the parent of a child enrolled in the Tulsa County $4-H$ program. This included only parents of traditional $4-H^{\prime}$ ers who had a current enrollment card on file in the Tulsa County Extension office as of November 30, 1983. Therefore, those parents who had children involved in the 4-H school science or EFNEP programs were not included in the population to be surveyed.

The sample population to be interviewed was selected from the entire population of Tulsa County $4-H$ families. In order to select a sample population it was first necessary to determine the sample size needed to achieve an acceptable level of confidence for a total population of $3404-\mathrm{H}$ families. So, utilizing a formula discussed by Cochran and associates (39) the number of respondents to be interviewed was calculated to reflect a . 95 confidence interval. A presentation of the formula at work in this study is as follows:


Then:

$$
\begin{aligned}
& 1.96(.5)(.5)=.49 \\
& \frac{.49}{.0025}=196 \\
& \frac{196}{1+[1 / 340(195)]} \\
& \frac{196}{1.5735145}=n
\end{aligned}
$$

Thus, 125 respondents (selected at random from the defined population) would result in a . 95 confidence interval. A . 95 confidence interval indicates a researcher may be confident 95 percent of the time the response obtained from this size random sample would be the response of the entire population if it were surveyed.

## Sampling Technique

To insure a random and unbiased sample, several steps were taken and will be presented chronologically as they occurred. A list was compiled of the $3404-\mathrm{H}$ families in Tulsa County and then arranged in alphabetical order. Next, each family received identifying numbers starting with one for the first name on the list and ending with 340 being assigned to the last name. After calculating the sample size, it was then time to select individuals for interviews by using a random numbers table (40). One hundred and twenty-five numbers had to be extracted from the random numbers table so that names could be taken from the alphabetized list as their number came up.

For sampling purposes, the families were telphone interviewed in the order which they were drawn from the random numbers table. To balance out the number of responses gathered from mothers and fathers, an alternating parent method was employed throughout the study. The interviewer asked for the mother one time and then for the father on the next phone call. But it was felt best to go ahead and interview the parent willing to answer the questionnaire if:

1. The $4-\mathrm{H}$ family had only one parent.
2. The desired parent (whether mother or father) was unable to come to the telephone.
3. The desired parent (whether mother or father) wanted their spouse to respond to the survey.

All of the methodology developed for this study yielded what was felt to be a sample population that closely resembled the total population. Other designs built into the sampling method were guards against biases and for obtaining as random a sample as possible under the conditions of this study.

## Study Situations

Various reasons caused the study to be conducted during the third and fourth weeks of January 1984. Cooperative Extension administration had to be advised of this study before any interviews were done in order to avoid misunderstandings on what might have been considered a controversial topic for research. Another major factor was that a new type of $4-\mathrm{H}$ enrollment card had been sent out and was due on November 30 , 1983. Therefore, waiting until January allowed the $4-\mathrm{H}$ enrollment to become established and avoided interviewing during the holiday season. It should also be noted that all telephone calls to respondents were made between the hours of 7:00 p.m. and 10:00 p.m.

The study was carried out in Tulsa County, Oklahoma. Although a 4-H'er could be a member of Tulsa County $4-\mathrm{H}$ without living in Tulsa County, they could only participate in one county $4-\mathrm{H}$ program. This was not felt to be of any consequence to the study because the parents of these members were within the population's definition.

Instrument Development

Several instruments of related studies were anlayzed and parts
used to develop a workable instrument for this study. As was pointed out in the literature review, the technique of telephone conferencing with a selected instrument or telephone interview schedule has provided the most valid and reliable data. Since other studies have used this method with success, it was felt that this research should be carried out using this method.

The higher response rate of this telephone interview approach made it very appealing for use in this study. It has been determined in research studies carried out by the Oklahoma State Department of Vocational-Technical Education, the telephone interview usually receives a 93 to 95 percent response rate (1). Even though this method has proven more time consuming than written questionnaires, anything worth doing should be done right rather than fast. It was decided that the telephone interview would yield the most accurate and highest rate of response.

Having made the decision to use the telephone survey interview, it was felt necessary to go back to the first chapter and retrieve the research questions that were asked. This set of basic questions was put together in a logical order to help ease the interviewees into the sensitive issue of sex education. The final draft of the instrument was presented to different people for their ideas on revisions to improve its capabilities to gather necessary data.

As a finished product, the questionnaire contained 19 questions. The first four questions specifically were related to demographic data on the Tulsa County $4-\mathrm{H}$ parents. The next six questions identified 4-H parent's opinion on different aspects of sex education. And the remaining questions were devoted to extracting some guidelines which
those who favored $4-\mathrm{H}$ sex education programs would like to see implemented.

The forced response format was utilized in the questionnaire with "yes", "no", "undecided", or "other" responses being elicited from each interviewee. This yielded quantifiable data that was easier to handle during analysis of the data and made drawing conclusions a more thorough process. The final draft of the instrument can be found in the Appendix.

Analysis of Data

Equipped with the data obtained from the telphone survey interviews of Tulsa County $4-\mathrm{H}$ parents, an analysis was made. This study was interested in obtaining descriptive information. A description of the attitudes of a selected population of parents toward sex education required some descriptive statistics for data analysis. It was felt counts, percentages, means and ranges would adequately handle the data if they were used in this study as statistical tools.

It was not necessary to obtain exhaustive demographic data from the interviewee because racial/ethnic group, $4-\mathrm{H}^{\prime} \mathrm{ers}$ age, and 4-H'ers sex were taken from their $4-\mathrm{H}$ enrollment cards. This data was used strictly for purposes of making recommendations and arriving at conclusions.

Hand tabulation, although time consuming, was sufficient for purposes of this study. In Chapter IV, the data will be presented in tabular and descriptive form using frequency counts and frequency percentages, followed in Chapter V by conclusions and recommendations arising out of this study on the attitudes of Tulsa County $4-\mathrm{H}$ parents
toward a sex education program and what was felt as being the best way to approach such a program.

CHAPTER IV

PRESENTATION AND ANALYSIS OF THE DATA

## Introduction

To facilitate an orderly representation and interpretation of this study's data; the responses have been separated into five sections as follows:

1. Responses by Parent Interviewd,
2. Responses by Race of the 4-H Family,
3. Responses by Age of the 4-H Children,
4. Responses by Sex of the 4-H Children,
5. Total Response Summary.

This format should make it easier to accomplish the study's purpose which was to evaluate the attitudes parents, of Tulsa County $4-\mathrm{H}$ members, had toward the formation of a $4-H$ health program of sex education. The summary section will reveal resulting opinions by all respondents to each survey question.

Finally, this chapter will conclude with an analysis of demographic data collected on the total population in comparison with demographic data obtained on the sampled population. This will give a clearer picture of where or if biases exist throughout the data compiled in this study of sex edcuation as a program area in $4-\mathrm{H}$.

## Responses by Parent Interviewed

One concern of this study dealt with the comparison of $4-\mathrm{H}$ mothers' opinion on $4-\mathrm{H}$ sex education with that of $4-\mathrm{H}$ fathers. Fathers and mothers did agree that sex education in most schools and most homes was inadequate. The respondents especially felt that most homes were not doing a reliable job handling sex education with 72 percent of the mothers and 63 percent of the fathers saying there are inadequacies at both locations. These frequency distributions can be found in Table III.

What makes this fact of inadequacies important was the response obtained when asking who should be responsible for the sex education of youth. These same mothers and fathers agreed with 93 percent of each group stating the home was responsible for the formal sex education of youth. As data in Table III shows, schools and religious groups rated distant second and third choices at six percent and one percent respectively. Herein lies the problem of concern: with the responsibility of sex education thought by these respondents to fall on the door step of the home on one hand, confidence in the adequacy of the home fell below even that of schools on the other by 23 percent according to mothers and 16 percent among responding fathers. This brings out the point made in the review of literature in which everyone feels formal sex education of youth is someone else's worry.

Other interesting findings in the analysis of mothers ${ }^{\circ}$ and fathers' opinions was the fact for the most part they were agreeable in their responses as displayed in Table III. The major point of disagreement came on the opinion as to whether youth need formal sex education outside the home. Only 84 percent of the mothers thought sex education outside the home was necessary, while 92 percent of the fathers felt

TABLE III
RESPONSES TO QUESTIONS BY TOTAL RESPONDENTS,
MOTHERS AND FATHERS

there was a need. This could be attributed to more mothers shouldering the responsibility of education in these matters than do fathers. Therefore, fathers visualize a greater need by possibly not being as directly involved in this educational process.

Minor conflicts of mother and father opinion came as a result of the topics thought to be appropriate for such a $4-\mathrm{H}$ health program of sex education. Data in Table III shows a greater percentage of mothers felt the topics of birth control and sexual abstinence should be discussed than did the responding fathers. Ninty-six percent of the mothers said "yes" on these topics while only 87 percent of surveyed fathers said they wanted these discussed. Regarding the topic of abortion, more fathers (83 percent) responded favorably toward its inclusion than did mothers, who gave abortion the lowest rating of all the topics presented in the questionnaire. Only 78 percent of the mothers responding to the topic of abortion felt it should be presented in a $4-\mathrm{H}$ sex education program. This was significant in that mothers stated the topics of marriage, VD, birth control, sexual abstinence, pregnancy, and the birth process and teen parent obligations should be presented at a frequency distribution of either 98 percent or 96 percent depending on the topic. Then upon asking mothers whether they liked the idea of having abortion as a program topic, support fell to only 78 percent. Even among fathers support was lowest at 83 percent.

Although a slightly larger percent of mothers interviewed said they wanted $4-\mathrm{H}$ sex education in Tulsa County, both mothers and fathers responded at a frequency of 79 percent supportive of a program and only 10 percent of the mothers and fathers had a negative attitude toward such programming. The remaining 11 percent of the mothers and
fathers were either apathetic or "undecided" in their opinion on this question.

When asked if they would help conduct $4-\mathrm{H}$ sex education classes, with professional help, twice as many fathers and mothers said they would help. Seven fathers reportedly felt like contributing time and effort toward such a $4-H$ program, while only three mothers so responded. These frequencies distributions may also be found in Table III.

Responses by Race of the 4-H Family

An explanation will be necessary in order to report data analysis with regards to the race of the individuals interviewed. The reason was the small number of American Indians and Hispanics included in the study. The fault was not a result of study design because a look at the demographic data later in this chapter will reveal that the number of American Indian and Hispanic respondents was proportionate to the actual total population racial makeup. Regardless of the low numbers of these two racial groups, an analysis of caucasian and black opinion should prove interesting. Although very little discussion here will involve the opinions of American Indians and Hispanics, the data collected on them will still be presented in Table IV.

There were, however, some rather marked differences in caucasian and black opinion. In the first two questions about the adequacy of homes and schools, black respondents felt at a frequency of 23 percent, that homes were getting the message across to youth while only 11 percent of the caucasians in the sample population thought so. As data in Table IV shows, a great majority of the black respondents ( 65 percent) said they were unaware of how good or bad a job the schools

TABLE IV

RESPONSES TO QUESTIONS BY RACE

| Question | $\left\|\begin{array}{l} 0 \\ p \\ 1 \\ n \end{array}\right\|$ | Cuncas | Black: | Amer. <br> Indian | Hispan | Question |  | Caucas | Blacks | Amer l Indian | Hispan |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | \% \% | \#\% | \# \% | \% $\%$ |  |  | \#1\% | \# \% | \# \% | \# \% |
| Is sex | Y | $10 \quad 11$ | 423 | 350 | 00 | A parent | Y | $25 \quad 35$ | $8 \quad 53$ | 125 | 1100 |
| ed | N | $\begin{array}{ll}66 & 71\end{array}$ | 11.65 | $1 \quad 17$ | 1100 | should | N | 4157 | $6 \quad 40$ | 375 | 00 |
| adequate | U | 1718 | 212 | 233 | 00 | be | U | 68 | 17 | 00 | 00 |
| in most |  |  |  |  |  | required |  |  |  |  |  |
| homes | T | $93 \quad 100$ | $17 \quad 100$ | 6100 | 1100 |  |  |  |  |  |  |
| Is sex | Y | 19.20 | 16 | 233 | 0 | attend |  |  |  |  |  |
| ed | N | $\begin{array}{ll}47 & 51\end{array}$ | $5 \quad 29$ | 117 | 1100 | with 4-H |  |  |  |  |  |
| adequate | U | $27 \quad 29$ | 1165 | 350 | 00 | member | T | $72 \quad 100$ | $15 \quad 100$ | 4100 | 1100 |
| 'in most |  |  |  |  |  | Respond- | Y | 2636 | 748 | 250 | 00 |
| schools | T | 93100 | $17 \quad 100$ | 6100 | 1100 | en | N | $26 \quad 36$ | 426 | 125 |  |
| Where do | F | 56 | 16 | $0 \quad 0$ | 00 | would | U | 2028 | 426 | 125 | 1100 |
| , youth | S | $2 \quad 2$ | 00 | 117 | 00 | help |  |  |  |  |  |
| aquire | L | $2 \quad 2$ | 16 | 00 | 0 0 | organixe |  |  |  |  |  |
| most the | P | $72 \quad 77$ | $11 \quad 65$ | 233 | 1100 | the sex |  |  |  |  |  |
| knowled- | M | 1213 | $4 \quad 23$ | 350 | 00 | ed class | T | $72 \quad 100$ | $\begin{array}{ll}15 & 100\end{array}$ | $4 \quad 100$ | 1100 |
| ge about |  |  |  |  |  | Respond- | Y | 68 | $2 \begin{array}{ll}2 & 13\end{array}$ | 125 | 00 |
| sex from | T | $93 \quad 100$ | $\begin{array}{lll}17 & 100\end{array}$ | 6100 | 1100 | en | N | 4360 | $8 \quad 53$ | 250 | 0 0 |
| Youth | Y | 86 | 1488 | 468 | 1100 | would | U | 2332 | $5 \quad 34$ | 125 | 1100 |
| need | N | 44 | 212 | 116 | 00 | help |  |  |  |  |  |
| formal | U | 33 |  | 116 | 00 | conduct |  |  |  |  |  |
| sex ed |  |  |  |  |  | clas | T | $72 \quad 100$ | $15 \quad 100$ | 4100 | 1100 |
| outside the home | T | 93100 | 17100 | 6100 | 1100 | Marriag | Y | TOPICS | 15100 | $4 \overline{100}$ | 1700 |
| Who is | F | $86 \quad 93$ | $16 \quad 94$ | 6100 | 1100 |  | N | 34 | 00 | 00 | 00 |
| respon- | R | 44 | 00 | 00 | 00 |  | U | 12 | $0 \quad 0$ | 00 | 00 |
| sible | S | 33 |  | 00 | 00 |  |  |  |  |  |  |
| for the |  |  |  |  |  |  | T | $72 \quad 100$ | 15100 | $4 \quad 100$ | 1100 |
| sex ed |  |  |  |  |  | VD | Y | $71 \quad 99$ | 15100 | 4100 | 1100 |
|  |  |  |  |  |  |  | N | 11 | 00 | 00 | 00 |
| youth | T | $93 \quad 100$ | $17 \quad 100$ | $6 \quad 100$ | 1100 |  | U | 00 | $0 \quad 0$ | $0 \quad 0$ | 00 |
| Should | Y | $\begin{array}{ll}72 & 77\end{array}$ | $15 \quad 88$ | 468 | 1100 |  |  |  |  |  |  |
| Tulsa | N | 1112 | 16 | 116 | 00 |  | T | $72 \quad 100$ | 15100 | 4100 | 1100 |
| Co. 4-H | U | $10 \quad 11$ | 16 | 116 | 00 |  | Y | 6894 | 1173 | 4100 | 1100 |
| offer |  |  |  |  |  | control | N | 12 | $4 \quad 27$ | 00 | 00 |
| sex ed | T. | $93 \quad 100$ | $17 \quad 100$ | 6100 | 1100 |  | U | 34 | 00 | 00 | 00 |
| Comp- | p | 1318 | 320 | 00 | 00 |  |  |  |  |  |  |
| osition | m | 00 | $0 \quad 0$ | $0 \quad 0$ | 00 |  | T | $72 \quad 100$ | $15 \quad 100$ | 4100 | 1100 |
| Of | $\overline{\mathrm{B}}$ | 5982 | $12 \quad 80$ | 4100 | 1100 | Sexual | Y | $65 \quad 90$ | $14 \quad 93$ | 4100 | 1100 |
| comm- |  |  |  |  |  | abstin- | N | 57 | 17 | 00 | 00 |
| ittee | T | $72 \quad 100$ | $15 \quad 100$ | 4100 | 1100 | ence | U | 23 | $0 \quad 0$ | 00 | 00 |
| Could | Y | 7199 | 15100 | 4100 | 1100 |  |  |  |  |  |  |
| parent | N | 00 | 00 | 00 | 00 |  | T | $72 \quad 100$ | 15100 | 4100 | 1100 |
| teaching | U | 11 | 0 0 | $0 \quad 0$ | 00 |  | Y | $68 \quad 94$ | 15100 | 4100 | 1100 |
| groups |  |  |  |  |  | nancy | N | 23 | 00 | 00 | 00 |
| conduct |  |  |  |  |  | and | U | 23 | $0 \quad 0$ | 00 | 00 |
| a sex ed |  |  |  |  |  | birth |  |  |  |  |  |
| class | T | $72 \quad 100$ | 15100 | 40 | 1100 |  | T | $72 \quad 100$ | 15100 | 4100 | 1100 |
| Divide | Y | $71 \quad 99$ | $14 \quad 93$ | 4100 | 1100 | Tee | Y | 70 | 15100 | 4100 | 1100 |
| class by | N | 11 | 17 | 00 | 00 | parent | N | 11 | 00 | 00 | 00 |
| age of | U | $0 \quad 0$ | 00 | 00 | 00 | ob1iga- |  | 11 | 00 | 00 | 0 |
| the $4-\mathrm{H}$ |  |  |  |  |  | tions |  | 72100 | $15 \quad 100$ |  |  |
| members | T | $72 \quad 100$ | $15 \quad 100$ | 4100 | 1100 |  | T | $\begin{array}{lll}72 & 100\end{array}$ | $15 \quad 100$ | 4100 | 1100 |
| Divide | Y | 36 | $4 \quad 27$ | $\begin{array}{ll}3 & 75 \\ 1\end{array}$ | 00 | Abortion | Y | 58 81 | 1280 | 4100 | 1100 |
| class by | N | 25 | $10 \quad 67$ | 125 | 1100 |  | N | 811 | $3 \quad 20$ | 0 | 0 |
| sex of | U | $11 \quad 15$ | 16 | $0 \quad 0$ | 00 |  | U | 68 | 00 | 00 | 00 |
| the 4-H | T | 72100 |  | 4100 |  |  |  | 72100 | 15100 | 4100 | 1100 |
|  |  |  |  |  |  |  | for |  |  |  |  |
| Parent | Y |  |  | 4 | $1 \begin{array}{ll}1 & 100\end{array}$ | Symbols | for | or opini | 1on) Y | yes, N | no, |
| 'would | N | 9813 | 213 | 0 | 0 | U -undeci | ded | d, F-fam | mily, | schoo | s, |
| attend | U | 22 | 00 | 00 | $0 \quad 0$ | L-litera | tur | re, P-pe | eers, | movies | /tv, |
|  |  |  |  |  |  | R-religi | ous | s group | s, P -pa | ents, |  |
| their |  |  |  |  |  | $\mathrm{m}-4-\mathrm{H}$ me | mbe | ers, B-b | both, T | total |  |
| 'child | T | $72 \quad 100$ | $15 \quad 100$ | 4100 | $0 \quad 100$ |  |  |  |  |  |  |

system was doing. On the same question, caucasian respondents were more definite in answer by responding 51 percent of the time that schools were inadequate and only 29 percent interviewed stated they were "undecided" about the situation at schools.

Data in Table IV also shows that most parents interviewed, despite race, felt youth acquire most of their knowledge about sex from peers. This finding compliments many other studies showing peers to be the major source of sexual information today. The family, schools, and literature ranked very low throughout all races surveyed with only movies and television being given much consideration among caucasians of 13 percent and 23 percent among blacks. This compares to 77 percent of the caucasians and 65 percent of the blacks feeling peers were the biggest source of information among youth today.

A higher percentage of blacks interviewed were supportive of a 4-H sex education program ( 88 percent) as compared to only 77 percent of the caucasians. The most important finding shown in Table IV is that there was strong support for the program in sex education by each race represented.

The only other responses eliciting any significant disagreements between members of different races was as to whether such a 4-H health program should be segregated by participants' sex and on the opinion of birth control as a topic. Data in Table IV indicates 50 percent of the caucasians favoring separate classes for boys and girls with the remainder being "undecided" or against segregation. Blacks said that it would be better if classes were not segregated by sex. Among blacks only 27 percent wanted segregation, 67 percent wanted classes mixed and six percent were "undecided".

Finally, on the issue of birth control, black respondents had 73 percent of their opinions in favor of a discussion of birth control and the remaining 27 percent stating they were totally against such teachings. At the same time, caucasians surveyed felt strongly at 94 percent that birth control should be a discussed topic in the $4-\mathrm{H}$ program. This left two percent of caucasian opinions against the topic and as data shows in Table IV four percent "undecided".

## Responses by Age of the $4-\mathrm{H}$ Children

This section showed definite trends related to the variable age of 4-H children and more so than was observed with other variables. It was very evident that as the age of the respondent's children went up, the views and responses changed. Parents were broken into three categories depending on the age of their $4-\mathrm{H}$ children, with those being parents of nine to 12 year olds only, parents of 13 to 18 year olds only and those parents having both nine to 12 and 13 to 18 year olds.

The first trend recognized, and we can see by data in Table $V$, was that those respondents having younger $4-\mathrm{H}$ children felt a greater need for formal sex education outside the home. This was brought out with 92 percent of the parents of nine to 12 year old 4 -H'ers thought formal sex education was needed outside the boundaries of home and only 82 percent of the other age groups felt the same way.

Some responses by members of religious groups and schools may count for responses of parents of younger aged children. The religious groups carried six percent of the responses and two percent for schools but the majority ( 90 percent) felt the family is responsible to see youth get the necessary education. Among the older age categories, the

TABLE V

## RESPONSES TO QUESTIONS BY THE AGE OF RESPONDENTS'S 4-H CHILDREN


respondents were 100 percent sure that families should be responsible. These two trends were probably evident because parents of younger 4-H'ers were just beginning to face questions and were starting to handle the task of sex education with their children.

This same hypothesis may be related to the finding that support for a $4-\mathrm{H}$ sex education program to slip as the $4-\mathrm{H}$ children got older. Among the parents of nine to 12 year olds, 86 percent responded "yes" to such an offering, eight percent said "no" and six percent were "undecided". Data in Table V shows the 13 to 18 year old category supporting the program by 73 percent, nine percent not wanting it and 18 percent having no opinion. Those respondents having children in both age groups felt with a frequency of 53 percent in favor of a program, 29 percent stating they did not want a program and 18 percent once again being "undecided". Here the trend could be seen of more support from the respondents having younger $4-\mathrm{H}$ children only.

Data in Table $V$ indicates that the topics of birth control and abortion were more popular with parents of younger $4-\mathrm{H}$ 'ers. The other topics in the survey showed little or no tendency to give a direction. The topic of birth control had 95 percent support with nine to 12 year old group, 81 percent within the 13 to 18 year old group and respondents having children in both age groups fell to 78 percent.

As for the abortion topic, a similar decline in support can be observed as the age of the $4-\mathrm{H}$ child goes up. Among the youngest category, 84 percent said "yes" to the abortion topic, 81 percent of the 13 to 18 year old only group agreed on having this topic by only 56 percent of those respondents having both age groups gave a positive reaction.

Abortion, as a topic in a $4-H$ sex education program, brought about concerns every way in which the data was analyzed. The reservations expressed among respondent parents of older children probably existed because they were afraid how their children would receive such information. Possibly some parents felt the controversy surrounding abortion made it inappropriate as a topic to be discussed. Irregardless, abortion as a topic always had the majority supporting it.

Responses by Sex of the 4-H Children

Upon analyzing the data using the sex of respondents $4-\mathrm{H}$ children as a variable, it was found that parents of female $4-\mathrm{H}$ 'ers only indicated the greatest amount of support towards $4-\mathrm{H}$ sex education. Table VI represents the data compiled on this dependent variable. A close inspection of the table uncovered several interesting findings.

One finding was that parents of female only 4 -H'ers answered the question on whether Tulsa County $4-\mathrm{H}$ should offer a sex education program more positively. The results were that 83 percent of parents having female only 4-H'ers, said "yes" to offering the program and 17 percent either not knowing or being against it. The respondents with male only 4-H'ers responded "yes" 78 percent, "no" 11 percent, and "undecided" 11 percent on this same question. Data in Table VI shows that the question of offering the program was answered "yes" 68 percent, "no" 21 percent, and "undecided" 11 percent by those respondents having both male and female $4-\mathrm{H}$ children in their families.

Fewer parents with both male and female $4-\mathrm{H}$ 'ers would attend with their child. Only 77 percent of these parents would attend with their child in contrast with 86 percent of male only $4-\mathrm{H}$ parents and 90 percent

TABLE VI

## RESPONSES TO QUESTIONS BY THE SEX OF RESPONDENT'S 4-H CHILDREN


of the parents having only female $4-H^{\prime}$ ers. This data can be found in Table VI.

Again as in the previous sections of this chapter, the only topics eliciting much variation in opinion were birth control and abortion. Lowest support was shown by parents having both $4-\mathrm{H}$ boys and girls when asked about these two topics. On birth control, parents having 4-H children of only one sex gave "yes" answers as to birth control at frequencies of 92 percent and 93 percent. At the same time those parents of both sex $4-H^{\prime}$ ers responded "yes" only 77 percent of the time.

Data in Table VI also revealed great variation among all three categories concerning the abortion topic. It was found that a very high 90 percent of the respondents having only girls in $4-\mathrm{H}$ were in favor of a discussion of abortion in the $4-H$ program. Support went to 70 percent on abortion as a topic among those parents having only boys in $4-\mathrm{H}$. And a very low 62 percent of the respondents with both boys and girls gave their approval of including the abortion topic.

These past four sections have given an introductory look at how the respondents reacted to several survey questions based on four variables felt to be of importance in development of a $4-\mathrm{H}$ sex education program. Although nothing earth shaking was discovered as any one particular variable is isolated, it must be remembered that race, age of $4-H$ children, sex of $4-H$ children and the mother or father responses are all considerations that should be dealt with during formation of a 4-H sex education program. Each variable category tended to show some independence in responses. Among each of the four given variables this appeared consistently among the responses gathered, especially, on
the topics of birth control and abortion.
The next section will bring all variables together and identify the opinion of the total surveyed population. From this summary of total respondent's opinion; conclusions and recommendations will then be drawn for presentation in the final chapter of this study on $4-\mathrm{H}$ health programming in sex education.

Total Responses Summary

Table VII is the most important table contained in this study about 4-H health programming of sex education. It presents frequency distributions for the combined 117 Tulsa County $4-\mathrm{H}$ parents who responded to a telephone questionnaire regarding $4-\mathrm{H}$ sex education. Of these 117 respondents, 92 were in favor of Tulsa County $4-\mathrm{H}$ offering a sex education program; only those who responded in the positive were asked to continue responding to questions covering a program format. This data will be analyzed here and discussed further in Chapter V.

Table VII effectively combines the responses by all demographic variable respondents extracted in the other four sections of this chapter. It should be realized that although each group had its own opinions or attitudes toward items presented throughout the questionnaire, the total surveyed population's opinion must be the determining factor upon which decisions should be based.

The situation felt by $4-\mathrm{H}$ parents to exist around Tulsa County was researched and found to closely parallel the national scene at discussed by Scales (26) and Gordon (27) in the review of literature. The question as to just how adequately most homes conduct sex education for their children yielded remarkable data. Interviewed parents who

TABLE VII
RESPONSES TO QUESTIONS BY
THE TOTAL RESPONDENTS

said the home was adequate totaled 14.5 percent; inadequate 67.5 percent, and those being "undecided" making up 18 percent of the surveyed population. Based on this outcome it was evident the family setting was not seen as filling the role of sex educator. These results are available in Table VII.

To further identify needs, these $4-\mathrm{H}$ parents were asked if most schools do an adequate job teaching sex education. In their opinion, schools were doing a slightly better job than homes with 18 percent stating schools were adequate. The perplexing aspect about this question's results was not the 48 percent who said schools were doing an inadequate job but the 34 percent with no idea if students receive an adequate sex education on school time. Data in Table VII shows this question was found to have the largest frequency percentage of all the questions with respondents being "undecided".

This study also found similar results to other major studies referred to in the literature review concerning sources of youth's knowledge in the area of sexuality. The five possible responses given were that youth aquired most of their knowledge about sex from family, schools, literature, peers or movies/television. Only three percent of surveyed $4-\mathrm{H}$ parents felt that schools supplied most of today's youth with their knowledge. Five percent of the respondents said families were the major supplier of knowledge and 16 percent answered they thought movies/television was the place. But the majority of parents interviewed responded that peers generated the bulk of know1edge youth get today. Almost three-fourths of the respondents, 73 percent, thought peers were guiding adolescent minds in matters dealing with sex. Data in Table VII bears the message stating the need for
some form of formal sex education outside the home.
When asked their opinion as to whether youth need sex education outside the home, 88 percent interviewed said "yes", seven percent said "no", and only five percent were "undecided". This, as shown in Table VII, reveals $4-\mathrm{H}$ parents believe help was needed outside the home but that schools were not providing it.

Another question on the instrument wanted input as to who should be responsible for the sex education of youth. Table VII contains the frequencies of the responses. Family was rated first with 93 percent, schools came in with six percent making it the second choice, and religious groups were thought to have the responsibility by only one percent of the respondents.

The thrust of the entire study evolved around the next question. Should Tulsa County 4-H offer a sex education program? According to Miller (36) 80 percent support of sex education is needed to establish a support base for program development. The findings of this study was remarkably close with 79 percent responding "yes" to offering a program through $4-\mathrm{H}$. Data in Table VII indicates only 11 percent responding "no" and 10 percent "undecided" as to whether a $4-\mathrm{H}$ sex education program was a good idea. Actually 88 percent of the parents interviewed were for formal sex education outside the home but only 79 percent were in favor of $4-\mathrm{H}$ as a medium through which sex education could be brought to youth.

The remainder of the questionnaire was designed for obtaining data as to the format viewed best by only those who were in favor of a 4-H sex education program. If any respondent did not like the idea of a $4-H$ sex education program or was "undecided" as to whether one should
be offered, no further questions were asked.
Those interviewed in favor of a $4-\mathrm{H}$ sex edcuation program responded with 83 percent stating both parents and $4-\mathrm{H}$ members should be on the committee to help design such a program. Seventeen percent wanted only parents to be on the committee but no one thought that $4-\mathrm{H}$ members alone should comprise the committee. Table VII can be used as a reference for these numbers.

Could parent teaching groups conduct sex education classes? Respondents agreed at a level of 99 percent that parent teaching groups, supplemented with health professionals, could conduct $4-\mathrm{H}$ sex education classes. This was followed by only one percent of the respondents being "undecided". Data in Table VII shows that interviewed parents felt the $4-H$ volunteer system would be able to handle the task of sex education among youth.

Another strongly felt preference was that a $4-\mathrm{H}$ sex education class be divided by the age of participants. According to data in Table VII, parents expressed strong opinion toward separating $4-\mathrm{H}$ 'ers due to their age. Ninty-eight percent said the program needed to be split up while two percent of those responding thought age was not a factor.

On the question of segregating 4 -H'ers by sex, there was no line of thinking one way or the other. Even though more respondents wanted separation by sex of participant ( 46 percent) than those who did not (41 percent), the responses were too divided to tell. The remaining 13 percent "undecided" about separation into a different class for boys and one for girls could easily move the majority a different way if they made up their mind. This was one of the few questions that remained unanswered after the completion of this survey. Results are
available in Table VII.
According to data in Table VII most parents would attend the program with their child. This was evident with 87 percent saying they would attend, 11 percent answering "no" and only two percent "undecided". The next survey question, in the same table, found the majority (54 percent) responding felt parents should not be required to attend if the child is to participate in the program. The balance of those responding said parents should be required to attend at a frequency of 38 percent, while a low eight percent felt unable to comment.

Respondent help was then solicited by the survey to determine how many parents would help organize a $4-H$ sex education program and who would help conduct the classes. Among those willing to help organize were 38 percent of the respondents, while 35 percent did not wish to help and 27 percent "undecided" as to whether they might help. A1so shown in Table VII were 11 percent stating they would conduct a class or two, 55 percent wanting no part of it and 34 percent "undecided" about helping. This seemed typical of the support expected to help carry out a new 4-H program.

Final discussion of Table VII will center around the topics in which respondents were asked to state: "yes" it should be included, "no" do not discuss it or if they were "undecided" about offering the topic in a $4-\mathrm{H}$ class. The topics respondents were questioned about dealt with marriage, VD, birth control, sexual abstinence, pregnancy and birth, teen parent obligations, and abortion. These can all be found in Table VII as they were answered by all 92 respondents.

Topics netting large support were marriage, VD, pregnancy and the birth process and teen parent obligations. Birth control and sexual
abstinence had strong backings of over 90 percent but were not as solid as the topics listed above them. Meantime, the topic raising the most concern was abortion although even it had a majority supporting an open discussion of the controversial topic.

Venereal disease had 99 percent favoring it being included and only one percent saying "no". Clearly all respondents thought adolescents need good, factual information on VD. The same was true for teen parent obligations when it was accepted by 98 percent of those responding with only one percent being "undecided" and one percent saying "no".

Marriage as well as pregnancy and the birth process each had 96 percent of the 92 respondents wishing to have them included in $4-\mathrm{H}$ sex education programs. As for marriage, three percent responding said "no" and only one percent was "undecided". Pregnancy and the birth process followed with two percent in the "no" category and two percent feeling unable to say one way or the other.

Some resistance was found to exist for the topics of birth control and sexual abstinence among the surveyed $4-H$ parents. Inclusion of both topics were supported by over 90 percent, but the feeling was not as positive as the previous topics presented. Birth control ended up with 91 percent wanting it included, six percent thinking it should not be and three percent "undecided" in their opinion. Similar results were obtained when asked about sexual abstinence. Ninety-one percent felt it was a pertinent topic while seven percent said "no" and only two percent were "undecided".

Abortion was the last topic listed in Table VII and it elicited the greatest concern from among surveyed Tulsa County 4-H parents. Even
though 80 percent went along with having abortion discussed, there were many questions and much hesitation on the part of those responding. An important 13 percent of parents surveyed rejected the idea of talking about abortion within a $4-\mathrm{H}$ sex education program. This was significant in that the largest percent of resistance among the other topics was only seven percent. There was even that large a percentage who were "undecided" as to whether the abortion topic should be offered at seven percent.

## Characteristics of the Total Population and the Surveyed Population

In order to do a thorough job of arriving at conclusions and recommendations, it was thought necessary to analyze demographic data before proceeding on into Chapter V. This will be done by considering the total population in contrast with the surveyed population as to race, age of respondent's $4-\mathrm{H}$ children and sex of respondent's $4-\mathrm{H}$ children. Discussion will also be given to the number of mothers and fathers responding, as well as, the demographic data on those unwilling to answer the telephone questionnaire.

The presentation of demographic data will be done by first demostrating the characteristic as it related to total population frequency counts and then on the counts obtained for the surveyed population. Tables have been drawn representing the data for both the total population and the surveyed population on each important characteristic. There were as follows.

Comparing the racial/ethnic makeup of this study's total population to that of the surveyed population, we find a near identical situation
among the races of both populations. Data can be found in Table VIII and Table IX.

As depicted in Table VIII and IX, each racial group surveyed by this study was within one percent (plus or minus) of the actual total population of Tulsa County $4-\mathrm{H}$ parents. This was attributable to the random method in which the sample population had been selected. The methodology of this study gave each racial group an adequate amount of input into the final outcome of each research question.

Desirable results were similarly attained upon analysis of the balance between the surveyed population and the total population regarding the number of $4-\mathrm{H}$ families having females only, male only or both male/female 4-H'ers. Table X provides data on the statistics on the total population and Table XI on the total surveyed population concerning the sex of the $4-\mathrm{H}$ children in each family.

Again the random sample taken from the total population paralleled the surveyed population quite closely. The female-only families and those having both male/female 4-H children were within one percent going from total population to the surveyed population. Families having only 4 -H'ers of the male sex remained constant at 31 percent in each of the two populations.

The final demographic characteristic in which a comparison between the two populations was possible concerns the breakdown in age of the 4-H children in each family. Three categories of ages were identified: families with nine to 12 year old 4-H'ers only, families having 13 to 18 year olds only and those having both nine to 12 and 13 to 18 year old 4-H children. This was the only characteristic yielding what was considered disappointing frequency percentages among the categories

TABLE VIII

DISTRIBUTION OF THE TOTAL POPULATION BY RACIAL/ETHNIC GROUP

| Racial/Ethnic <br> Group | Frequency <br> Number | Distribution <br> Percentage |
| :--- | :---: | :---: |
| Caucasian | 268 | 78.8 |
| Black | 49 | 14.4 |
| American Indian | 18 | 5.3 |
| Hispanic | 5 | 1.5 |
| Total | $\overline{340}$ | 100.0 |

TABLE IX

DISTRIBUTION OF THE TOTAL SURVEYED POPULATION BY RACIAL/ETHNIC GROUP

| Racial/Ethnic <br> Group | Frequency <br> Number | Distribution <br> Percentage |
| :--- | :---: | :---: |
| Caucasian | 99 | 79.2 |
| Black | 19 | 15.2 |
| American Indian | 6 | 4.8 |
| Hispanic | 1 | .8 |
| Total | $\overline{125}$ | $\overline{100.0}$ |

TABLE X

DISTRIBUTION OF THE TOTAL POPULATION BY THE SEX OF 4-H CHILDREN IN EACH FAMILY

| 4-H Families <br> Having | Frequency <br> Number | Distribution <br> Percentage |
| :--- | :---: | :---: |
| Female Only | 186 | 55 |
| Male Only | 105 | 31 |
| Both Male and Female | 49 | 14 |
| Total | $\overline{340}$ | $\frac{100}{7}$ |

## TABLE XI

DISTRIBUTION OF THE TOTAL SURVEYED POPULATION BY THE SEX OF 4-H CHILDREN IN EACH FAMILY

| Sex of Respondent's <br> $4-\mathrm{H}$ Children | Frequency <br> Number | Distribution <br> Percentage |
| :--- | :---: | :---: |
| Female Only | 67 | 54 |
| Male Only | 39 | 31 |
| Both Male and Female | 19 | 15 |
| Total | $\overline{125}$ | $\overline{100}$ |

within the total population and the surveyed population. Data in Table XII represents the total population from which the random sample population was selected. The frequency counts and percents for the surveyed population can be found in Table XIII.

The data in these tables indicate a significant drop in the frequency percentage of 13 to 18 year old $4-\mathrm{H}$ 'ers only families when going from total population at 28 percent to surveyed population at 19 percent. A gain in the percentage of nine to 12 year old only families from 59 percent to 67 percent was experienced from total population to the sampled one. Only the percentage of those families with both male and female $4-\mathrm{H}$ children showed any commonality between the two populations in question. The total population had a frequency percentage of 13 percent and the percent of the surveyed population was 14 percent.

This was the least important of the three comparable demographic characteristics. But because conclusions and recommendations will be made on the three characteristics discussed, consideration must be given when making recommendations due to the age of the family's $4-\mathrm{H}$ children in this study. A bias was created as a result of the excessively larger than normal numbers of those in the nine to 12 year old only category and the smaller than normal numbers of 13 to 18 year old 4-H families.

The final demographic concern was explained in Chapter III as to the method of determining whether the mother or father of a family would be the respondent. This method worked well and achieved a successful distribution between mothers and fathers responding. Table XIV provides the data indicating there was only one less mother

TABLE XII

DISTRIBUTION OF THE TOTAL POPULATION BY THE AGE OF THE 4-H CHILDREN IN EACH FAMILY

| 4-H Families <br> Having | Frequency <br> Number | Distribution <br> Percentage |
| :--- | :---: | :---: |
| $9-12$ Year 01ds Only | 202 | 59 |
| $13-18$ Year 01ds Only | 93 | 28 |
| Both 9-12 and 13-18 Year 01ds | 45 | 13 |
| Total | $\overline{340}$ | $\overline{100}$ |

## TABLE XIII

DISTRIBUTION OF THE TOTAL SURVEYED POPULATION BY THE AGE OF 4-H CHILDREN IN EACH FAMILY

| 4-H Families <br> Having | Frequency <br> Number | Distribution <br> Percentage |
| :--- | :---: | :---: |
| $9-12$ Year 01ds Only | 78 | 67 |
| $13-18$ Year 01ds Only | 22 | 19 |
| Both 9-12 and 13-18 Year 01ds | 17 | 14 |
| Total | $\overline{117}$ | $\overline{100}$ |

TABLE XIV
DISTRIBUTION OF TOTAL RESPONDENTS
BY MOTHERS AND FATHERS

| Parent | Frequency <br> Number | Distribution <br> Percentage |
| :--- | :---: | :---: |
| Mothers | 62 | 49 |
| Fathers | 63 | 51 |
| Total | $\overline{125}$ | $\overline{100}$ |

responding to the questionnaire than there were fathers.
The last two tables of this chapter deal specifically with the identification of those unwilling to express their attitude toward this study's questionnaire. Out of the 125 selected by random sample processes, eight individuals did not want to answer the survey. This worked out to be six percent of the surveyed population who declined their opportunity to respond. Data in Tables XV and XVI give a description of the type of person who was unwilling to make a comment. Nonrespondents characteristically tended to be a caucasian and the mother of the family being surveyed.

Even though eight respondents were found unwilling to participate in the study, the remainder of the 117 in the sample population openly volunteered their feelings on the idea of sex education in general and specifically a $4-\mathrm{H}$ sex education program. This was a response rate of almost 94 percent among those randomly selected for interviews. It was felt that the telephone survey method of data gathering favorably influenced the amount collected. The 94 percent rate helped achieve validity for this study on sex education.

TABLE XV
DISTRIBUTION OF RESPONDENTS BY RACIAL/ETHNIC GROUP WHO WERE UNWILLING TO ANSWER THE OPINIONNAIRE

| Racial/Ethnic <br> Group | Frequency <br> Number | Distribution <br> Percentage |
| :--- | :---: | :---: |
| Caucasian | 6 | 75 |
| Black | 2 | 25 |
| American Indian | 0 | 0 |
| Hispanic | 0 | 0 |
| $\quad 10$ | $\overline{100}$ |  |

TABLE XVI
DISTRIBUTION OF RESPONDENTS BY MOTHERS AND FATHERS WHO WERE UNWILLING TO ANSWER THE OPINIONNAIRE

| Parent | Frequency <br> Number | Distribution <br> Percentage |
| :--- | :---: | :---: |
| Mothers | 5 | 62.5 |
| Fathers | 3 | 37.5 |
| Total | -8 | $\overline{100.0}$ |

## CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Study Summary

Purpose of the Study

The purpose of this study was to evaluate the attitudes $4-\mathrm{H}$ parents had toward Oklahoma State University Extension organizing a 4-H health program of sex education in Tulsa County. A secondary purpose was to gather some useful information concerning the program format with which these parents felt most comfortable.

## Objectives of the Study

To achieve the purposes of this feasibility study on $4-\mathrm{H}$ sex education specific objectives were set.

1. To isolate and interpret whether Tulsa County $4-H$ parents favor a $4-\mathrm{H}$ health program of sex education.
2. To determine the adequacy with which $4-H$ parents perceive schools and homes were providing formal sex education for youth.
3. To identify, in the opinion of $4-\mathrm{H}$ parents, where youth acquire most of their knowledge about sex from.
4. To determine opinions of $4-H$ parents as to who should assume major responsibility for sex education among youth according to $4-\mathrm{H}$ parents.
5. To gather information on the topics $4-\mathrm{H}$ parents felt as being appropriate for $4-\mathrm{H}$ sex education programming.
6. To determine if $4-\mathrm{H}$ parents felt an organizing committee should include parents or $4-\mathrm{H}$ members or a combination of both.
7. To measure the opinion $4-\mathrm{H}$ parents expressed as to whether parent teaching groups could conduct a quality sex education program.
8. To determine 4-H parents' attitudes toward separating 4-H sex education classes by the age of sex of program participants.
9. To determine if $4-\mathrm{H}$ parents would attend classes with their child, if the parent attendance should be mandatory.
10. To determine how many $4-\mathrm{H}$ parents would help organize and conduct $4-\mathrm{H}$ sex education classes, and to attempt to develop a profile of the type of person most willing to help.

Design of the Study

The study concerned $4-\mathrm{H}$ parent reaction to $4-\mathrm{H}$ sex education programming. The total population of $4-\mathrm{H}$ parents located in Tulsa County, Oklahoma were selected to be studied and out of this population, a random sample of 125 parents were randomly identified for interviews according to a telephone interview schedule. This allowed the study to boast a . 95 confidence level that the sample population was representative of the total population from which it was taken.

A 19 question survey was designed to be given by telephone interview. Administered during January of 1984, the responses were hand tabulated and the resulting data analyzed for conclusions and recommendations. The telephone survey method proved effective, resulting in 94 percent of the sample population to contribute vital data to this
research study.

## Results of the Research

All responses to each survey question can be found broken down according to respondent variables in Table XVII. This comprehensive table combines all tables presented in Chapter IV in order to facilitate a better understanding of the total data gathered. Table XVII was designed to give the total picture on $4-\mathrm{H}$ parents' opinion of a 4-H sex education program in Tulsa County.

Major Findings of the Study

A summary of findings to the survey questions will be presented and then the findings of respondent characteristics.

As to the major findings of the research questions, several facts were very apparent. Most important was the support by responding parents for offering formal sex education outside the home. Overall, 88 percent of all respondents felt strongly some type of formal sex education outside the confines of the home was needed. There was a reduction of nine percent in the support for this kind of sex education if $4-H$ were the vehicle used to take formal sex education outside the home. Seventy-nine percent of all respondents interviewed thought Tulsa County $4-\mathrm{H}$ should offer a sex education program. The remainder were against such a $4-\mathrm{H}$ program at a response rate of 11 percent and those "undecided" made up 10 percent of the surveyed population.

Out of this 79 percent in agreement that Tulsa County should offer sex education, only one person had reservations that parent teaching

TABLE XVII
RESPONSES TO QUESTIONS BY ALL RESPONDENT VARIABLES


## TABLE XVII (Continued)


(Symbols for opinion) $Y$-yes, $N$-no, U-undecided, F-family, S-schools, L-literature, P-peers, M-movies/tv,
R-religious groups, $p$-parents, $\mathbf{m}-4-H$ members, $B$-both, T -total
groups could conduct the classes. The other 91 parents surveyed felt, if assisted by health professionals, these parent groups would do just fine. This finding would seem to speak highly for the 4-H leader/ volunteer system utilized by Cooperative Extension.

The study found $4-\mathrm{H}$ parents in Tulsa County considered most homes and schools to be deficient in the quality and quantity of sex education being conducted. One predominant conflict that came out of this study showed $4-\mathrm{H}$ parents agreed the family was responsible for the sex education of youth at a 93 percent response rate. On the other hand, the home rated even lower than schools in the adequacy of its sex education efforts according to these same respondents. Only 14.5 percent said "yes" most homes were adequate and 18 percent said "yes" most schools were adequate in their teachings about sex.

Results indicated that 73 percent of the population considered peers to be the largest supplier of knowledge on matters of sex. A distant second with 16 percent of the responses were movies and television as supplying most knowledge. Only eight percent of the respondents thought that homes and schools were most important knowledge sources.

Feeling was expressed that both $4-\mathrm{H}$ youth and $4-\mathrm{H}$ parents should comprise a committee to make recommendations for program development. Only 17 percent of those interviewed said the committee ought to be limited to $4-\mathrm{H}$ parents but no one thought a $4-\mathrm{H}$ youth only committee was a good idea.

As for dividing $4-\mathrm{H}$ sex education classes up by age and sex of participants, there was mixed reaction. When asked about division based on age, 98 percent of the respondents said definitely "yes" but
there was no agreement on segregation of $4-H^{\prime}$ ers by their sex among interviewees.

Attendance of parents with their children at sex education classes was an issue of concern to this study. Although 87 percent of the surveyed parents said they would attend with their children, only 38 percent of the total interviewees thought one parent from each family of participating children should be required to attend the classes.

A 4-H sex education program must focus on the real issues surrounding the controversial subject. The seven topics for possible class discussion presented in the questionnaire covered a broad spectrum from VD to abortion. Other topics to which $4-\mathrm{H}$ parents were asked to respond for possible inclusion were, marriage, birth control, pregnancy and the birth process, sexual abstinence, and teen parent obligations, at 98 percent; marriage, 96 percent; and pregnancy/birth process having 96 percent of the respondents in agreement as a topic. Two topics, birth control and sexual abstinence, had somewhat less support, with 91 percent responding "yes". Birth control elicited wide fluctuations in opinion with regards to some respondent groupings, even though it ended up with a significant amount of support.

Of course the hot issue was abortion which only gathered 80 percent support from those interviewed on this topic. Although abortion had majority support, as did the other topics, it received a substantially lower percent of support as compared to the previous six topics. Abortion had the largest number of parents "undecided" as to offering the topic, with a frequency percentage of 13 percent. Those totally against abortion being discussed in $4-\mathrm{H}$ sex education numbered seven percent of the interviewees.

The last findings of the study dealt with parents who would help organize and conduct a $4-\mathrm{H}$ sex education program. More parents (38 percent) indicated they would help organize the program than those were interested in helping teach it (11 percent). Such a finding would probably apply to any new $4-\mathrm{H}$ program, but it at least indicated a starting point for active volunteer support.

The findings of the research as related to respondent characteristics will now be summarized. The overriding question of this study was whether $4-\mathrm{H}$ parents wanted Tulsa County $4-\mathrm{H}$ to offer education in the area of sex. This question was answered "yes" by 81 percent of the mothers and 77 percent of the fathers responding. More blacks than caucasians agreed with such a program at 88 percent and 77 percent respectively. Those interviewed having younger 4 - $\mathrm{H}^{\prime}$ ers answered more affirmatively than those parents of older $4-\mathrm{H}$ children. And lastly, parents of $4-\mathrm{H}$ girls said "yes" to the program more often than parents of $4-\mathrm{H}$ boys.

As to the topics presented for parent consideration, birth control was much more questioned by black respondents. More caucasian respondents wanted the birth control topic than blacks, 94 percent versus 73 percent. Birth control was felt to be a necessary topic more by those parents having younger 4-H'ers than those with older members. And with the topic of abortion, the amount of support went into the 80 percent range among all respondent groupings reviewed with the exception of parents having $4-\mathrm{H}$ girls. Parents of $4-\mathrm{H}$ girls had a surprisingly high "yes" response to a $4-\mathrm{H}$ program discussion on abortion at 90 percent of those interviewed.

Finally, respondent characteristics provided identification of
parents who would be most willing to help organize $4-\mathrm{H}$ sex education programs. They tended to be a father of younger $4-\mathrm{H}$ children who had boys. The type of parent most apt to help conduct $4-\mathrm{H}$ sex education classes was a father of older $4-\mathrm{H}$ children who had boys.

Conclusions

Based on an analysis of the data in this study, the following conclusions are drawn:

1. Over three-fourths of Tulsa County $4-\mathrm{H}$ parents realize that youth need supplemental sex education outside the home and would welcome Cooperative Education into the field. It therefore is concluded that a $4-\mathrm{H}$ health program in sex education would be feasible.
2. Based on study results, it was concluded that a substantial number of Tulsa County $4-\mathrm{H}$ parents ( 79 percent) would like to see a 4-H health program of sex education.
3. Parents want both $4-\mathrm{H}$ youth and $4-\mathrm{H}$ parents involved in the decision-making process to design a $4-\mathrm{H}$ sex education program.
4. Four-H parents have no problems with sex education classes being taught by $4-\mathrm{H}$ volunteer leaders when they are supplemented with professional resource people from the health field.
5. If the program were conducted, 4-H parents want sex education classes separated at least by age (nine to 12) and (13 to 19). Separating the program by sex was not deemed important in this study of $4-\mathrm{H}$ parents.
6. Mandatory parent attendance of those children taking part in a $4-\mathrm{H}$ sex education program is not necessary, but parents should be able to attend if they wish.
7. Only the topic of abortion should be given hard consideration and possibly not discussed in a $4-\mathrm{H}$ sex education program. Marriage, VD, birth control, pregnancy and the birth process, sexual abstinence and teen parent obligations are topics that should be included according to $4-\mathrm{H}$ parents.
8. There would be a few $4-\mathrm{H}$ parents around who might feel comfortable volunteering to conduct sex education and even more that would help organize a program.
9. Lastly and most ironic, $4-\mathrm{H}$ parents see sex edcuation as a job to be done by the family in the home. Despite the fact these same parents felt strongly that most homes were inadequate in the sex education of their youth.

## Recommendations

The conclusions reached in this study lent themselves to the following recommendations.

1. There is definitely a need for formal sex education outside the home. Parents see this need as was stated by other research studies previously discussed. Whether or not Cooperative Extension gets into the field is not as important as somehow developing a society of knowledgeable citizens. Therefore, some effort toward a national sex education program should be made since many if not most homes and schools are failing to fulfill the task.
2. Four-H parents were found to support a $4-\mathrm{H}$ health program of sex education. This was the first of four studies needing to be conducted prior to program implementation. It is recommended that similar studies be conducted on populations of Cooperative Extension
administration, $4-\mathrm{H}$ agents and even $4-\mathrm{H}^{\prime}$ ers themselves. If findings among these groups were as supportive of $4-\mathrm{H}$ sex education as $4-\mathrm{H}$ parents have been, then assigning a task force to direct program in pilot counties would be imminent.
3. It is also recommended that studies be conducted in other less urban counties to see if findings there agree with those of Tulsa County. Possibly some rural counties might be too conservative to allow 4-H programs of sex education to become established or maybe pockets of opposition are lodged there.
4. It is recommended that Extension Homemakers help its members improve their skills at handling sex education of children in the home. This could become an area of program thrust in this phase of Extension education as we11.
5. A further recommendation is that much consideration be given to how the program is handled with regard to structure. Decisions reached by a task force must coincide with public sentiment in every regard.
6. Although confidence was high that $4-\mathrm{H}$ volunteers could handle a program of this magnitude, quite frankly, professional health educators must be relied upon too. It would be best if written permission were attained from each parent as well as that they at least attend an orientation session to understand what a $4-\mathrm{H}$ sex education program was trying to accomplish.
7. It would be wise for Cooperative Extension to organize the support for $4-H$ sex education programming before entering the field. The minority against $4-H$ sex education could seriously damage prospects for development of a successful program. Everyone must be
properly informed and any questions about the program must be answered intelligently to avoid controversy.
8. Recommendations for program consent would be to make $4-\mathrm{H}$ sex education more than a biological explanation of the reproductive system. Make $4-\mathrm{H}$ sex education address real issues and problems.
9. This program must, as with all $4-\mathrm{H}$ project areas, be on a voluntary participation basis only. Any attempt to force participation will only bring trouble to a necessary program of sex education.
10. Another recommendation of this study is that interested counties develop a sex education program to fit their needs. There should be some $4-\mathrm{H}$ volunteers in every county that would provide a nucleus for organizing and conducting this type of program. This would help take pressure off Cooperative Extension and Extension Agents.
11. The final recommendation made is that any new $4-\mathrm{H}$ project areas be studied similarly to this $4-\mathrm{H}$ sex education feasibility study. If more studies were attempted on good ideas for $4-\mathrm{H}$ programs there would most likely be better programs offered and greater public acceptance of $4-\mathrm{H}$ education.

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APPENDIXES

4-H FAMILY $\qquad$ PHONE NO. $\qquad$ STUDY NO. $\qquad$
(4)
1.- Are the children in $4-\mathrm{H}(9-17 \mathrm{yrs}$. old $)$
(9)

(5) $\qquad$ (10)


(11)

$\qquad$ yes
(7) $\begin{array}{lll}(12 \text { yr. }) & 1 \\ 2\end{array} \quad$ nos
(12)

(8) $\begin{aligned} & (13 \mathrm{yr} .) \frac{1}{2}-\text { nos } \\ & \\ & \end{aligned}$


相
Hello, this is Brad from the $4-H$ office. Say, I would like a couple minutes to ask you a few survey questions. OK?

If no - Well, thanks for your time. We'll talk to you later. Goodbye.
If yes - Continue.
Other counties throughout the state have been examining the topic of sex education. We
in Tulsa County are trying to determine the feasibility of such a $4-H$ health program. I
***************************************x***************************A**********x*****t***********) OK
5.Do you feel sex education is taught adequately in most homes?
(16) $\left[\begin{array}{l}\text { Do you feel sex educ } \\ \frac{1}{2} \geq \text { yes } \\ 3 —\end{array}\right.$
(17) $\left[\begin{array}{l}6 \text { you feel sex education is taught adequately in most schools? } \\ \frac{1}{2} \text { yos } \\ 3 \\ \text { no }\end{array}\right.$

9. Who should assume the major responsibility for sex education of today's youth?
Family
$\frac{1}{2}$
2
10. Would you be in favor of a $4-H$ health program of sex education being made available here in Tulsa County to your child?
(21) $\left[\begin{array}{l}\frac{1}{1}-2 \text { nos.--continue questionaire } \\ 2 \\ 3\end{array}\right.$

Your opinion is appreciated and will play an important part in this study. Your imput will provide Extension with data to determine the feasibility of and demand for a 4-H sex education program across the state Thank you.
11. I have a list of sex education topics. As I read the list, I would like you to tell me if that topic should or should not be included in a supplemental $4-H$ sex education program.



12. Should a committee of parents or should 4-H members determine the topics to be covered by

13. Do you feel $4-H$ parent teaching groups supplemented by Councy Health Personnel could conduct a quality sex education class?
1
(30) 2 $\qquad$ yes
no
don don't know
14. Do you think the proqram should offer different classes for specific age groups: say (31) $\begin{aligned} & \text { one for ( } 9-11 \mathrm{yr}, \text { olds) and one for (12-18 } \mathrm{yr} \text {. olds)? } \\ & 2=\text { no } \\ & 3\end{aligned}$
15. Should the program be segregated into one class for girls and another for boys?
(32) $\left[\begin{array}{l}1 \\ 2 \\ 3\end{array}\right.$ no
16. Would you want to attend with your children?
(33) $\left[\begin{array}{l}1 \\ 2 \\ 3\end{array}\right]$ yes
17. Should parents be required to attend with their children?
(34) $\left[\begin{array}{l}1 \\ 2 — \\ 3\end{array}\right.$
18. Would you be interested in serving on a parent committee to design a sex education program?

( 36 ) 19 yould you be interested in helping teach a voluntary program such as this?

OK. Your opinion is appreciated and will play an important part in this study. Your input will provide Extension with data to deternine the feasibility of and the demand for a $4-H$ sex education program across the State. Thank you.

VITA ${ }^{2}$<br>Brad LeRoy Tipton<br>Candidate for the Degree of<br>Master of Science

Thesis: A FEASIBILITY STUDY OF A 4-H HEALTH PROGRAM OF SEX EDUCATION IN TULSA COUNTY, OKLAHOMA

Major Field: Agricultural Education

## Biographical:

Personal Data: Born at Arkansas City, Kansas, September 4, 1956, to Tony and Mary Tipton.

Education: Graduated from Arkansas City High School, Arkansas City, Kansas, in May, 1974; received Bachelor of Science in Agriculture degree from Oklahoma State University in May, 1978 with a major in Animal Science; completed requirements for the Master of Science degree at Oklahoma State University in July, 1984.

Professional Experience: Manager of a feedmill in Arkansas City, Kansas from June 1978 to January 1980; Foreman on the hog kill for Rodeo Meats, Incorporated from January 1980 to its closing in February 1981; Extension Agent 4-H, Tulsa County, Oklahoma, February 1981 to present.

Organizations: Member of Oklahoma Association of County Agriculture Agents and National County Agents Association.

