THE SEXUAL KNOWLEDGE AND PERCEPTIONS OF FAMILY LIVING STUDENTS

By

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THE SEXUAL KNOWLEDGE AND PERCEPTIONS

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CHAPTER I

INTRODUCTION

Recent studies show that teenage pregnancies are on the increase. Growing concern can be seen on the state and national level. From 1957 to 1977 preteen pregnancies have increased in the United States by 800 percent (Sawatzky, 1978, p. 27D). Studies show that premarital intercourse is beginning at younger ages, and it seems to be on the increase (Zelnik and Kantner, 1972, p. 235). From the same study, Kantner and Zelnik (1972, p. 340), state:

> it is relevant perhaps to observe that the respondents in general do not appear to be reticent about sex and that the older ones admit to what seems like a fairly high level of sexual experience: 80% among 19 year old blacks and 46% among 19 year old whites.

Few controversies in American life have endured so long, or been argued so passionately, as the debate over how to teach children about sex - or in fact whether to teach them at all (Tebbel, 1976, p. 70).

Significance of the Problem

In 1919, the White House Conference on Children and Youth re-affirmed the whole-child concept and an awareness of the desirability of sex education (Fulton, 1970, p. 263). It has only been in the past several years that sex education has begun to gain widespread public appearance and support, the process has been agonizingly slow.

A Nationwide Concern

The United States ranks as one of the highest teenage childbearing countries in the world. Of 22 selected countries, including both industrialized and underdeveloped nations, the United States ranks fourth, with a rate of 58 births per 1,000 females aged 15 through 19. Romania ranks third and New Zealand second. East Germany was at the top of the list while Japan ranked lowest with five births per 1,000 in this age group (Hendrixson, 1979, p. 663).

Statistics on increasing infant deaths linked with teenage pregnancies and number of unwed mothers have prompted interest and intervention at state and federal levels. The Senate feels that the information needed by teens for effective family planning has not been made available.

An Oklahoma Concern

The problem of teenage pregnancy is not new to Oklahoma. Teenage pregnancies in Oklahoma have remained above the national average for almost 25 years (Oklahoma State Department of Health, 1973, p. 10). In 1978 Oklahoma was ninth in the nation in excess birth rates among teenagers (DePersio, 1978, p. 1). There were 9,574 babies born to girls under the age of twenty. This included 604 born to mothers fifteen years old and younger (Oklahoma State Department of Health, 1978, p. 39). In Oklahoma, teenage pregnancies cost taxpayers up to sixty-eight million dollars yearly in the form of public assistance programs (Jodar, 1979, pp. 22-24).

Teenage Knowledge

Chances of pregnancy would appear to decrease if teenagers have an understanding of sexuality and its implications. Teens seem to obtain most of their information on sex from their peers. Another source of information comes from textbooks. Hoffman (1975, p. 211) believes textbooks about sex form negative attitudes about sexuality. He states:

> At present these books do not reflect life as it is but generalize from extreme cases in order to moralize about chastity and to promote a sexist view of society. Moreover, they abrogate their main responsibility of reducing the abuses of human sexuality e.g. unwanted pregnancies, abortions, and venereal disease.

Potter and Smith (1976, pp. 515-516) in their study of 100 pregnant teens found that the information obtained from the mother and other sources was less than adequate. The conclusion was evidenced by the additional information on sexual behavior that the unwed mothers wanted to know. The Commission on Population Growth and the American Future came to similar conclusions about the misinformed or uninformed teenager regarding basic facts of the menstrual cycle, signs of pregnancy, and the periods of the greatest and least risk of when pregnancy occurs (Zelnik, and Kantner, 1972, p. 337).

Every three out of ten teenagers said access to contraceptives was a "major problem." The major reason for not using contraception was because of their belief that contraceptives were not needed: they felt they could not become pregnant because of time of the month, age, or infrequency of intercourse. Some had felt contraceptives were not available when they were needed (Alan Guttmacher Institute, 1976, p. 30). The Guttmacher Institute goes on to state (1976, p. 30) the second most significant variables in whether a teenager would become premaritally

pregnant were: 1) the number of years she had been sexually active, and 2) if she was using contraceptives.

> Efforts to counter the prevailing ignorance about the risks of conception should be strengthened and approached directively and imaginatively. An intensified educational effort is necessary not only to supply information but also to eradicate pervasive and persistent false beliefs. (Kantner, and Zelnik, 1975, p. 15)

The Role of Home Economics

The Family Living classes in Home Economics Education seem to set an environment which studies sexual behavior in relation to the family and parenting education. In the 1976 article entitled "Home Economics as Students Define It," (Wadsword and Keast, 1976, p. 31), the conclusion was the home economist is to act as a liaison between the theoretical world and the practical world. "Teaching adolescents about pregnancy and parenthood must begin early in their high school career, because unfortunately--many of our students will need the information soon" (Walter, 1975, p. 26). Ideally, sex education could be taught as a natural component of courses such as Family Studies, Marriage and the Family, and Parenting.

> In the general sense, the mission of sex education would seem best to be building up young people's strength at choosing among options . . . But for all, it means that sex education policies need to be judged on the basis of what young people need and not on the basis of what adults fear. (Scales, 1978, p. 4)

Osternig (1977, p. 138) in her Journal of Home Economics article entitled, "Home Economics and the Dynamics of Change" described home economics as "mission oriented" and listed among the chief goals of the home economist as "trying to improve the quality of life by helping persons understand and cope with problems related to human growth and

development . . ." Within the context of human development type of program, valid sex education could be included along with values, decision making, human maturation, and self awareness (Young, 1977, p. 66). A well developed curriculum could help educators incorporate this principle.

Purpose of the Study

The purpose of the research is to determine the sexual knowledge and perceptions of the teens and to measure how much sexual knowledge the teenager has before the information in the Vocational Home Economics Education Family Living Curriculum Guide (Sawatzky, 1978) is taught. Another purpose would be to collect data for future curriculum development. The researcher will measure the sexual knowledge and perceptions of the students in family living classes prior to this information being taught in class.

Objectives of the Study

The following objectives are formulated to guide this study:

1. Identify and compare the perceptions of sexuality held by junior and senior students enrolled in family living classes in Oklahoma.

2. Compare the knowledge of teenage females with that of teenage males on the selected variables (human development, prenatal care, contraceptives).

3. Compare the knowledge of rural and urban students on the selected variables (human development, prenatal care, contraceptives).

4. Make recommendations concerning sex education for use by home economics curriculum developers and to educators in public schools in the area of family living.

Hypotheses

The following hypotheses are formulated to develop this paper:

H_1 : There will be no significant difference in the sexual knowledge of teenage males and females in the areas of human development, prenatal care, and contraceptives.

H_2 : There will be no significant difference in the sexual knowledge of the rural and urban students in the area of human development, prenatal care, and contraceptives.

Assumptions

The assumptions accepted for the purposes of this study are:

1. Information given by students will accurately reflect the students' perceptions and knowledge concerning themselves and their peers.

2. Questions will be a suitable method to measure the sexual knowledge of the teenager responding to the study.

3. The students in the classes will not have received formal classroom instruction in their family living class over this material prior to the questionnaire.

Limitations

The limitations inherent in this study are:

1. The study was limited to specific geographic areas in Oklahoma.

2. Limited resources of time and money, sample size, and students studying specifically in family living classes affected the study.

3. The study was limited to those family living classes that had not covered the information on the questionnaire.

Definition of Terms

The following terms are defined as used in this study:

1. Contraceptive: "methods of preventing conception and resultant pregnancy" (Ryder, 1976, G-2).

2. Family life education: "a program of learning experiences planned and guided to develop the potential of individuals in their present and future roles as family members. Its central concept is that of relationships through which personality develops, about which individuals make decisions to which they are committed, and in which they gain convictions of self-worth" (Ryder, 1976, ii).

3. Human development: "study of quantitative and qualitative changes that an individual undergoes from conception (Papalia, Olds, 1978, p. 496).

4. Parenting unit: "those activities and attitudes involved in providing care and enhancing the quality of life for children. Parenting is done by fathers, mothers, and others" (Spear, Tanksley, Tanner, Smith, 1977, p. 61).

5. Prenatal care: care which begins within the first trimester and continues for ten or more visits to the doctor (Fabes, 1978, p. 6).

6. Rural: towns that had populations under 14,999.

7. Sex education: "a cooperative effort by the home, school, church, and community to provide selected learning experiences and guidance for young people - in school and out - concerning the needs, interests, problems, and goals that arise out of human psychosexual development, primarily as related to love, marriage, parenthood, and family life. It is aimed at helping young people develop attitudes, values, goals, and

practices -- based on sound knowledge -- that will better enable them to express their sexual and mating impulse as a more constructive force . . ." (Hoyman, 1970, p. 343).

8. Sex education program: "one in which parents, school, community, and the church have all participated at appropriate times in the child's life, with the aim of producing mature, aware adults, capable of understanding themselves, and others and of behaving responsibly as sexual people" (Calderone, 1969, pp. 70-71).

9. Teenage mother: "all mothers under 20 years of age were considered teenagers" (Oklahoma State Department of Health, 1974, p. 17).

10. Urban: towns that had populations over 15,000.

11. Sexuality: a total picture of the person as a woman, or as a man, in all relationships from dating through marriage (Ryder, 1976, p. G-6).

CHAPTER II

REVIEW OF LITERATURE

History of Sex Education

Special programs in the area of general health and social legislation were brought about in the mid sixties. The primary reason for the change was the great concern regarding the high school dropout rate. Pregnancy was a prime contributor to the problem. One outcome was special programs for pregnant girls (Dempsey, 1971, p. 441). School-sponsored sex education programs were developed because of teen-age pregnancy rates and the disturbing rise in venereal disease statistics (Sadock, Kaplan, Freedman, 1976, p. 520).

> It is startling to realize how much happened within the decade of the sixties. From struggling with the issue of allowing married students to remain in school to mounting programs for premaritally pregnant students in less than a decade is paramount to a revolution (Dempsey, 1971, p. 440).

With the mounting interest in sex education came the radical anti-sex education groups who were "dedicated, militant, and abusive" (Hoyman, 1970, p. 339). Their objectives ranged from prohibiting, investigating, abolishing or controlling school sex education (Hoyman, 1970, p. 339). The most noticeable opposition groups were the Christian Crusade and the John Birch Society. In addition to these groups were a number of concerned citizens and ad hoc organizations with identifiable acronyms that began to appear: "MOMS (Mothers Organized on Moral Stability),

POSE (Parents Opposed to Sex and Sensitivity Education), PAUSE (Parents Against Unconstitutional Sex Education), ACRE (Associated Citizens for Responsible Education), and even POPE (Parents for Orthodoxy in Parochial Education)" (Fulton, 1970, p. 263).

In the early 1970's pregnancy was still the main reason for females to leave school prior to graduation. The majority of these girls were a high risk from the educational perspective, had histories of disinterest in school, and were usually below average in grade level. One analysis has shown that only 20 percent of the women who bore a child before the age of 18 completed high school (Trussell, 1975, p. 20). Because of pregnancy, these students were excluded from school for periods up to one and a half years and in some cases permanently. Since that period of time, there have been improvements in educational services available to pregnant teenagers (Osofsky, 1978, p. 1166). Title IX of the Education Amendments of 1972 prohibited schools which received federal funds from excluding any student on the basis of pregnancy or a pregnancy related condition; this became effective July 12, 1975 (Population Bulletin, 1976, p. 26).

During the late sixties and early seventies another organization was formed: SIECUS (Sex Information and Education Council of the United States).[1] They gained a worldwide reputation for their approach to sex education when they made their first position statement on sex education. In 1974 SIECUS defined their approach to such education as: "Free access to full and accurate information on all aspects of

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[1]By 15, all kids have had sex education in school . . . in hallways, locker rooms, and washrooms. 84 Fifth Avenue, Suite 407, New York City 10011 (212) 929-2300.

sexuality is a basic right for every one, children as well as adults" (Tebbel, 1976, p. 72).

There is no question that there have been shifts in thinking about the acceptability of sexual experimentation and intercourse among the young and unmarried in more recent years (Osofsky, 1978, p. 1162). Individuals are questioning the double standard that has fostered sexual experimentation in males and viewed it as wrong among young females. Ann Landers, a newspaper columnist asked recently in her column teenagers' opinions concerning the double standard. The research indicated that the double standard is anything but dead among the US teenagers (Scales, 1978, p. 7). The woman's liberation movement and greater availability to effective contraceptive methods have had an impact on thinking about appropriate female sexual behavior (Osofsky, 1978, p. 1162).

> No one can assure that effective sex and family life education would control pregnancy among adolescents, but it is doubtful if adolescent pregnancy can be controlled without adequate sex education. Sex education for parents and other adults would increase parental sexual adjustment and help parents discuss sex with their children and be most helpful in preventing teenage pregnancy (Klein, 1978, p. 1154).

Responsibility for Sex Education

It is good to be deeply concerned, as we are, about sexual behavior in the adolescent, but the question is very real as to just what we think we can do about it. We are even unsure as to what we want to do about it (Calderone, 1964, p. 225)! There is a lag between actual sexual practices and society's attitudes toward them.

> A recent survey revealed that coital experience among young never married women rose from 14 percent at age 15, to 21 percent at age 16, to 27 percent at age 17, to 37 percent at age 18, and to 46 percent at age 19. The rates amont black women

> were even higher; 54 percent of black women had intercourse between the ages 15 and 19, as compared to 23 percent for white women (Zelnik & Kantner, 1972, p. 356).

When children do search for answers on sexuality, where do they go? Most groups go to their peers as sources of information. In most cases, their information is a cross between science and superstition (Breiner, 1972, p. 227). To combat this problem, in the early 1970's peer education and peer counseling programs began. They consistently showed that this approach was one of the most enthusiastically received ideas of sex education (Scales, 1978, p. 35).

Media

Television, movie stars, and rock idols all remain highly visible. Their sexual and social lives are kept in the limelight and most of them are relished by the public (Klein, 1978, p. 1153). The mass media would often have you believe the teenage virgin is a social leper who belongs on the Endangered Species List (Reichelt, 1977, p. 100). "We profess chastity as an ideal, but sex for profit and fun is flaunted everywhere in contemporary society. We exhibit, stimulate, and excite youth and deny and criticize the response" (Klein, 1978, p. 1154).

A 1974 Family Planning Communication study found that mass media contributed more to teenagers' family planning knowledge than any other source, including parents, peers, or schools. However, the researchers analysis of media coverage revealed that television and radio provided little contraceptive information (Green, Potteiger, 1977, p. 3). The Code Authority of the National Association of Broadcasters banned contraceptive advertising on television and radio thereby eliminating

another potential source of information about contraceptives (Green, Potteiger, 1977, p. 3).

Parents

We cannot begin to provide young people with the information they need if we continue to believe that knowledge stimulates sexual behavior (Scales, 1978, p. 2).

> It is essential that preteenagers and teenagers have sexual knowledge of human reproduction and information about human sexuality and relationships. It is important that teenagers learn about sexual exploitation and sexual responsibility. It is of great importance to teenagers and to society that each individual learn to control fertility and plan for family life, pregnancy, parenthood. Teenagers need to be assisted to make responsible choices as they establish a self image and sexual identity (Klein, 1978, p. 1154).

Parents pat themselves on the back whenever they tell their children about the "facts of life" under the delusion that this is sex education. They do not realize that conception, gestation, and birth are many times one time events that do nothing to instruct the adolescent about how to live with a continuing powerful sex drive. It tells them nothing about venereal disease, prostitution, and homosexuality as social phenomena (Calderone, 1965, p. 502).

Research shows that children who talk to their parents about sex however uneasy it makes either party feel, are likely to delay their first intercourse or to use contraception when they have it (Scales, 1978, p. 4). It is a misconception that most parents disapprove of sex education. As early as 1969, 71 percent of the adult Americans polled by Gallup approved of sex education in one form or another and sex education was supported by the American Medical Association, the National Congress of Parents and Teachers, the National Council of

Churches, the US Catholic Conference, the YWCA and the YMCA (Calderone, 1969, p. 64). The task of providing sexual information to teenagers should be the responsibility shared by parents, physicians, and educators (Godenne, 1974, p. 71).

Schools

Although schools cannot handle the responsibility of teaching sex education without help from the parents and the community at large, they can make a real and immediate contribution to educating youth for responsible sexual behavior (Gordon, 1974, p. 188). Looft (1971, p. 13) suggests that the inclusion of parents in the sex education programs not only fosters community support for formal sex education in the school but enhances the ability of the parents in their roles as transmitters of sexual knowledge and values.

Cook (1968, p. 103), the Superintendent of the Anaheim, California Union High School District believes sex education is needed in the schools. The refusal of many American parents to deal realistically with the subject at home and of the clergy taking a similar stance in the church make it a necessity. "The greatest potential for sex education lies in psychology and human relations courses . . ." (Gordon, 1974, p. 187). The school's role should include far more than providing sex education "plumbing courses" for males and females. The school's role could help guide students into thinking things through. They need to learn to examine options carefully, critically, and to clarify reasons for their attitudes, beliefs, and choices in sexual matters (Hoyman, 1970, pp. 340-341). When peers discuss concerns and ideas about behavior and social interaction, a sobering influence on attitude results. This

can lead to the development of an individualized social ethic that has been thought through in the course of discussion (Sadock, Kaplan, Freedman, 1976, p. 523).

In the seventies and on into the eighties, a crucial issue will be if birth control should be taught in school. This is not seen as an encouragement to sexual activity any more than teaching about seat belts as an encouragement to reckless driving (Byrne, 1978, p. 30). The Alan Guttmacher Institute feels failure to provide adequate birth control and sex education programs is a sharp contrast to the general community who gives "overwhelming support" to such programs. "Eight out of ten Americans old enough to have children of junior high or high school age favor the teaching of sex education in the schools -- as well as of the provision of contraceptives to unmarried teenagers" (Alan Guttmacher Institute, 1976, p. 37).

> Some of the reasons advanced in support of the teaching about population and birth control are: innocence and ignorance are no longer enough to safeguard youth - especially girls: they need accurate information about birth control from reliable sources to combat misconceptions gained from poorly informed friends; they need to understand the complex issues and problems involved in population and birth control; and they need to understand the legal, moral, and religious implications of population and birth control (Hoyman, 1970, p. 334).

The senior high school is seen by some to be an ideal place for courses in marital counseling, and family planning. Both junior and senior males and females should be included. Many will be married in the next two years, and this may be their last chance to gain fundamental information. Information should include every bit of material that a person would consider pertinent for a 24 year old to discuss as part of their married life. It is comforting for students to have

someone understanding enough to answer pertinent questions and be in a position to guide them (Breiner, 1972, p. 232).

In Oklahoma

Health professionals are in a bind in Oklahoma regarding dissemination of sexual information. The federal law gives the authority to dispense birth control information to sexually active minors, while the Oklahoma state law forbids it. There is a legal and ethical dilemma when approached by a sexually active minor. If health professionals withhold the information, this probably will not stop the minor from becoming sexually active. The female could easily end up pregnant. There are millions of dollars in federal monies available for sex education and counseling services to sexually active teens, but the services conflict with Oklahoma laws (Berryman, 1977, p. 2).

Sexual Knowledge of the Teenager in the United States

The extent of teenage premarital intercourse will vary according to the sample and the region (Juhasz, 1976, p. 512). A study conducted by Kantner and Zelnik (1977) selected aspects of the sexual behavior and reproductive experiences of the never-married females ages 15 through 19 in the United States. They concluded today's teenagers are relatively uninformed on basic facts of life. Most were confused as to the greatest and least risk factors of pregnancy (Potter & Smith, 1976, p. 516).

It seems that males gain most of their information about sex from other males and are more actively engaged in this process than females

(Kirkendall, 1964, p. 290). Females obtain more sex information from parents than do boys, and more from mothers than fathers (Kirkendall, 1964, p. 290). It seems that a limited number of men feel competent in giving sexual information to their own children. Data indicates that no more than two percent of the unwed mothers ever reported receiving information on any topic of sexual information from their fathers (Potter & Smith, 1976, p. 516).

> Most private physicians and clinics providing birth-control services to teenagers focus on the females, ignoring the male partners, although the decision to utilize contraception, and especially the continued use of contraception, may well depend upon the attitude of her partner (Klein, 1978, p. 1154).

It is apparent that teenagers are more knowledgeable concerning oral contraceptives than other birth control methods. Oral contraceptives are the most commonly used among unmarried sexually active teens in the United States. According to the Alan Guttmacher Institute (1976) oral contraceptives are reportedly used by 80 percent of teen patients enrolled in clinics in 1974 through 1975 (Tryer, 1978, p. 1210).

Access to birth control services does not appear to stimulate sexual activity or promiscuity as anticipated by opponents of birth control programs (Furstenberg, 1971, p. 1154). Newer forms of contraceptives came on the market after the 1920's. The pill became popular in the 1960's. The percentage of virgins at marriage has not substantially decreased since the 1920's (Godenne, 1974, p. 69).

> When devices are known and available, and general values accept them, then the intervention of more efficient devices is not very crucial as a cause of sexual behavior. Sexual experience among teenagers is most often unpremeditated and thus the pill is irrelevant and other contraceptives are rarely used (Godenne, 1974, p. 69).

Some researchers draw the conclusion that the cognitive behavioral approach to prevention is based on the premise that many adolescents get pregnant not because they lack relevant information, but because they lack cognitive and behavioral skills necessary to use information (Schinke, 1979, p. 84).

> We are impressed that solutions to the problems are complex and must be geared to the individual's needs. Optimally, intervention is necessary long before onset of pregnancy. Meaningful sex education and greater contraceptive knowledge and availability obviously are needed (Osofsky, 1978, p. 1171).

Social Responsibility

The problem with young women getting pregnant is far greater than lack of information; it involves a lack of social responsibility (Walter, 1975, p. 25). A prerequisite for learning responsibility according to some sources, will be achieved through having access to information about human sexuality, reproduction, and birth control methods. It is believed this information is necessary for informed decisions and actions (Walter, 1975, p. 25).

Many young people find it difficult to admit to themselves that they are planning to engage in or will continue sexual activity. They deny making a choice about beginning sexual activity and believe it is something that "just happens." The fact that most young people arrive at family planning clinics for fear of being pregnant after having been sexually active for at least one year shows how difficult this realization is (Howard, 1978, p. 63). Adolescents must make the transition from being passively aware of sexual facts to actively using the facts in planning and decision making (Schinke, 1979, p. 85).

Psychological Impact

The importance of psychological problems and emotional factors in teenage pregnancy are viewed differently by different disciplines and segments of society (Klein, 1978, p. 1155). Some researchers feel rebellion is a tool used in adolescent pregnancy and the transition to adult social roles can be important (Klein, 1978, p. 1153).

Some teenagers see pregnancy as a solution to personal or interpersonal problems with either a parent or boyfriend. If it is solution, it is short lived--the infant is a demanding love object and the female is left with her original problem and a child. It is easy for her to see the child as a cause for all of her problems (Klein, 1978, p. 1155).

The timing of the first birth is of crucial strategic importance in the lives of young women, because the need to take care of a baby severely limits their ability to take advantage of the opportunities that might have changed their lives for the better (Alan Guttmacher Institute, 1976, p. 18). Pregnant teenagers between the ages of 12 and 16 could be setting a pattern for failure or be exhibiting a syndrome of failure.

> This syndrome includes failure to fulfill the functions of adolescence, failure to remain in schools, failure to limit family size, failure to establish a stable family, failure to have healthy infants, and failure to have children who reach their potential in life (Klein, 1978, p. 1152).

Although adoption may be best for the baby, the parents, and everyone else, it is a hard decision for the young mother. After carrying the baby for nine months, adoption could be an emotional crisis. Even when the mother is convinced she should give the child up for adoption, she sometimes experiences pressure to keep the child from school friends or even from grandparents or the father. They sometimes see the positive

aspects of keeping a baby without sufficiently considering the responsibilities for its care and support for the next 18 years (Fox, 1978, p. 16).

In 1977, 16,835 Oklahoma teenagers became pregnant. Of the teenage girls in the state, 16 percent of the ones from 15 to 19 become pregnant each year (Jodar, 1979, p. 5). Births to 14 year olds and younger are increasing at the rate of 31.0 percent as compared to a nationwide increase of 6.6 percent (Jodar, 1979, p. 5). Births to the teenage mother who have already had one or more children have increased by 17.5 percent since 1973 (Jodar, 1979, p. 7). It is estimated that 94 percent of Oklahoma teenage mothers keep their babies (Jodar, 1979, p. 3). With the number of teenagers in Oklahoma that face this situation there can not help but be a psychological impact - not only on the girl, but members of the immediate family and on society in general.

School Impact

Data shows that girls who are missing school are more likely to become pregnant (Howard, 1978, p. 65). By the time many young people have reached eighth grade, at thirteen or fourteen, they have become tired of school or see little reason for it. If the adolescent is behind in school, pregnancy seems a reasonable reason for dropping out of school (Briley, Taylor, & Collins, 1980, p. 188). It is important they begin to develop some sort of long range personal philosophy that will guide their development as well as their sexual behavior in the years ahead (Cook, 1968, p. 171). Pregnancy is the largest known cause of dropouts among secondary schoolgirls ("Pregnant teen-agers," p. 28). Studies throughout the United States show that one half to two

thirds of all female school dropouts do so because of pregnancy (Alan Guttmacher Institute, 1976, p. 23).

It is estimated that 50 to 85 percent of all marriages between schoolage youth are complicated by pregnancy. Pregnant schoolage girls under 16 present the greatest problems. They are less likely to marry and more likely to have repeated pregnancies. They are also less likely to finish high school ("Pregnant teen-agers," 1970, p. 28).

In Oklahoma, the girl who becomes a mother at age fifteen or younger loses an average of 2.8 years of school. The 16 to 17 year old mother loses an average of 1.4 years of school (Jodar, 1979, p. 20). There are seven times more attempted suicides by teenage mothers than the national average of teenage girls without children (Jodar, 1979, p. 21).

Impact on the Teenage Mother

School aged mothers are high risks medically. They seem to have more complications with pregnancy and delivery, have more cases of toxemia and a greater incidence of prematurely born babies. Many also suffer from some degree of anemia, gain too much weight during pregnancy, and/or suffer from elevated blood pressure ("Pregnant teen-agers," 1970, p. 27).

A major concern to physicians is the use of oral contraceptives by young teenagers (those under 16). The use of oral contraceptives might result in subsequent amenorrhea and infertility (Tryer, 1978, p. 1210). From the same course, Tryer states: "There is also concern about potential interference of oral contraceptives and development of

stature with bony development in areas such as the pelvis of teenagers who use pills" (p. 1210).

Societal Impact

In the early seventies, many girls were excluded from going to school because they were pregnant. At that time, school age fathers also played a specific role. Policies in Florida and Texas required a proven father to withdraw from regular day school at least until the delivery of the baby. Another system in Iowa reported that "boys who are responsible for pregnancies of unmarried girls will be excluded when their presences became a moral or social problem in school" ("Pregnant teen-agers," 1970, p. 89). The school age pregnant girl, whether married or not, must face three life crises at once: transition from adolescent to adult, acceptance of her role as a mother or as a wife and mother, and the physical change and emotional upheaval accompanying pregnancy ("Pregnant teen-agers," 1970, p. 27).

"Clearly, society bears a heavy financial burden in supporting a child and its young, unmarried mother who lacking marketable skills must live on welfare in order to survive" (Family Planning Public Affairs, 1978, p. 25). It is estimated that about three million abortions are performed annually in the United States and about one third of them are to women under 20 years of age (Hanson, 1978, p. 1172).

> Stillbirths are more than twice as frequent, and the rate of birth defects is significantly higher in the under 20 age group. These defects include mental retardation, spinal deformities, respiratory problems, clubfoot, and epilepsy. Both biological immaturity and poor nutrition among US teens are seen as leading to the high incidence of birth defects (Nye, 1976, p. 2).

Susceptibility to mental retardation and developmental delay as a result of prematurity and/or low birth weight are also problems specifically for infants of teenage mothers (Oklahoma State Health Department, 1978, p. 5).

The Oklahoma State Department of Health wrote that in Oklahoma in 1977 there were 9,740 babies delivered to teenage mothers for an estimated cost of $21,307,775. It is not known how much of this cost the taxpayers ended up paying through public assistance (Jodar, 1979, p. 22). Oklahoma taxpayers may contribute as much as 36 million dollars annually for Aid for Dependent Children (AFDC) payments to women who are, or were at one time teenage parents. "Five thousand nine hundred and one Oklahoma mothers ages 13 to 26 with 7,924 children born before the mother's twentieth birthday received AFDC assistance in December 1978 at an average rate of $70.79 per person. These payments account for an estimated $11,744,064 annually" (Jodar, 1979, p. 22). The following is an average annual expenditure for an adolescent mother and child receiving public assistance:

TABLE I

AVERAGE PUBLIC ASSISTANCE COSTS FOR TEEN MOTHER AND CHILD

Type of Assistance	Annual Cost
AFDC	$2,651.00
Medicaid	572.00
Food Stamps	856.00
Day Care	1,320.00
Total	$5,399.00

Source: Jodar, 1979, p. 23

Many of the teenage mothers in Oklahoma choose marriage as a means of dealing with pregnancy. About 80 percent of these marriages end in divorce. This is three times higher than the national average (Jodar, 1980, p. 39). The combination of the repeat pregnancies, unstable family life, negative societal attitudes, and welfare dependency make it easy to see why teenage parents have a very difficult time.

Impact on the Child

The effects on fathers are different depending on whether or not they marry the mother and try to support her and the child. For those that accept the responsibility, the effects are great. Many times the boy will have to drop out of school and therefore lose the training which would equip him for a better job; or he may marry a girl for whom he has little emotional commitment. They face a higher probability of divorce and a higher probability of bearing a defective child. Minimal research has been conducted concerning the consequences to the child of a father who cannot or will not accept full responsibility for the child (Fox, 1978, p. 9).

Strains of early childbearing are intense. With little knowledge of what to expect from a child at different ages, they are more likely to abuse or neglect their children. The unwed mother also needs to consider the possible cruelty on the part of the child's peers. This may lead to social problems and create psychological problems for the child as well as the mother (Burkhart, 1973, p. 452). Delissovoy (1973, p. 23) found that school age parents are apt to expect too much too soon from their babies. Mothers were reported to expect the child to sit up alone by 12 weeks, while records show that the average baby

is not able to do so until 28 weeks. Young fathers were even less aware of what to expect in the child's development. Very young parents showed a low tolerance for crying which contributed to their impatience with their children - and to their sometimes cruel treatment of them (Delissovoy, 1973, p. 23).

Oppel and Royston (1971, p. 75) matched mothers by socio-economic level and number of previous pregnancies. They state: "IQ rises as the age of the mother increases" and that babies born to mothers under 18 are more likely to be "outgoing, dependent and distractable, more likely to be classed as behavioral problems . . . more likely to be underweight and shorter, as well as deficient in reading grade level and lower in IQ" (p. 75).

There are two extremes that seem typical for a teenage mother. She may value the child disproportionately because of lack of other objects of emotional satisfaction in her life. In this instance, she may lavish too much affection on the child, affection that would normally be shared with a husband (Spock, 1962, p. 231).

In the other extreme, the mother may resent the child and see the child as an obstacle to her freedom, but refuse to surrender the right to raise the child. The child may be a constant remainder (although unconscious) of the mother's rejection by the father and the consequent disillusionment for the marriage. There is the possibility of future rejection by the child, when the child is old enough to recognize the marital status of the mother and attempt retaliation (Burkhart, 1973, p. 452).

> Despite all this, sex education remains a matter of controversy, sometimes violent, in many places. The reason is not difficult to find. We are dealing with

> attitudes, and in spite of vast sociological change in America, many of these attitudes have not changed since the beginning of the Republic (Tebbel, 1973, p. 452).

The Role of Home Economics

Home Economics has moved from the mechanistic approach to the skills necessary for homemaking into a broader area that encompases the dynamics of family relationships within the changing intricacies of present day living. The potential is as great as the number of families a home economist is able to contact (Calderone, 1965, p. 504).

In discussion of marriage, it is good that students can discuss early marriage and early parenthood in order to counteract the romanticized aspects of sex and marriage. This in turn can lead to sound basic information on statistics that explain the high divorce rate (Calderone, 1965, p. 504). The subject of sex education is currently taught in many Family Living classes. Home Economics has traditionally been oriented to intervention through information and education (Gravatt, 1973, p. 18).

> Family life education can and should be taught in all of our homemaking departments. We have the opportunity to reach these students at a most important stage of their lives. It is a challenge to help them develop self-esteem, problem-solving and decision-making skills, and the rudiments of an ability to cope with the inevitable crises of life (Ryder, 1975, p. 14).

The course deals with self esteem and human sexuality as a part of that. The life cycle lends structure to the course and sexuality is emphasized in all units, each unit dealing with the totality of the individual (Ryder, 1975, p. 10).

In Family Life classes, students learn that the stage they are in, is one in which they are testing their strength and ability to overcome

dependency needs (Ryder, 1975, p. 10). The course contains an abundance of examples, exercises and discussion topics all of which serve to broaden the philosophy of humanness in the homemaking curriculum (Ryder, 1975, p. 14). It has been found that most students uphold the right of every individual to choose his or her own values, but they adamantly believe the circumstances of those choices should be the individuals responsibility (Ryder, 1975, p. 11).

> Home Economists are concerned with the best use of the human and physical resources of families to improve the quality of life. We now recognize that the use of family resources cannot be isolated from the spiraling effects of population growth. Therefore, we are committed to the idea that all home economists should be aware of the diverse impacts of these effects of families and the relevance of family planning to the more traditional components of home economics (American Home Economics Association, 1972, p. 58).

Need for Curriculum Development in Sex Education

Education deals with almost as much theory as fact. Controversies are necessary to modify or change the system (Masxon & Kraus, 1979, p. 2). It is good to look at controversial issues such as the need for sex education in the school curriculum as healthy because it produces a larger audience and therefore can accentuate the merits to more people.

What Needs to be Done

In our society there seems to be much doubt and lack of information about the "right" or "wholesome" attitude that could be created. Possibly the best way to achieve this would be through openness and honesty with regard to sexual information (Luckey, 1969, p. 32). Luckey (1969, p. 31) believes we have been so restricted in speaking about sexual matters

that our vocabularies are sordid and inadequate. Therefore, when we think about sexuality, we are handicapped in thinking because we do not have words we feel comfortable with. There is a need to discuss sexuality in proper terms to gain a more objective picture of sexuality.

Many administrators are currently expressing enthusiasm for a program of student participation in the curriculum of their schools (Garner & Acklen, 1979, p. 36). This method of participation can be achieved in a number of different ways. Some methods used are questionnaires, pre-tests, committee meetings, and individual conferences (Garner & Acklen, 1979, p. 36). It is often the case that when members of one group (in this case adults) view members of another group (teenagers), they tend to describe them in black and white terms which is generally an oversimplification (Reichelt, 1977, p. 101).

Adolescents must be regarded as people with important things to say and must be included in sex information programs not just as passive receivers, but as active partners in policy formulation and operation (Reichelt, 1977, p. 102).

Who Should be Involved with Planning

> We need to listen to our communities and learn how to plan with them. We need to review professional resources and make use of them. We need to involve the physicians, and mental health personnel, the social workers, and the clergy. We need to listen not only for the questions in our communities but also to answers that may be there. Communities do have needs, but also have resources (Luckey, 1969, p. 34).

If there is one thing which has been learned over the years, it is that programs which alienate the people they are supposed to serve will not be utilized, no matter how good the intentions of the program

organizers (Reichelt, 1977, p. 102). When the teacher knows what the child needs to know and what s/he wants to know, then the two of them can cooperatively plan a program (Garner & Acklen, 1979, p. 39). Without adolescent representation, adults tend to lack an awareness of teenagers' needs for sex information services. The negative consequences of not serving these needs are well documented (Reichelt, 1977, p. 102).

A negative consequence of the current underrepresentation of teenagers in the program planning process is a tendency to avoid controversial topics, especially those which the adult planners are uncomfortable in discussing (Reichelt, 1977, p. 101). A well run sex education program can utilize the teens that will be the target population. Sexuality is primarily a personal issue for which individuals must take responsibility for making their own decisions. These decisions should be based upon accurate information and an awareness of the pluralism of values which are possible in the areas of human sexuality (Reichelt, 1977, p. 101). Those who would plan and conduct sex education programs need input from teenagers to be reminded they are dealing with opinions which are in a state of formation and flux (Reichelt, 1977, p. 101).

What Students Need to Know

A factor related to the lack of attention directed to the consequences of uninformed sexual behavior concerns the antiquated notion that sex is the one aspect of human behavior where the requisite knowledge is somewhat innate. It is now realized this is a very narrow view and human sexuality is largely acquired behavior (Reichelt, 1977,

p. 99). Misinformation and myths are apt to result in inappropriate behavior. To determine what the current myths are among the teenagers, these teens need to be represented in the planning process. Contrary to the old myth, a person does not acquire all the knowledge s/he desires merely by losing his or her virginity (Reichelt, 1977, pp. 100-101).

It is generally assumed that wise judgment and action can be based on knowledge. A goal might be presentation of facts. Children and youth need adequate information about the physiology of sex, the reproduction system, genitals, their own bodies, and bodies of the opposite sex (Luckey, 1969, p. 31). Some explain sex as a force to be utilized, not a relationship to be played at by children, but an intense and vital human excursion which must be earned by some degree of maturity (Calderone, 1965, p. 32). Unfortunately by the emphasis sex is currently being given it is pulled out of its context as merely one very important aspect of self and social relationships and treated as if it were a unit apart from its setting (Luckey, 1969, p. 32). After much sexual research Scales (1978, p. 1) believes the problem of teenage pregnancy is a failure to communicate about sexual issues more than a widespread dissemination of facts. A well developed curriculum could help educators with this problem. More universal ease of acceptance of contraceptive services is also needed (Scales, 1978, p. 1).

Without adolescent input, there is less chance the sex education programs will be tailored to fit the target population (Reichelt, 1977, p. 102). It is hoped increased representation of teenagers in the planning will improve the quality of sex education programs available to them to the point where the current situation will be reserved so that

the majority of sexually active teenagers will not have engaged in intercourse without using contraception because of inaccurate knowledge or difficulty in obtaining birth control (Shah, Zelnik, and Kantner, 1975, p. 102).

A recommendation from the American Home Economics Association (1972, p. 55) to help the home economists support family planning efforts around the world was to "develop program materials or different levels in teaching the basic concepts of family planning and population education as essential components of the home economics programs."

> Family planning is a decision making process that respects the rights of parents to have the children they really want, the rights of every child to be wanted, and the right of parents to have their children when they want them (American Home Economics Association, 1972, p. 58).

If people reinterpret contraceptive information as family planning, the opportunities for home economists in the different areas of public schools, college teaching, extension, community development, and public health are enormous (Gravatt, 1973, p. 19).

The ultimate sex education program would be one in which parents, school, community, and the church have all participated at appropriate times in the child's life, with the aim of producing mature, aware adults capable of understanding themselves, and others and of behaving responsibly as sexual people (Calderone, 1969, pp. 70-71). Because of the constant association schools have with the children, they can be a tremendous resource.

> Any sex education that goes on in the school today will only be a bit more than a drop in the bucket, but let us provide the best drop we can! The school has the advantage of reaching practically all children of all social classes and religious inclinations. If what we do is good, the effect will be widespread . . . (Luckey, 1969, p. 34).

CHAPTER III

DESIGN OF THE STUDY

This chapter describes the procedure used in conducting the research. An explanation of the development of the instrument, sampling plan, and methods of collection and analysis of the data are included.

Type of Research

The survey method was used with a questionnaire administered by the students' teachers to obtain the data. A survey is best used "in describing current practices or beliefs with the intent of making intelligent plans for improving conditions or processes in a particular local situation" (Compton & Hall, 1972, p. 139).

Although some researchers consider the questionnaire an impersonal instrument with standardized instructions and wording, most would agree that personal activities in responses are usually discussed more freely in a questionnaire as opposed to other techniques (Compton & Hall, 1972, p. 240). This method can be administered to a large group, thus eliminating the expense of time and financial resources. The disadvantages of using questionnaires include: (1) the diversity of meanings given to the questions, (2) the difficulty in securing the valid personal information, and (3) the uncertainty of receiving an adequate number of responses (Compton & Hall, 1972).

Development of the Instrument

The two part instrument used in the study was developed by the researcher. The questionnaire examined the sexual perceptions and knowledge of teenagers (See Appendix A). The first part of the instrument labeled "Background Information" was designed to collect personal information about the student and to solicit information regarding their sexual perceptions. This section uses information from current literature in the area.

The second part of the questionnaire was designed to measure the sexual knowledge of the teenager. This section labeled "Knowledge Sheet" uses information from the Oklahoma Vocational Family Living Curriculum Guide. Questions asked in the second part of the questionnaire are in the areas of human development, prenatal care, and contraceptives.

To check for accuracy of information, Dr. Thomas Baldwin, M.D. was asked to review the questionnaire and clarify any terms that might be misleading. A Curriculum Specialist from the Oklahoma State Department of Vocational and Technical Training and the State Supervisor for Vocational Education reviewed the questionnaire for content. The researcher's Committee also reviewed the questionnaire to check the format, organization, and type of questions asked. The instrument was administered to determine student useability and how much time it would take to complete the instrument; junior and senior students in the Stillwater area were pretested.

Collection of Data

The sample was composed of junior and senior male and female Family Living students. Family Living students were selected for the study because the information in the questionnaire was incorporated in their curriculum to be studied later on in the semester. This grade level was used because they are the only ones allowed to take the Family Living course. Schools in the study were randomly chosen from high school family living classes that had not yet covered human development in their class. To ensure this, the tests were administered and returned to the researcher prior to September 15, 1979. The information collected enabled the researcher to compare results of answers given by both sexes and urban and rural students.

A sample of vocational teachers who taught family living in public schools across Oklahoma were chosen to test their students on present level of information that would be taught at a later date in the family living class. From the 402 questionnaires that were administered by the teachers, there were 392 usable questionnaires from the junior and senior high school students. This meant a 97.15 percent return. Of those that could not be used, the majority of those students had not completed the backs of the questionnaire which had been printed on the front and back of each page. Students were not required to complete the questionnaire. Letters were provided for the teacher to obtain the parents' approval of students' participation prior to the dispensing of the test (See Appendix B).

Selection of Sample

The State Supervisor for Vocational Home Economics indentified from her records the family living instructors who taught human development in their curriculum. She also assisted in helping the researcher contact them. The towns were divided into rural and urban according to their size. Towns identified as rural had populations under 14,999; those with populations over 15,000 were identified as urban. Only family living instructors who included the section on sex education in their curriculum were contacted and invited to participate. From the sample of 26 teachers' whose names were provided by the state supervisor, 18 were reached by phone and invited to an orientation during the Oklahoma Home Economics Teachers' State Meeting. The telephone contact was confirmed by letter (See Appendix C). The orientation involved an explanation of the questionnaire and purpose of the study. The researcher trained the eleven teachers to adminster the questionnaire. During this time, questions were asked and possible problems were discussed and resolved. There were eleven teachers who volunteered to administer the questionniare to their students. From that sample, one teacher had to withdraw because her principal would not allow her to administer the questionnaires to her classes due to the sensitivity of the subject matter (See Appendix D).

Analysis of Data

Upon return of the questionnaire, the responses were coded and transferred to computer cards. The data were punched and verified twice. The computer results were analyzed according to the objectives

formulated for this study. Data were reported by frequency and percent. The t-test was used to test the hypothesis of no significant difference between the weight of the two groups. The mean weight of the two groups were computed and a t-test was performed for difference between means.

> A typical research situation is one in which we wish to decide whether or not to reject the null hypothesis when we have only the data in two samples. Since we do not have an infinite number of pairs of samples that will enable us to form a sampling distribution of differences, we must employ statistical methods to estimate the value of the standard error of the difference. Using this estimate, we can then specify a sampling distribution to use in examining the null hypothesis. Since the sampling distribution is derived from an estimate of the standard error of the difference rather than from a known population parameter, it follows the appropriate distribution rather than the normal distribution (Elzey, 1976, pp. 96, 98).

Null hypothesis one stated: There will be no significant difference in the sexual knowledge that is known by the teenage male and female in the areas of human development, prenatal care, and contraceptives. The t-test was used to test the significance of the difference between means of the two sample groups. If the hypothesis was true, the information would be accepted. The level of significance was selected at .05 ($P > .05$).

Null hypothesis two stated: There will be no significant difference in the sexual knowledge that is known by the rural and urban students in the areas of human development, prenatal care, and contraceptives. A t-test was also used to test the difference between means of the rural and urban students. The level of significance was selected at .05 ($P > .05$).

CHAPTER IV

PRESENTATION AND ANALYSIS OF DATA

Introduction

In purpose, this study was designed to identify the perceptions and knowledge of sexuality that junior and senior family living students had before the information was discussed in class. The areas selected for evaluation of sexual knowledge were: human development, prenatal care, and contraception. In order to accomplish this purpose the following objectives were formulated:

1. Identify and compare the perceptions of sexuality held by junior and senior students enrolled in Family Living classes in Oklahoma.

2. Compare the knowledge of teenage females with that of teenage males on selected variables (human development, prenatal care, contraceptives).

3. Compare the knowledge of rural and urban students on the selected variables (human development, prenatal care, contraceptives).

4. Make recommendations concerning sex education for use by home economics curriculum developers and to educators in public schools in the area of family living.

This chapter presents a description of the participating sample, an analysis of the data in accordance with the hypotheses of the study,

and the results from the response portion of the research instrument.

Description of Participants

The subjects of this study included 392 family living students enrolled in classes taught by vocational home economics teachers in different areas of Oklahoma (See Appendix D). The study included 126 eleventh graders and 266 twelfth graders in the sample. Of these students, 166 were males and 226 were females.

The study also made a distinction between rural and urban students according to the population of their town. There were 192 rural students (86 males and 106 females) and 200 urban students (80 males and 120 females). Of these students, 19 stated they were or had been married with 372 (94.90%) answering "no." However, over one fourth of the students (26.79%) claimed they were engaged or seriously considering marriage.

Teenagers' Perceptions

The second section of Part I of the questionnaire entitled "Information Sheet" asked students' perceptions of sexuality. The following information gives the results of their answers.

Age at Marriage

Table II is a comparison of the perceived ideal ages for females and males to get married. One half (50.00%) of the students believed the ideal age for a female to get married was between the ages of 18 and 20. The greatest proportion (45.39%) believed the ideal age for a man to get married was between 21 and 23. This seems consistent with the

traditional values of the male being slightly older than a female in a marriage relationship. However, it is inconsistent with the national trends that indicate people are waiting until the middle twenties to get married (Bureau of the Census, 1979, p. 81). The majority of the students (86.73%) felt the ideal age range for marriage was between 18 and 23 for females. For males 72.42 percent believed the range should be between ages 21 and 26.

TABLE II

FREQUENCIES OF PERCEIVED IDEAL AGE TO GET MARRIED

Years	Age of Female		Age of Male	
	n	%	n	%
12-14	0	0	1	.25
15-17	7	1.78	5	1.27
18-20	196	50.00	80	20.39
21-23	144	36.73	178	45.39
24-26	32	8.16	106	27.03
27-29	2	.51	10	2.55
30-32	7	1.78	6	1.52
33 +	0	0	2	.50
No Response	4	1.02	4	1.02
*Total	392	99.98	392	99.92

*Rounding error

The concensus of the group was that the ideal ages to get married was between 18 and 26 with females younger than the male. The range was not as wide for females as it was for males, with the range for females being 15 through 32 and for males 12 through 33 years and older. There were fewer people on either end of the range for females (16 responses - 4.07%) than for males (24 responses - 6.09%).

Age to Become a Parent

Table III illustrates the students' perceptions of the ideal age to become a parent. The greatest percentage (38.77%) believed the best age for a woman to become a mother was between the ages of 21 and 23. The greatest percentage (39.27%) believed the ideal age for a man to become a father and support a child was between 24 and 26. The majority of the students (71.66%) believed the best range for a woman to become a mother was between age 18 and 23. The majority (72.42%) believed that the best age for a male to become a father was between 21 and 26.

Very few of the students felt a desirable age for a female to first become a mother was after 26 years as illustrated by only 28 students (7.13%) responding in this age range. In contrast, a greater number of people felt an ideal age for parenthood was older for males. Almost one fourth of the students (23.96%) seemed to believe an ideal age for the male to become a father could be after age 26.

In comparing Table III and Table II, the students believed the ideal age was younger for the woman to become married and a mother than for a man to become a father. There is consistency between the beliefs shown on Table II and those in Table III.

TABLE III

FREQUENCY OF THE PERCEIVED IDEAL AGE TO BECOME A PARENT

Years	Mother		Father	
	n	%	n	%
12-14	0	0	0	0
15-17	8	2.04	6	1.53
18-20	71	18.11	35	8.92
21-23	152	38.77	99	25.25
24-26	129	32.91	154	39.28
27-29	21	5.35	74	18.87
30-32	4	1.02	17	4.33
33 +	3	.76	3	.76
No Response	4	1.02	4	1.02
*Total	392	99.98	392	99.96

*Rounding error

Attitudes of Society

In comparing their response to society's attitude toward an unmarried teenage mother with that of an unmarried teenage father, the students' believed society condemns unwed mothers more than they condemn unwed fathers. The majority (46.43%) believed society strongly condemned unwed mothers and somewhat condemned (45.91%) unwed teenage fathers. Further evidence of differing expectations is shown through

each scale in Table IV. The percentages are higher by 7.15 percent for those believing society very strongly condemns the teenage mother over the teenage father. There is a difference by 26.27 percent of students believing society strongly condemns the teenage mother (46.42%) over the teenage father (20.15%). Students believed by 31.88 percent that society only somewhat condemns the mother while 45.91 percent believe society somewhat condemns the father, a difference of 14.03 percent. The largest range difference is between those perceiving society does not condemn the mother at all (3.82%) and those believing society does not condemn the teenage father at all (22.95%), a range of 19.13 percent.

TABLE IV

COMPARISON OF SOCIETY'S CONDEMNATION OF UNMARRIED TEENAGE MOTHER AND FATHER

	Teenage Mother		Teenage Father	
Scale	n	%	n	%
Very strongly	69	17.60	41	10.46
Strongly	182	46.43	79	20.15
Somewhat	125	31.89	180	45.92
Not at all	15	3.83	90	22.96
No response	1	.25	2	.51
Total	392	100.00	392	100.00

Society's Support of Teenage Mothers

Table V illustrates the perceptions of the teenager's opinions of the frequency society should give monetary help to the young unmarried mother if the parents refuse to help her. The largest percentage of students (46.17%) believed society should give monetary help to the young unmarried mother if her parents refused to help her. The responses were within a 3.79 percent range with answers: "only with first child," "with each child," "only if very poor." Very few of the students (5.10%) believed society should never give help to the unmarried teenage mother. For a list of "other" options listed by students (8.16%) see Appendix E.

TABLE V

CIRCUMSTANCES WHEN SOCIETY SHOULD PERMANENTLY SUPPORT UNMARRIED TEEN MOTHERS

Item Choices	n	%
Never	20	5.10
Only with first child	44	11.22
With each child	52	13.26
Only if very poor	59	15.05
If parents refuse to help her	181	46.17
Other	32	8.16
No response	4	1.02
*Total	392	99.98

*Rounding error

When asked what a young (13-18) unmarried girl should do if pregnant and not in love with the father, the participants (43.37%) believed the baby should be put up for adoption. As seen in Table VI, over one fourth of the students (27.55%) believed the teen mother should keep the baby. These statistics are not concurrent with the national trend. In the early 1970's approximately 80 percent of teenagers chose to place their children for adoption. The trend started changing and now approximately 85 to 95 percent of teenage mothers raise their children (Population Bulletin, 1976, p. 11, Jodar, 1979, p. 3). From the five categories listed, the third largest response (17.09%) of the students was for the girl to end the pregnancy. These statistics for abortion are slightly lower than the national average. On the national level, the outcome of teenage pregnancy is influenced by the age of the pregnant girl. If she is under 15, statistics show 45.20 percent have an abortion while 27.40 percent have abortions between ages 15 through 19 (Jodar, 1979, p. 2). The smallest percentage (4.84%) in the sample believed the young unmarried girl should get the father to marry her. For a list of "other responses, see Appendix E.

Friends Having Sexual Intercourse

When asked how many of their close unmarried friends had had sexual intercourse, 59.69 percent of the students claimed several or most of their friends had. Only 20.40 percent of the students said they did not know. The majority of the students, 66.32 percent, said they had had friends who had gotten pregnant with 28.31 percent of the students who answered "no." Although these results are similar to another study done in Oklahoma (three out of four of the 600 teenage girls responding said

they had at least one friend that had gotten pregnant (Jodar, Sohler, 1980, Figure 16_B), the validity of this question is not clear because all students in a small school could know one girl who had become pregnant and therefore had a "friend" who had gotten pregnant.

TABLE VI

OPTIONS PERCEIVED FOR AN UNMARRIED PREGNANT GIRL

Item Choices	n	%
End the pregnancy	67	17.09
Have the baby and keep it	108	27.55
Have the baby and put it up for adoption	107	43.37
Try to get father to marry her	19	4.85
Other	25	6.38
No Response	3	.76
Total	392	100.00

Accomplishments by Age 25

The rank order of what males and females hoped to accomplish by age 25 is listed in Table VII. The females chose to be working and have a college degree as their number one preference. For males, a college education was apparently less important than a career as this answer was

rated second, giving a 7.14 percent difference between the male and female answers. More females wanted to be married than to have a career. In contrast, the males wanted a career as their number one choice before they wanted to be married. The males wanted to be married and have children by age 25 over being married and not having children by 1.27 percent. The females wanted to be married and not have children as opposed to being married with children by a small margin of .77 percent. The majority of the students preferred to be married by age 25. A few of the students (25 students - 13.14%) had other goals they wanted to accomplish by age 25. For a listing of "other" see Appendix E.

TABLE VII

RANK ORDER OF WHAT MALE AND FEMALE STUDENTS HOPE TO ACCOMPLISH BY AGE 25*

Male Responses (Total 166)	n	%	Female Responses (Total 226)	n	%
Established career	77	46.39	College degree and working	91	40.27
College degree and working	63	37.95	Married with no children	86	38.05
Married with children	48	28.92	Established career	85	37.61
Married with no children	43	25.90	Married with children	83	36.73
Single and working	27	16.27	Single and working	26	11.50
Other	13	7.83	Other	12	5.31
Total	271		Total	383	

*Option of choosing more than one response.

As shown in Table VIII, acquiring a college degree and working was ranked most important to the urban student while being established in a career was most important to the rural students. In comparing the rank order of what rural versus urban students wanted to accomplish by age 25, the only areas of agreement were, very few wanted to be single and working by age 25 (rural - 12.50%, urban - 14.50%) and fewer people listed "other" choice (rural - 4.17%, urban - 8.50%). This illustrates that almost twice as many urban students see more options than rural students do (See Appendix E). Being married with children ranked a close second to having a career for rural students. Urban students wanted to be established in a career as their second choice. A slightly higher number of urban students preferred not having children by the age of 25 as opposed to having children, by three percent. Rural students ranked having children as a higher priority than not having children by 4.17 percent.

Formal Classroom Instruction in Sex Education

Slightly more female students received formal classroom instruction on sex education than males. As Table IX illustrates, the numbers were very close, with a difference of 2.50 percent. There was a greater number of students who did not receive formal classroom sexual information (58.67%) than those who did (41.33%). From the total population in the sample of 392 students, 58.64 percent of the students did not receive classroom instruction in sex education. However, because of the format of the question, the students could give more than one response and therefore, there is less than a fifty percent possibility that this percent of students actually did receive sex education in the classroom. These

TABLE VIII

RANK ORDER OF WHAT RURAL AND URBAN STUDENTS HOPE TO ACCOMPLISH BY AGE 25*

Rural responses (Total 192)	n	%	Urban responses (Total 200)	n	%
Established career	83	43.23	College degree and working	88	44.00
Married with children	68	35.42	Established career	79	39.50
College degree and working	66	34.38	Married with no children	69	34.50
Married with no children	60	31.25	Married with children	63	31.50
Single and working	24	12.50	Single and working	29	14.50
Other	8	4.17	Other	17	8.50
No response	0	0	No response	1	.26
Total	309		Total	346	

*Option of choosing more than one response.

statistics would change by the end of the year as these students would receive the information in their family living class from the questionnaire which had been used as a pre-test. The table also makes a comparison as to the rural versus urban students who had received more classroom instruction on sex education than urban students; it was by a .67 percent difference.

TABLE IX

PERCENT OF STUDENTS WHO HAVE RECEIVED FORMAL CLASSROOM INSTRUCTION ON SEX EDUCATION

	Female			Male	
	n	%		n	%
Yes	71	42.77	Yes	91	40.27
No	95	57.23	No	135	59.73
Total	166	100.00	Total	226	100.00

	Rural			Urban	
	n	%		n	%
Yes	80	41.67	Yes	82	41.00
No	112	58.33	No	118	59.00
Total	192	100.00	Total	226	100.00

The males received their sex education in the class from different sources than the females as shown in Table X. Home economics was listed as the females' primary source of sex education in the classroom whereas it was listed as the last source for males. Over one-third of the students (35.04%) collectively received formal classroom instruction on sex education in Biology.

While the category "other" was the second highest classroom source of sexual information for the male, it was listed last for the female. For a list of "other" see Table XXI, Appendix E. The categories of "Health" and "Physical Education" were ranked very close for male and female students. In both cases only two more students said they had classroom instruction on sex education in health over physical education. Males received sex education from a wider variety of sources.

In comparing the difference of where rural versus urban students received their formal classroom instruction on sex education, Table XI shows that Biology was their number one source of information. Home Economics ranked higher in urban schools by 3.10 percent than in rural schools. Students in the urban schools seem to receive sex education in "Physical Education, Other Classes, and Health" by very close percentages.

For both Table X and Table XI several students gave more than one response to where they had received classroom instruction on sex education. This information would indicate that fewer people received sex education in the class than might be first observed because of students giving more than one response.

The rank order in which males and females received sexual information other than school was different as shown in Table XII. Both sexes

TABLE X

FREQUENCY OF CLASSES IN WHICH STUDENTS HAVE RECEIVED FORMAL CLASSROOM INSTRUCTION ON SEX EDUCATION*

Male (n = 166)			Female (n = 226)		
Classes	n	%	Classes	n	%
Biology	31	18.67	Home Economics	37	16.37
Other	25	15.06	Biology	31	13.72
Health	11	6.63	Health	18	7.96
Physical Education	9	5.42	Physical Education	16	7.08
Home Economics	8	4.82	Other	15	6.64
Total	84	50.60	Total	117	51.77

*Percentages do not equal 100 percent because all students did not receive formal classroom instruction in sex education; however, several students responded to more than one class.

TABLE XI

RANK ORDER OF CLASSES IN WHICH STUDENTS HAVE RECEIVED FORMAL CLASSROOM INSTRUCTION ON SEX EDUCATION*

Rural (n = 192)			Urban (n = 200)		
Classes	n	%	Classes	n	%
Biology	33	17.19	Biology	29	14.50
Other	24	12.50	Home Economics	26	13.00
Home Economics	19	9.90	Physical Education	16	8.00
Health	14	7.29	Other	16	8.00
Physical Education	9	4.69	Health	15	7.50
Total	99	51.57	Total	102	51.00

*Percentages do not equal 100 percent because all students did not receive formal classroom instruction in sex education; however, several students responded to more than one class.

did list their primary source of information as "friends" and their source of the least amount of information as the church. Males received more information from their father (31.93%) than from their mother (22.29%). In contrast, females received more sexual information from their mothers (58.85%) than from their fathers (17.26%). One third of the students received sexual information from books, television and movies.

TABLE XII

FREQUENCY OF ACQUIRING SEXUAL KNOWLEDGE FROM OTHER SOURCES

Item Choices	Male (n = 166)			Female (n = 226)	
	n	%		n	%
Friends	112	67.47	Friends	151	66.81
Books	86	51.81	Mother	133	58.85
Movies	67	40.36	Books	127	56.19
Television	54	32.53	Television	84	37.17
Father	53	31.93	Movies	84	37.17
Mother	37	22.29	Father	39	17.26
Other	37	16.27	Other	28	12.39
Church	15	9.04	Church	21	9.29
Total	451		Total	667	

*Percentages are over 100 percent because students could answer each response that applied to their situation.

Less than one fourth of the students (23.46%) received sexual information from their fathers, whereas 43.36 percent of the students received sexual information from their mothers. Although more males listed "other"as a source for sexual knowledge, collectively, 14.03 percent of the students listed "other" responses (See Appendix E). Less than ten percent of the students (9.18%) listed the church as a source of sexual information.

As seen in Table XIII, the rank order of sexual knowledge for rural versus urban students was listed in the same order. Urban students use all of the sources other than the category "friends" at a slightly higher percentage for sources of sexual information by 8.35 percent more than urban students. The church was less of an influence for sexual information for rural students than for urban students by 3.71 percent. Because there was a slightly higher number of females in the urban cities than in rural cities, the choice "mother" ranked slightly higher in the urban column. For their list of "other" see Appendix E.

Teenagers' Knowledge

Significant differences existed in the mean scores of the participants in the area of human development, prenatal care, and contraceptives (See Appendix E). Scores showed females had significantly more sexual knowledge than males.

Sexual Knowledge of the Male and Female

Part II of the questionnaire labeled "Knowledge Sheet" was divided into three sections. The first section concerned human development; the

TABLE XIII

RANK ORDER OF SEXUAL KNOWLEDGE GAINED FROM OTHER SOURCES*.

Rural (n = 192)			Urban (n = 200)		
Item Choices	n	%	Item Choices	n	%
Friends	137	71.35	Friends	126	63.00
Books	98	51.04	Books	118	57.50
Mother	82	42.71	Mother	88	44.00
Movies	68	35.42	Movies	83	41.50
Television	60	31.25	Television	78	39.00
Father	43	22.40	Father	49	24.50
Other	25	13.02	Other	30	15.00
Church	14	7.29	Church	22	11.00
No response	3	1.56	No response	0	0
Total	530		Total	594	

*Percentages are over 100 percent because students could answer each response that applied to their situation.

highest score possible for this section was 27 points. The range of scores for the 392 usable questionnaires in this section was four through twenty-three. The mean score was 13.35. The next section in Part II dealt with prenatal information; the highest possible score was ten points. The range for the prenatal scores was from one to ten, and the mean was 4.40. The last section in Part II was labeled Contraceptives and the possible points was again ten points. The range was from one to ten, and the mean score was 2.93. The questionnaire had a possible 47 points for a perfect score; the range was 12 through 37. The mean score was 22.01.

Hypothesis I stated: There will be no significant difference in the sexual knowledge of teenage males and the females in the areas of human development, prenatal care, and contraceptives. Females had significantly higher scores than the males in each area of Part II. The mean score for the females was 24.86 and for males was 19.16 with a possible score of 47 points. The t-test showed there was a significant difference at the .05 level, therefore, the hypothesis was rejected.

Table XIV shows the comparison of male and female sexual knowledge. Collectively, the males and females had more information about human development; the mean for females was 14.72 versus the mean for males was 11.98 from a total possible 27 points. Males and females knew more about prenatal care than about contraceptives; the mean for females was 5.18 and for males it was 3.56 out of 10 possible points. Students knew least about contraceptive information with the mean score for females 4.96 and for males 3.56 out of a possible 10 points. The average score for the females on the total test was 24.86 compared to the mean score for the male of 19.16 out of a possible 47 points. These results seem

to be traditional in that they hold to the belief that knowledge in sexuality is the female's responsibility since the ultimate consequences are directed to the female.

TABLE XIV

COMPARISON OF MALE AND FEMALE SEXUAL KNOWLEDGE SCORES

Areas	Male Mean	Female Mean	Total Possible Points
Human development	11.98	14.72	27
Prenatal care	3.62	5.18	10
Contraceptives	3.56	4.96	10
Total	19.16	24.86	47

Sexual Knowledge of Urban and Rural Students

Hypothesis II stated: There will be no significant difference in the sexual knowledge of rural and urban students in the areas of human development, prenatal care, and contraceptives. This hypothesis was accepted. The t-test was used to compare the means. As shown in Table XV, the mean score was slightly higher for the rural students in the areas of human development and prenatal care. The mean score was slightly higher for the urban students in the area of contraceptives. However,

the mean scores were not significantly different to show one group knew more than the other group.

TABLE XV

COMPARISON OF RURAL AND URBAN STUDENTS' SEXUAL KNOWLEDGE

Areas	Rural Mean	Urban Mean	Total Possible Points
Human development	13.58	13.53	27
Prenatal care	4.68	4.36	10
Contraceptives	4.26	4.46	10
Total	22.54	22.36	47

Summary

In summary, the students believed the ideal age for a female to get married was between 18 and 20 and to have her first child between 21 and 23. In contrast, the ideal age for a male to get married was between 21 and 23 and to be a father was between ages 24 and 26. The students believed there was still a double standard between the unwed teenage mother versus the unwed teenage father. However, they thought society should support the unwed teenage mother with almost 50 percent (46.17%) claiming society should give monetary support if the parents refused to help the girl. Over half of the students (59.69%) believed several or

most of their friends had had sexual intercourse. The students wanted to be married or single and working by age 25. Most students in this population get their sexual information from friends and the least amount from the church. Males receive more sexual information from their fathers as opposed to their mother. In comparison, females receive more sexual information from their mothers than from their fathers. The majority of students did not receive formal classroom instruction in sex education.

Females knew significantly more sexual knowledge than the males. There was no significant difference of sexual knowledge for the rural and urban students. Collectively, the students knew more about human development and least about contraceptive information.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

The major purpose of this study was to identify needs for future curriculum development in the area of sex education. This was determined by evaluating the family living students' perceptions and knowledge of sexuality prior to classroom discussion of the topic. Objectives were set up to guide the study. The objectives included identifying the sexual perceptions and knowledge of male and female, rural and urban students enrolled in family living classes. By acquiring this information, the researcher hoped to identify and make further information about teenage sexual knowledge and perceptions available to curriculum developers in the area of sex education in Family Living classes. Hypotheses were also set up to measure the knowledge of male and female students, rural and urban students.

The literature was reviewed to gain an understanding of the fundamental issues involved in sex education and to develop a questionnaire from information that was gained. Methods of data collection were also reviewed. The instrument was constructed in two parts. Part I gave background information and the students' basic perceptions concerning sexuality. Part II tested the sexual knowledge of the students in the areas of human development, prenatal care, and contraceptives.

Teachers represented six urban cities and four rural communities in Oklahoma. Overall, there 402 questionnaires returned with 392 of those that were usable for the study. The population represented 166 males and 226 females. Although a very small number were married (19), over one-fourth of the students claimed they were engaged or seriously considering marriage.

Based on the data collected in this study, it was determined that the majority of the students still believed in a double standard; they felt that the male should be older by about two years than a female to get married and to have children, and most received their sexual information from peers more than from any other source. Females had significantly more sexual knowledge than males and collectively the students knew most about human development and least about contraceptives. The conclusions were based on the hypotheses and objectives of this study.

Findings

Objective I: Identify and compare the sexual perceptions held by junior and senior family living students in the areas of human development, prenatal care, and contraceptives. The majority of the 392 students believed that the ideal age for a woman to get married and become a mother was younger than for the male. The majority of the students also believed the female should give the illegitimate child up for adoption if the mother did not love the father of the child. This is unlike the national trend that shows 85 to 95 percent of the teenage unwed mothers keep their baby.

There seemed to be an inconsistency in the expectations of the students. They did indicate that society still placed a double standard

on unwed teenage male versus unwed teenage mothers. While the majority (64.03%) believed society very strongly or strongly condemned the unwed teen mother, 68.88 percent believed society somewhat condemned or did not condemn the unwed teen father at all. Usually society is only willing to support causes they believe in. If society strongly condemned the teen mother, it seems unlikely that it would be willing to support her and the child.

Results showed the teenagers perceived the ideal age for a female to get married was between 18 and 20 and for males between 21 and 23. Other information collected showed one fourth of the students were engaged or were seriously considering marriage to the person they were dating presently. Research shows that many teens justify sexual intercourse by claiming they are in love with the person they are dating and plan on marrying them in the near future (Fox, 1978, p. 29). It is unknown if this is the case or not. If what these students indicate comes true, many will be getting married within the next two to four years.

With the lack of knowledge they have in the area of sexuality as shown in the results of the knowledge section, Part II, they will go into a marriage with very limited knowledge as to precautions against pregnancy and little knowledge of prenatal care if they do decide they want to have a child. Less than one half of the students had received formal classroom sex education. The majority of students learned the majority of their sexual information from peers, books, movies, and television. The information coming from those sources is many times unreliable and gives an unrealistic impression of sexuality. There seems to be a need for further curriculum development and a stronger plea to get sex education into the public schools.

The perceptions of rural versus urban students was similar. The rank order of where they received their sexual information other than school was the same. A slightly higher number of urban students received formal classroom instruction in sex education (.67%) over the rural population. In the categories that had "other" as an option, more urban students filled in the answers than rural students. This could indicate that urban students feel they have more options than rural students.

Objective II: Compare the sexual knowledge of teenage females with that of teenage males on selected variables (human development, prenatal care, contraceptives). Females had significantly more sexual knowledge in each of the areas of human development, prenatal care, and contraceptives than the male. Females scored highest in the area of human development, second in prenatal care, and indicated less knowledge in contraceptive information. Collectively, all the students scored in the same order of knowledge as the female.

Home economics did not seem to be a major source of sexual information in the classroom. Home economics was listed as last with only 8 males out of 166 receiving sexual information in home economics classes. This would indicate that few males have taken home economics in which sex education was taught. While home economics ranks highest on the list for females with 16.37 percent, this figure is not as important when a person stops to realize that in many schools health and physical education are combined. If this were the case, 21.68 percent of the females would have received sex information from that class as opposed to 16.37 percent in home economics. For males, if a person were to combine health and physical education, 12.05 percent received

sex education from them as opposed to 4.82 percent in home economics. More research needs to be done to see if there is overlap in some areas and no information given that is needed by the teens in other areas. Home economists need, as a profession, to determine if they want to have a strong hold in this subject area of home economics in the public schools and to determine the action they will take after this decision is made.

Objective III: Compare the knowledge of rural and urban students on the selected variables (human development, prenatal care, and contraceptives). There was no significant difference in the sexual knowledge of the rural students versus that of the urban student. This information is contrary to many people's belief that rural students learn more about sexuality from living on a farm. It is also contrary to the belief that there are more conservative beliefs in rural areas. The students in this sample had approximately the same amount of knowledge. Because there was no significant difference, this would indicate changes would not need to be made in curriculum development for the rural versus the urban student.

Recommendations

After reviewing the literature, conducting research and reporting data, the following recommendations are made:

1. Based on the lack of knowledge the sample had, there is a need for sex education to be incorporated into the family living classes. With the least amount of information known in the area of contraceptives, it would seem that an understanding of contraceptives would be important. There was a significant lack of knowledge in the other areas of prenatal

care and of human development also. The males knew significantly less information than the females. Possibly supplemental packets should be developed with basic information that could be added to the curriculum when students did not have the knowledge that the majority of the class had to be used as additional information so they could catch up.

2. A call for further curriculum planning with the inclusion of the target population, i.e., teenagers to help in writing the curriculum would be in order. Studies show (Reichelt, 1977, p. 102) information is best absorbed by the audience that helped in the planning of the curriculum. Sometimes in sex education, there is a tendency to avoid controversial subjects and therefore omit information that the teenager needs and wants (Reichelt, 1977, p. 101).

3. A common definition for sex education within the profession of home economics needs to be developed. This would be helpful in keeping communication lines open when discussing the topic of sex education and its inclusion in the curriculum in family living.

4. Pre-test student prior to sex education curriculum to determine the level of information as a means of determining placement.

5. With the understanding that more parents approve of sex education in the schools, teachers will need more expertise in the area. One way to achieve this would be through a mandatory course in sex education to be incorporated into the degree plan for those students who will receive a degree in Home Economics Education to prepare them to be more knowledgeable and comfortable with the subject of sexuality.

6. Family living instructors need to accept the challenge of teaching sex education or home economists will lose the privilege to

other disciplines in the public schools. In many instances, collaboration with the instructors in other subject areas might be a viable alternative as opposed to teaching the subject matter alone.

7. If this questionnaire was distributed again, the researcher would give a definition of sex education on the questionnaire along with the instructions to the student so that the population would have a common definition of sex education from which to work.

8. A posttest to see if the students gained more knowledge from the information given in class would give further information for curriculum input.

9. There is a need for more research in the area of sexuality. Few people believe that education alone will eliminate unwanted teenage pregnancies; research is needed to find other possible variables. Longitudinal studies on the consequences, if any, of being the child of a young teenage mother would give valuable data to the researcher. More studies need to be conducted to show if education in the area of sexuality produces fewer unwanted teenage pregnancies.

10. Home economists need to keep up with current legislation in the area of sexuality to learn where law makers are placing the responsibility of teaching the youth sex education and who they think is most capable of the responsibility.

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APPENDICES

APPENDIX A

RESEARCH STUDY INSTRUMENT

QUESTIONNAIRE

The purpose of the questions on the following pages is to find out how much information you, as a teenager, have. It will help future teachers to write lessons for family living classes. Your help and honesty will help future teens get the information they need to know. Do not put your name on the paper, it will be confidential. Your teacher will not grade this, analysis will be done by computer. Thank you for your help!

PART I

BACKGROUND INFORMATION

Directions: Personal information is needed about you. Select the letter that best answers the question and check it in the space to the left of the letter.

1. Are you:

   _____ A. Male
   _____ B. Female

2. In what grade are you currently enrolled?

   _____ A. Eleventh
   _____ B. Twelfth

3. Are you or have you been married?

   _____ A. Yes
   _____ B. No

4. Are you engaged or seriously considering marrying someone you are now dating?

   _____ A. Yes
   _____ B. No

5. What do you think is the ideal age for a woman to get married?

   _____ years old

6. What do you think is the ideal age for a man to get married?

   _____ years old

7. What do you think is the ideal age for a woman to have her first baby?

   _____ years old

8. What do you think is the ideal age for a man to become a father and support a child?

_____ years old

9. How strongly do you think people condemn unmarried teenage mothers in our society?

_____ A. Very strongly
_____ B. Strongly
_____ C. Somewhat
_____ D. Not at all

10. How strongly do you think people condemn unmarried teenage fathers in our society?

_____ A. Very strongly
_____ B. Strongly
_____ C. Somewhat
_____ D. Not at all

11. When should society give monetary help to a young unmarried mother? Should it be:

_____ A. Never
_____ B. Only with the first child
_____ C. With each child
_____ D. Only if very poor
_____ E. If parents refuse to help her
_____ F. Other (list) _____

12. Consider the case of a young (13-18) unmarried girl who finds she is pregnant by a boy she likes but does not love. Which one of the following do you think she ought to do?

_____ A. End the pregnancy
_____ B. Have the baby and keep it
_____ C. Have the baby and put it up for adoption
_____ D. Try to get the father to marry her
_____ E. Other (list) _____

13. How many of your close unmarried friends have had sexual intercourse?

_____ A. None
_____ B. Several (1-4)
_____ C. Most (5-10)
_____ D. All
_____ E. Do not know

14. Have any of your friends become pregnant while unmarried?

_____ A. Yes
_____ B. No
_____ C. Do not know

15. What do you plan to accomplish by the time you are 25? (You may check more than one answer)

_____ A. Be married with no children
_____ B. Married with family (children)
_____ C. Single and working
_____ D. Have college degree and working
_____ E. Be established in career
_____ F. Other (list) _____

16. Have you ever had formal classroom instruction on sex education in school?

_____ A. Yes
_____ B. No

Which class?

_____ C. Home Economics
_____ D. Health
_____ E. Biology
_____ F. Physical Education
_____ G. Other (list) _____

17. Have you received sex information from any other source?

_____ A. Yes
_____ B. No

Where? (you may check more than one answer)

_____ C. Mother
_____ D. Father
_____ E. Church
_____ F. From friends
_____ G. Movies
_____ H. Television
_____ I. Books
_____ J. Other (list) _____

PART II

KNOWLEDGE SHEET

Directions: For each of the following questions, select the correct answer or answers from among the four listed. Note that for each question there may be as few as one and as many as four correct answers.

1. Normal discomforts of pregnancy are:

   _____ A. Heartburn
   _____ B. Varicose veins
   _____ C. Morning sickness
   _____ D. Constipation

2. Danger signals in pregnancy are:

   _____ A. Vaginal bleeding
   _____ B. Chills/fever
   _____ C. Abdominal pain
   _____ D. Swollen hands

3. When a woman is pregnant, she should:

   _____ A. Eat for two
   _____ B. Have the same diet she had before
   _____ C. Drink more milk
   _____ D. Go on a diet

4. If a woman craves (wants) special foods or combinations of food when she is pregnant, this means:

   _____ A. She hasn't eaten enough food
   _____ B. It is usually psychological
   _____ C. The baby is hungry
   _____ D. She is not getting the right nutrients

5. A woman can tell if the baby is a boy or a girl by:

   _____ A. The shape of her stomach
   _____ B. How the baby is carried (high or low)
   _____ C. The sex chromatin test
   _____ D. How much the child kicks

6. The safest age for normal pregnancies and deliveries is:

_____ A. When the woman is a teenager (12-20)
_____ B. The age between 21-30
_____ C. The age between 31-40
_____ D. Between 41-50

7. The sex of a child is determined:

_____ A. At moment of conception by chromosomes in sperm
_____ B. By the stage of the moon when the child is conceived
_____ C. By the food the expectant mother eats
_____ D. By the woman's body chemistry during conception

8. When a baby is born with a birthmark it is because:

_____ A. The mother ate strawberries and/or lobsters
_____ B. It is a birth defect
_____ C. By the food the expectant mother eats
_____ D. The mother slept on her back too much

9. Labor is easier when:

_____ A. The child is a boy instead of a girl
_____ B. The woman has a large mouth
_____ C. The woman has not gained too much weight
_____ D. She is having her first child

10. Which statement is <u>not</u> true while pregnant. Exercise . . .

_____ A. Is dangerous to any woman
_____ B. Improves circulation
_____ C. Helps appetite and digestion
_____ D. Aids sleep habits

11. Initial symptoms of pregnancy are:

_____ A. Missing a menstrual period
_____ B. Breast change
_____ C. Nausea or fatigue
_____ D. Frequent urination

12. A woman has less of a chance of getting pregnant if she:

_____ A. Stands up during sexual intercourse
_____ B. Douches immediately after sexual intercourse
_____ C. Uses some form of contraceptive
_____ D. Has sexual intercourse halfway between one period and the next

13. What can affect the health of an unborn child?

_____ A. The age of the mother
_____ B. The emotional state of the mother
_____ C. The diet of the mother
_____ D. Drugs taken by the mother (alcohol, aspirin, marijuana, etc.)

14. A woman menstruates because:

_____ A. It's a normal function that will occur until she dies
_____ B. It's a monthly shedding of the lining of the unfertilized uterus
_____ C. She has more blood in her body than a man does
_____ D. It's a curse that was put on women long ago

15. When a woman is pregnant, the child is carried in her:

_____ A. Stomach
_____ B. Uterus or womb
_____ C. Bladder
_____ D. Vagina

Directions: Match each prenatal term in Column A with the definition in Column B. Place the letter identifying the definition on the blank to the left of the term.

PRENATAL INFORMATION

Column A	Column B
___ 1. BREECH BIRTH	A. Specific blood test to detect syphillis
___ 2. CERVIX	B. That which occurs or refers to occurence before birth
___ 3. CESAREAN	C. Delivery of baby's head first
___ 4. CONCEPTION	D. Three month period of pregnancy
___ 5. FALLOPIAN TUBES	E. Delivery of child through incision of abdominal wall
___ 6. MISCARRIAGE	F. Tube through which urination occurs
___ 7. PRENATAL	G. Birth canal
___ 8. TRIMESTER	H. Delivery of fetus with buttocks first
___ 9. VAGINA	I. Mouth or lower end of uterus
___10. WASSERMAN	J. Narrow passages from ovaries to uterus - fertilization usually occurs here
	K. Fetus born before it is capable of surviving outside the mother's body
	L. Union of sperm and egg

CONTRACEPTIVES:

Column A	Column B
___ 1. CHEMICAL BARRIER	A. Each pill controls hormones that stops egg from being released and/or alters uterine lining so that pregnancy cannot occur
___ 2. CONDOM	B. Avoid intercourse before, during, and after ovulation
___ 3. CONTRACEPTIVE	C. Includes special foams, creams, and jellies that contain chemicals that immobilize and kill sperm
___ 4. DIAPHRAM	D. Designed to be deodrants and douches, not a means to control conception
___ 5. DOUCHING	E. An ineffective method of birth control - female washes out vagina
___ 6. ORAL CONTRACEPTIVE	F. Simple operation for female body - fallopian tubes through which egg travels through to the uterus, are cut and tied
___ 7. RHYTHM	G. Simple operation for males - tubes that carry sperm to penis are cut and tied
___ 8. TUBAL LIGATION	H. Name for the method used to prevent pregnancy
___ 9. VASECTOMY	I. Fits over penis to trap man's ejaculation
___10. IUD	J. Must be used with spermicides, this rubber cap fits over cervix blocking sperm
	K. Designed to have child aborted before birth
	L. A device inserted and left in the uterus to prevent conception

APPENDIX B

TEACHER AND PARENT INSTRUCTIONS FOR INSTRUMENT

Dear Teacher,

As part of my Master's thesis at Oklahoma State University, I am conducting a questionnaire of junior and senior high school students in family living classes. I spoke to you in August at the Teacher's In-Service Meeting concerning your classes' participation in this study. The purpose of the study is twofold:

1. To see if the information that the students have in the area of sex education prior to the family living class is a repeat of information in the curriculum guide.
2. To compare sexual knowledge of the female versus sexual knowledge of the male.

Please refer to the attached Teacher Instruction Sheet for the instructions to follow.

TEACHER INSTRUCTION SHEET

1. Upon receiving this packet, please have the students take home the parental permission slip to be signed and returned so that the questionnaire can be administered.

2. Please be sure your students have not previously studied this information in your class this year.

3. Only juniors and seniors are to answer the questionnaire.

4. Only those students who have returned their parental permission slip will be allowed to answer the questionnaire (this will be left to the discretion of the teacher and the administrator).

5. Please read the directions to the students to make sure they understand that <u>there can be more than one answer to each question</u>.

6. Please emphasize that no one will know who answered which questionnaire and honesty in answering is very important to future classroom lessons.

7. Students are not to put their names on the test.

8. When returning the questionnaire, don't forget to include your "request for results" page with your name, address, and school name on it if you want the results of the entire questionnaire.

9. I will be sending you the answers and reasons for those answers after I have received the completed questionnaires.

!!! THANK YOU !!!

Please have these questionnaires filled out and postmarked by

<u>SEPTEMBER 14, 1979</u>!!

Date: _____

Dear Parent:

As part of my graduate work at Oklahoma State University, I am conducting a study on information that junior and senior students in high school family living classes have. I am administering the questionnaire to students in the high school your teenager attends. The questionnaire will request information on subject matter that will be covered in their family living classes later on this semester. It will include questions on human development, contraceptives, and prenatal care. The purpose is to see if the material covered in the classroom dealing in these areas is known beforehand by the student. It will deal mainly with knowledge rather than attitudes. Information gathered from this questionnaire will be beneficial in helping to further develop family living curriculum for high schools.

If you have objections to your teenager completing this questionnaire, please indicate in the box below. Thank you for taking time to read and fill out this permission request.

* * *

☐ No, I do not want my teenager to complete this questionnaire.

☐ Yes, my teenager may complete this questionnaire.

_____
Parent's Signature

_____
Date

REQUEST FOR RESULTS

NOTE TO THE TEACHER: If you are interested in learning the results of this questionnaire, please complete this page and return it with the questionnaires.

_____ Yes, please send me the results of this questionnaire.*

Name: _____

Address: _____

City: _____

School: _____

*Send this when you return the completed questionnaires.

APPENDIX C

CORRESPONDENCE

Initial contact with Family Living Instructors

Telephone Conversation:

Hello, my name is Barbara Hughes. I am a graduate student in Home Economics Education at Oklahoma State University. Nedra Johnson gave me your name and said you might be interested in participating in my questionnaire for the students in your Family Living classes. The questionnaire will deal mainly with sexual perceptions and knowledge of students before the unit is taught in class. It will take your students about 45 minutes to complete.

If you think you might be interested, I am having a small meeting to show the questionnaire and answer any questions during the State Home Economics Teachers Meeting in Stillwater. Your attendance will not mean an obligation to take the questionnaire to administer to your students. I will have the meeting at Joyce Sawatsky's home on July 31 between your scheduled meetings at 3:30 p.m. If you think you'd be interested, I will send you a postcard to remind you approximately one week before the state meeting. Thank you for your time. I will look forward to meeting you and discussing the questionnaire.

I called you earlier this month. You indicated an interest in possibly having your Family Living students participate in the questionnaire. This is a reminder that the meeting will be on July 31 (Tuesday) at Joyce Sawatzky's house, 1423 West 4th (372-0131). This meeting is not an obligation. Please come if you think you would be interested.

Sincerely,
Barbara Hughes
Graduate Student, OSU

TO _____

_____

_____

_____

Dear Teacher's Name,

At our orientation meeting in August, I promised I would send a packet with the answers in it after you had administered the questionnaire to your students. I have included in the packet some of the resources I used to develop the questionnaire. The bibliography for Part I on the teenagers' perceptions comes mainly from current magazine, newspaper, and pamphlet sources. The majority of the resources from Part II covering teenagers' knowledge are from the official book list for the public schools and the rest are non textbook materials available at a small cost or are free. I have included an additional bibliography that I believe would be helpful supplemental material for sex education. Thank you for administering the questionnaire to your students. Hopefully the results will help for future curriculum development.

Sincerely,

Barbara Hughes

Barbara Hughes
Graduate Student, OSU

JUSTIFICATION OF PART I

In 1966 the United States Office of Education stated: "the office will support family life education and sex education as an integral part of the curriculum from preschool to college and adult levels . . ." Thirteen years later, this laudable goal has not been achieved (Schoengood and Westherner, p. 76). While researching literature prior to data collection, it became apparent that many opinions expressed were what experts believed teens felt about certain issues. Major questions prompted by the literature search appear in the following section. Answers to the questions are quotes drawn from current research. An up to date bibliography has been included following Part I for further reading.

QUESTIONS AND ANSWERS

IF YOU WERE PREGNANT, WHICH CARE ALTERNATIVE WOULD YOU USE? Oklahoma is ninth in the nation in excess birth rate among teenagers (DePersio, 1978, p. 1). One million girls ages 15-19 become pregnant each year, plus 30,000 girls ages 14 and under (Health Department Statistics, p. 1). Studies show that 94% of teenage mothers keep their babies (Health Department Statistics, p. 3).

WHO SHOULD BE RESPONSIBLE FOR SUPPORTING THE CHILD OF A TEENAGE MOTHER? Using the Aid for Dependent Children (AFDC) expenditure figure, teenage parenthood in Oklahoma is estimated to have resulted in an annual AFDC expenditure of $36,138,602.00 (Health Department Statistics, p. 22). The annual cost of Medicaid assistance and food stamps only for women ages 13 through 26 who began childbearing during adolescence

plus children born before the mother's 20th birthday, is estimated to be over seven million dollars (Health Department Statistics, p. 22). The average annual expenditure for an adolescent mother and child receiving public assistance is $5,399.00 (this includes AFDC, medicaid, food stamps, day care) (Health Department Statistics, p. 23).

DO TEENAGERS CONSIDER SEXUAL INTERCOURSE AMONG THEIR PEERS PREVELANT? In Oklahoma, girls aged 15-19, 16 percent become pregnant each year. Of those, 7.3 percent give birth. Births to Oklahoma girls 14 and younger are increasing at a rate of 31 percent yearly as compared to a nationwide increase of 6.6 percent. This increase is more than twice that of any other state in the region including Texas, Louisiana, Arkansas, and New Mexico (Health Department Statistics, p. 5).

DO TEENAGERS KNOW THE DIFFERENT TYPES OF BIRTH CONTROL METHODS AND THEIR RISKS? DO THEY UNDERSTAND THE ANATOMY OF THE FEMALE IN ORDER TO UNDERSTAND THE EFFECT OF THE BIRTH CONTROL METHOD ON HER? Kantner and Zelnik did a nationwide survey of never-married females 15 through 19 and reported an increase of use of more effective methods of birth control. Of these people, 63 percent reported using contraceptives. They found 26 percent of the females and 11 percent of the males who were sexually active "always" used birth control, whereas, 56 percent of the females and 51 percent of the males "never" used any method (Kantner and Zelnik, p. 68).

WHERE DO STUDENTS GET THEIR SEXUAL INFORMATION? The peer group is the principle source of information - or misinformation - of sexual knowledge today. Sex education by parents is virtually non-existent and sex education in the schools - where it does exist - is too little and too late for most teens (SIECUS, p. 1).

MANY PEOPLE FEEL SEX EDUCATION SHOULD BE TAUGHT IN THE CHURCH AS OPPOSED TO THE SCHOOL - AT THIS POINT, HOW MANY TEENS ARE GETTING SEX EDUCATION IN THEIR CHURCHES? Activities of organized religious groups are not easily summarized. The National Council of Churches Office of Family Ministries and Human Sexuality has not yet developed an overall statement of the efforts of its church members (Scales, p. 18).

DO TEENAGERS FEEL THAT THEY WOULD BE CONDEMNED FOR HAVING A CHILD? "Society does not put a scarlet letter on these (pregnant teens) girls any more," says Major Helen Warnock, the director of the Tulsa home, which takes in 150 pregnant teenagers a year" (Wall Street Journal, December 13, 1978).

DO TEENAGERS FEEL THERE IS LESS OF A SOCIAL STIGMA INVOLVED WITH A MALE GETTING A FEMALE PREGNANT THAN WITH THE WOMAN THAT IS PREGNANT? At this point, I have not found any information regarding societal pressure on reaction - either positive or negative - to a male teen fathering a child. There seems to be only information discussing the effects, consequences, and responsibilities of the fathers (School Age Parenthood, p. 8, 9).

BIBLIOGRAPHY FOR PART I

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Kantner, J. F., & Zelnik, M. Sexual and contraceptive experience of young unmarried women in the US, 1976-1971. Family Planning Perspective, 1977, 2, pp. 55-70.

Nisser, B. Young girls still go to home for unwed, but shame has gone. Wall Street Journal, December 1978, pp. 1-2.

Nye, F. I. School-age parenthood: consequences for babies, mothers, fathers, grandparents, and others. Extension Bulletin 667, Cooperative Service, 1978, Washington State University.

Scales, P. Sex education policies and the primary prevention of teenage pregnancy. Unpublished working draft submitted to the Family Impact Seminar, September, 1978.

JUSTIFICATION OF PART II

This section contains duplicate questions from the pre-test of Part II but has been varied to include answers and responses. The information came from the Vocational Home Economics Education Family Living Curriculum Guide for Oklahoma. After each question is the answer with the page number giving information that is found in the curriculum guide. Quotes made are from books that are easily available to you and that can be used as supplemental information. Texts that are found on the 1978-1979 Approved Book List will have an asterisk beside the title in the bibliography. Some of the multiple choice options were included to test the knowledge of the students.

QUESTIONS AND ANSWERS

1. Normal discomforts of pregnancy are: FL 41-D

   X A. Heartburn (VIII-2.)
   X B. Varicose veins (VIII 4.)
   X C. Morning sickness (VIII 1.)
   X D. Constipation (VIII 8.)

   "Most common among mild complications is morning nausea . . . Heartburn is a digestive disturbance not really associated with the heart. Shortness of breath is caused by the enlarging uterus pressing upwards against the lungs. Varicose veins develop from poor circulation as a result of pressure and pinching of blood vessels. Rest, with elevated legs and feet as previously mentioned, gives relief. The use of elasticized stockings and specific exercises also assists. Muscle cramps in the legs are relieved by rest. Medications are also available." (Brisbane, p. 40)

2. Danger signals in pregnancy are: FL 41-D

   X A. Vaginal bleeding (1.)
   X B. Chills/fever (7.)
   X C. Abdominal pain (5.)
   X D. Swollen hands (3.)

   "Serious symptoms should be reported at once. They may be forerunners of dangerous complications. Among these symptoms are swelling of face

and hands, blurred vision, bleeding from the vagina, fever, dizziness, or abdominal pains. If any occur, the mother should go immediately to bed after calling her doctor. Many threatened miscarriages have been halted with proper medical supervision." (Brisbane, p. 40)

3. When a woman is pregnant, she should: FL 39-D

_____ A. Eat for two (VII B. - Fallacy)
_____ B. Have the same diet she had before
_X_ C. Drink more milk
_____ D. Go on a diet

"A well balanced diet containing extra milk is important to the health of both mother and child. During lactation (nursing), mothers, too, have increased need for food, especially milk." (McDermott, p. 507, 508)

"The mothers diet during the pregnancy will usually remain the same in quantity but be different in quality. The old advice of "eating for two" is considered unsound. In fact, too much weight may not only cause a difficult delivery but is hard to rid of later. A good diet includes all the food elements that a baby needs for the best development and a mother needs to maintain health. Essential nutrients are protein foods rich in minerals and vitamins plus controlled portions of fats and carbohydrates, which supply energy but also contribute to excess weight." (Brisbane, p. 37, 38)

4. If a woman craves (wants) special foods or combinations of food when she is pregnant, this means: FL 39-D

_____ A. She hasn't eaten enough food
_X_ B. It is usually psychological (C. Fact)
_____ C. The baby is hungry
_____ D. She is not getting the right nutrients

"Fallacy: You're eating for two, so you must eat twice as much. This is not true. If you eat a diet normally satisfying for one, the baby will get all the nourishment s/he needs." (Brisbane, p. 40)

"Craving for special food. This craving for special foods, such as strawberries, pickles, etc., should be catered to if practical. Any of these and many other temporary, odd and uncomfortable physical feelings are quite common in pregnancy. They are not, for the most part, matters of great concern." (Brisbane, p. 38)

"Often they (pregnant women) find themselves crying easily and without known cause. If these exaggerated emotional states are experienced, they should be recognized as being caused by hormonal changes associated with pregnancy. (Landis, Landis, p. 351)

5. A woman can tell if the baby is a boy or a girl by: FL 3-D

_____ A. The shape of her stomach
_____ B. How the baby is carried (high or low) (E.-Fallacy)
__X__ C. The sex chromatin test (G.- Fact)
_____ D. How much the child kicks

"It is possible to examine the chromosomes of the fetal cells floating freely in the fetal waters, and thus find out the sex of the fetus. However, usually such an examination is made only in the course of testing for suspected hereditary disease or chromosomal abnormality. To most parents, the child's sex is a well-kept secret up to birth." (Nilsson, p. 82)

6. The safest age for normal pregnancies and deliveries is: FL 39-D

_____ A. When a woman is a teenager (12-20)
__X__ B. The age between 21-30 (VII f.)
_____ C. The age between 31-40
_____ D. Between 41-50

"The likelihood of having such normal, healthy babies is much greater for mothers at least 20 years of age and greatest for those 25 to 29." (Nye, p. 5)

"Teenagers are much more likely to lose their babies soon after birth than women who give birth in their 20's. (p. 22) Babies born to teenagers are much more likely to be premature and of low birth weight than infants born to mothers in their 20's (p. 22). Not only is the infant of a teenage mother at greater risk of death, defect and illness than the infant born to a mother in her 20's, but the teenage mother herself is more likely to die or suffer illness or injury. (p. 23) Teenage mothers - especially those under 18 - are likely to begin childbearing without having had the opportunity to acquire the necessary skills to compete successfully with their contemporaries who postponed having a child until their early 20's. (p. 24) Eight out of ten women who first become mothers at age 17 or younger never complete high school, twice as high a proportion as those who do not give birth until they are 20 or older. (p. 25) Pregnancy is the reason most often cited by female teenage dropouts for school discontinuation. (p. 25) Teenage mothers are less likely to work and more likely to be on welfare than mothers who first give birth in their 20's." (p. 26) (Guttmacher Institute, 1976)

NOTE: There is some evidence contrary to the above statements reconsidering the age of childbirth of women over 30. The only information I could find on this was an article published in MS Magazine. Although this is not considered by many to be a professional magazine, I will give you the name of the articles and leave it to your discretional reading: Seaman, B. Over 30: Over 35? Over 40? How late can you wait to have a baby? 4:45-8+ Evans, G. and Hall, J. The older sperm. 4:49. MS January 1976.

7. The sex of a child is determined: FL 4-D

__X__ A. At the moment of conception by chromosomes in sperm
_____ B. By the stage of the moon when the child is conceived
_____ C. By the food the expectant mother eats
_____ D. By the woman's body chemistry during conception

"The child's sex is determined at the moment of conception." (Nilsson, p. 82)

NOTE: Although there is some controversy about this, I could not find the references to get more information on this subject.

8. When a baby is born with a birthmark it is because: 40-D

_____ A. The mother ate strawberries and/or lobsters (L - Fallacy)
__X__ B. It is a birth defect
_____ C. By the food the expectant mother eats
_____ D. The mother slept on her back too much

"A birth defect is a disorder of body structure, function, or chemistry which is present at birth. It may either be inherited or the result of some occurrence during pregnancy." (March of Dimes, p. 2)

9. Labor is easier when: FL 40-D

_____ A. The child is a boy instead of a girl (Q. - Fallacy)
_____ B. The woman has a large mouth (R - Fallacy)
__X__ C. The woman has not gained too much weight
_____ D. She is having her first child

"Thus by overeating, she created many birth difficulties which might have been avoided. Later on, doctors began to feel that much of the weight gain of pregnancy was undesirable. They had documented research to prove that women generally produced healthier babies with a ten to twenty pound weight gain than did women who gained more. (Jennings, p. 271)

10. Which statement is <u>not</u> true while pregnant: Exercise . . . FL 43-D

__X__ A. Is dangerous to any woman
_____ B. Improves circulation (B-3)
_____ C. Helps appetite and digestion (B-3)
_____ D. Aids sleep habits (B-4)

"Should I avoid exercise? By no means. Dr. L. Emmett Holt, Jr., a noted New York pediatrician, advises that there is no reason you can't go on with housework, gardening, dancing, gentle swimming, and golf throughout most of the pregnancy. Avoid skating, horseback riding, skiing, and swimming in heavy surf. Exercise is good. Just don't get overtired." (Ames, p. 37)

11. Initial symptoms of pregnancy are: FL 34-D II

X A. Missing a menstrual period (A.)
X B. Breast change (B.)
X C. Nausea or fatigue (C.)
X D. Frequent urination (F.)

"How does a woman first know she is pregnant? Usually the first indication is a missed period, especially if one's cycle is very regular. She may suddenly find she cannot bear the taste of coffee or that she is particularly sensitive to odors. Discomfort or tenderness in the breasts may be noted not unlike the sensations some women experience prior to a period. Its continuance is a more accurate symptom. Frequent urination is a sign caused by pressure on the bladder from the enlarging uterus. Morning nausea or slight queasiness may be a first indication for some." (Brisbane, p. 35)

"Nausea during pregnancy is commonly called morning sickness because it occurs most frequently when a pregnant woman first arises. However, this queasy feeling may occur at any time of the day, particularly if she is tired." (Jennings, p. 273)

12. A woman has less of a chance of getting pregnant if she: FL 5-D

_____ A. Stands up during sexual intercourse
_____ B. Douches immediately after sexual intercourse
X C. Uses some form of contraceptive (1.D)
_____ D. Has sexual intercourse halfway between one period and the next

"Fertilization of the female egg usually occurs near the midpoint of the menstrual cycle." (Jennings, p. 263)

"The great majority of adolescents, especially those who are younger, do not want to become pregnant or to have babies while in their teens. For most teenagers, and for American society, the principle issue is prevention." (Alan Guttmacher Institute, p. 32)

13. What can effect the health of an unborn child? 38 D VI

X A. The age of the mother (I.)
X B. The emotional state of the mother (A.)
X C. The diet of the mother (B.)
X D. Drugs taken by the mother (alcohol, aspirin, marijuana, etc.) (F.)

For information concerning 13A., please refer to Question 6, Part II of this packet.

"Prenatal environment contributes to the personality. A mother who is terrible anxious over an unwanted pregnancy may cause the baby to be extremely active before and after birth. This activity, combined with the continued ill will toward the baby, may make it

difficult for the baby to adjust to its surrounding. Poor relationships with others may result, perhaps causing the child to develop behavioral problems." (Jennings, p. 27)

"An expectant mother's attitudes and those of people around her can affect her baby positively or negatively. Her reactions to situations may affect the baby's birth and adjustments to its environment after birth. (Jennings, p. 261)

"Nutrition during the four stages - preparatory, embryonic, fetal, and postpartum, is vital to a child's mental and physical health. Mental retardation of some youngsters has been traced to the poor eating habits of their mothers during pregnancy." (Jennings, p. 271, 272)

"Drugs such as stimulants, which quickens the pulse rate of the mother, also speed the pulse rate of the developing fetus . . . Several drugs are known to be harmful to the unborn. Quinine can cause deafness. Overuse of pain killers before delivery may reduce the child's oxygen supply, causing brain damage. Thalidomide, a sedative used during the 1960's to curb morning sickness in expectant mothers, was found to stunt the arm and leg growth of the embryo if taken during this stage of development. Other harmful effects were attributed to thalidomide. Findings indicate that often prenatal environment, rather than heredity, cause birth defects." (Jennings, p. 24)

14. A woman menstruates because: Fl 5-C I.-J.

_____ A. It's a normal function that will occur until she dies
__X__ B. It's a monthly shedding of the lining of the uterus
_____ C. She has more blood in her body than a man does
_____ D. It's a curse that was put on women long ago

"Menses and menstruation refer to the female discharge; menarche means the beginning of menstruation in a girl's life, and menopause means the gradual end of menstruation and reproductive ability at middle age." (Riker, p. 43)

"If such an egg is not impregnanted, hormones from the ovaries signal the thickened inner wall of the uterus to slough off, resulting in a menstrual period some two weeks after ovulation. Once again the cycle of uterine preparation and ovulation commences. The time for the completion of this cycle is commonly supposed to occur every twenty dight days . . . (Jennings, p. 263)

"The fertilized egg then imbeds itself in the thickened lining of the uterus and begins to grow. When this happens, the lining, which would have been shed along with the unfertilized egg in the menstural flow, remains intact and menstruation stops." (Brisbane, p. 41)

15. When a woman is pregnant, the child is carried in her: 32-D

_____ A. Stomach
__X__ B. Uterus or womb (1.L)
_____ C. Bladder
_____ D. Vagina

"The human uterus or womb is a thick, hollow, muscular organ the size and shape of a small pear - about three inches long and two inches wide." (Riker, p. 48)

"Any attempts to bear down and force the baby out of the uterus during the first stage of labor only tire the mother and use energy she will need at the second stage of birth." (Landis, Landis, p. 349)

* * *

For this section, the term and the book that the term can be found in is included for reference and justification.

1. Breech birth - FL 34-D (Nilsson, p. 132)
2. Cervix - FL 10-C a.3 (Riker, p. 48)
3. Cesarean - FL 34-D (Jennings, p. 266)
4. Conception - FL 32-D 1.G (Riker, p. 50)
5. Fallopian Tubes - FL 10-C A.1 (Riker, p. 47)
6. Miscarriage - FL 33-D 1.U (Riker, p. 51)
7. Prenatal - FL 31-D 1.0 (Landis, Landis, p. 352, 348)
8. Trimester - FL 34-D 1.DD (Jennings, p. 265)
9. Vagina - FL 33-D 1.W (Riker, p. 47)
10. Wasserman - FL 7-C5 (Landis, p. 230)

1. Chemical barrier - FL 7-D V.A. 2 (Riker, p. 54)
2. Condom - FL 7-D V.A.1 (Riker, p. 54)
3. Contraceptive - FL 5-D 1.D (Riker, p. 54)
4. Diaphram - FL 8-D V.B.3 (Riker, p. 54)
5. Douching - FL 9-D V.D.2 (Webster, p. 226)
6. Oral Contraceptive - FL 8-D V.B.1 (Riker, p. 54)
7. Rhythm - FL 7-D, V.A.3 (Riker, p. 54)
8. Tubal Ligation - FL 8-D V.I.D.2 (Riker, p. 54)
9. Vasectomy - FL 8-D V.C.1 (Riker, p. 54)
10. IUD - FL 8-D V.B.2 (Riker, p. 54)

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APPENDIX D

TEACHERS AND TOWNS PARTICIPATING IN STUDY

TABLE XVI

TEACHERS WHO PARTICIPATED IN QUESTIONNAIRE
IN FAMILY LIVING CLASSES

District/School	Teacher	City
Southeast		
Ardmore	Shirley Hann	Ardmore
Southwest		
Frederick	Rebecca Webb	Lawton
Northeast		
Muskogee	Cheryl Rucker	Muskogee
Bixby	Donna Frost	Broken Arrow
Bristow	Carolyn Cotton	Bristow
Northwest		
Sayre	Joan Seymour	Sayre
Geary	Jane Nusz	Geary
Seiling	Linda Redinger	Seiling
East		
Midwest City	Cindy Ward	Midwest City
Midwest City	Ann Porter	Midwest City

APPENDIX E

ADDITIONAL DATA ON PART II

TABLE XVII

NUMBER OF CORRECT ANSWERS BY SCHOOL FOR KNOWLEDGE SECTION OF PART II

Knowledge Section	Schools										Total Possible
	1	2	3	4	5	6	7	8	9	10	
1	158.33	138.60	125.00	165.67	129.63	131.58	164.11	168.96	151.61	136.85	400
2	175.00	147.37	125.01	179.11	166.66	168.42	161.54	160.35	151.60	173.67	400
3	250.01	249.12	233.34	265.67	266.67	252.63	251.28	253.44	248.38	257.89	400
4	302.78	307.02	341.67	314.92	318.52	305.26	312.82	341.39	280.65	326.32	400
5	305.55	326.32	258.34	291.04	311.10	300.00	317.95	287.93	316.13	363.16	400
6	372.22	384.21	375.00	386.56	385.18	373.68	384.62	381.04	400.00	389.48	400
7	308.33	321.05	308.33	322.39	348.16	331.58	305.13	317.24	329.04	368.42	400
8	313.89	310.52	333.34	320.90	344.45	347.36	348.71	298.28	245.16	231.57	400
9	335.55	370.17	300.00	347.76	361.11	347.37	366.67	339.66	345.16	384.48	400
10	302.78	307.01	266.66	352.24	298.15	321.06	284.62	293.10	312.90	321.05	400
11	238.90	205.27	191.67	234.33	179.63	252.63	207.68	193.10	235.49	284.21	400
12	313.88	336.85	333.33	340.30	348.15	347.37	307.68	315.51	370.97	373.68	400
13	205.56	236.85	233.34	247.76	177.78	184.22	210.25	186.21	283.87	263.16	400
14	338.90	335.08	333.33	335.81	353.70	321.05	317.94	342.75	319.35	368.43	400
15	347.23	364.91	350.00	355.21	342.59	389.48	364.10	356.89	387.09	400.00	400
Ranking of Knowledge Section: 1 = highest scores, 10 = lowest scores											
	7	5	9	2	3	3	6	8	4	1	6000

APPENDIX F

"OTHER" REASONS SPECIFIED

TABLE XVIII

RANK ORDER LISTED RESPONSES FOR
CATEGORIES MARKED "OTHER"

11. When should society give monetary help to a young unmarried mother?
F. Other (list)

Responses	Frequency
If she needs it - financially unstable	20
In case of rape	3
Personal decision to be made by female	2
If girl is physically or mentally unstable	1

TABLE XIX

RANK ORDER LISTED RESPONSES FOR
CATEGORIES MARKED "OTHER"

12. Consider the case of a young (13-18) unmarried girl who finds she is pregnant by a boy she likes but does not love. Which one of the following do you think she ought to do?
E. Other (list)

Responses	Frequency
Do whatever she wants	9
Keep the baby and find a man she does love	3
Let the girls parents adopt the baby	3
Talk to a counselor	1
Find a rich man	1

TABLE XX

RANK ORDER LISTED RESPONSES FOR
CATEGORIES MARKED "OTHER"

15. What do you plan to accomplish by the time you are 25? (You may check more than one answer)
F. Other (List)

Responses	Frequency
Law school	2
Provide a good home, be a good father, and husband	1
Single parent working	1
Missionary work	1
Body Building	1
Race car champion	1
Teacher	1
In military	1
Raise dogs	1
Be rich and happy	1
Have a 1983 Volkswagon	1
The only thing I plan to do is reach 25	1

TABLE XXI

RANK ORDER LISTED RESPONSES FOR
CATEGORIES MARKED "OTHER"

16. Have you ever had formal classroom instruction on sex education in school? Which class?

G. Other (List)

Responses	Frequency
Assemblies in the sixth and seventh grades	6
Family living	12
Science	3
Psychology	3
Health department visited class	2
Human relations	1
World History	1

TABLE XXII

RANK ORDER LISTED RESPONSES FOR
CATEGORIES MARKED "OTHER"

17. Have you received sex information from any other source?

J. Other (List)

Responses	Frequency
Through experiences/by myself	15
Brothers/sisters	8
Magazines	5
Off the streets	4
Other relatives	3
Doctors	3
Prostitutes	2

VITA[2]

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