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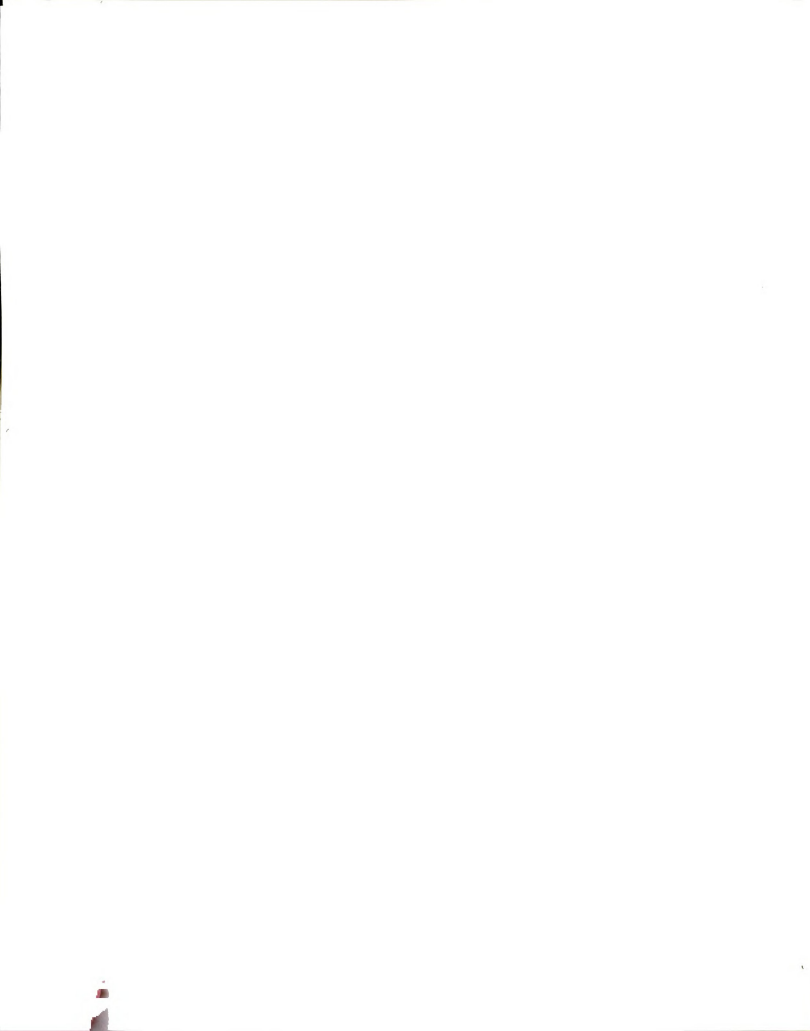
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ADOLESCENT SEXUALITY EDUCATION:
A SURVEY WITHIN THE BLACK CHURCH

By

Jeanette M. Gassaway

AN ABSTRACT OF A THESIS

Submitted to
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ABSTRACT

ADOLESCENT SEXUALITY EDUCATION: A SURVEY WITHIN THE BLACK CHURCH

By

Jeanette M. Gassaway

This study assessed the informational interests of adolescents and their parents for sexuality education, adolescents' sexual knowledge and sexual concerns, adolescents' first, current, and preferred sources of information as indicated by adolescents and parents, and parent-child communication about sexuality.

The results indicated that adolescents were marginally interested in obtaining more information about sexuality topics while parents were significantly more interested in their adolescents obtaining more information on sexuality topics. Adolescents were knowledgeable about sexual functioning, and were not greatly concerned about the sexual issues presented. Mother, school, and friends were both adolescents' first and current sources of sexuality information. They preferred mother, school, and church. Parents reported that mother, school, and father were adolescents' current sources of sexuality information. Parents preferred mother, church, and father. Parents reported discussing and wanting to discuss sexuality with their children and feeling comfortable in doing so significantly more than adolescents.

i
dedicate
this thesis to
the source of my existence
and hope,
JESUS CHRIST,
and
to the memory of
His Precious Servant,
Bishop Charles W. Watkins
who was my pastor,
my mentor,
but most of all,
my friend.

'Hast thou not known? Hast thou not heard that
The everlasting God, the Lord, the Creator of the ends of the earth
Fainteth not, neither is weary?
There is no searching of His understanding.
He giveth power to the faint; and to them that have no might
He increaseth strength.
Even the youths shall faint and be weary and the young men shall utterly fall.
But they that wait upon the Lord shall renew their strength;
They shall mount up with wings as eagles. They shall run and not be weary; and
They shall walk and not faint.'

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In every major effort of my life, I find that I depend on the assistance, support, and encouragement of others to successfully complete a task. My success in any endeavor as well as in this one is dependent upon those who assist me academically and intellectually; on those who support me emotionally, spiritually, and financially; and on those who encourage me to continue until the task is complete, reassuring me that *I can*, *I must*, and *I will*.... This dependency is the "secret to my success." I make no apologies for being dependent; I am only overwhelmed with gratitude because others have been willing to allow me the privilege of depending on them. Therefore, I *must* take this brief moment to thank many of those on whom I have depended upon to complete this thesis.

My thesis would not exist without the assistance of the pastors and members of the churches who participated in this research. They were: Pastor Charles E. Bicy and the members of the New Jerusalem Church, District Elder Hobart Gregg and the members of King's Chapel Assembly, and the late Bishop Charles W. Watkins and the members of the Pentecostal Church of Christ. They all enthusiastically consented to participate and supported this work.

Dr. William Davidson's assistance as chairperson of my thesis committee was immeasurable. With humor, tolerance, and patience, he muddled through many variations on a theme of what I now call a

thesis, advising, revising, and making suggestions in order to bring some "method to madness," and some "order to choas." Because of his assistance, I have a product that is both methodic and orderly.

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If there was a word bigger than biggest, greater than greatest, or dearer than dearest, then that would be how I would describe the late Bishop Charles W. Watkins. He was the scholarly example that inspired my educational aspirations and the catapult from which I launched this project. He was the fatherly image which endowed me with a child-like sense of security, and the best godly model of purity, gentleness, kindness, love, and Christ-likeness I had ever known which taught me the wonder of knowing and loving God.



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CHAPTER 1

Introduction

"Our study has shown what we consider an unfortunate tendency toward premature intercourse among adolescents," is the conclusion made by Robert Sorensen in 1973 after a comprehensive study of adolescents, ages 13 through 19. His conclusions are based upon problems he and many other researchers have observed regarding adolescent sexuality. These problems include not only pregnancy, sexually transmitted diseases, and other physical problems, but psychological, emotional, and social problems as well (National Institute of Health, 1978; Scott, 1983; Sorensen, 1973; Zelnick, Kanter & Ford, 1981). A widely accepted and supported means of addressing these problems is through sexuality education which is offered as a tool in the amelioration of the problems related to adolescent sexuality (Scales, 1983) by providing adolescents with adequate information to promote and "encourage responsible sexual behavior" (Herz, Goldberg & Reis, 1984, p. 311). The basic assumptions are given the proper constitution, composition, and presentation, and having assessed and included within the curriculum those topics and issues which are directly relevant to the needs of the youths, parents, and the community, sexuality education can have positive preventive effects when addressing the problems of adolescent sexuality.

This study examines the perceived needs of adolescents and their parents for sexuality education in a population that is ignored in

this body of literature, adolescents within the Black church. Although Blacks are the largest, non-white ethnic group in the United States, relatively little attention is given to the needs of Black adolescents by researchers and educators (Scott & McKenry, 1977). The following review of literature on adolescent sexuality lends overwhelming support to this assertion. The Black adolescent population is virtually ignored.

The Black church is the focal point of the Black community. According to Wyatt T. Walter (1977), the Black church "...is the most beloved and respected institution in the Afro-American experience," and is "an arena of prime influence in the life and activity of the Black community" (p. 67). It not only serves the Black community's religious and spiritual needs, but serves its social, psychological, political, and economic needs as well (Walker, 1977). Given the importance of the Black church for the Black community, it seems appropriate to assess the needs of adolescents within the Black church.

This thesis is one of the first attempts if not the first attempt made to understand the needs of Black adolescents and their parents for sexuality education within a primary and extremely important institution of the Black community, the Black church. This assessment will be used to determine their needs and to design a curriculum relative to these needs.

Sex education literature has been obtained from the "Cumulative Index to Journals in Education" from 1976 through 1987, and from the Journal of Education from 1976 to 1987. Included in the review are articles that directly relate to the evaluation and the efficacy of sexuality education for adolescents and articles relate to the

assessment of needs and topics for sexuality education. Excluded from the literature are articles which are from foreign countries, articles which do not relate to the appropriate age group, and articles which do not relate to "normal" adolescents (i.e. juvenile delinquents, substance abusers, etc.).

Adolescent Sexual Activity: Overview

More and more adolescents are sexually active and at younger ages (NIMH, 1978). On April 25, 1979, the House Select Committee of Population reported that one out of every five American children have had intercourse at the age of 13 or 14. In 1981, the Alan Guttmach Institute reported that 12 million of 29 million adolescents between the ages of 13 and 19 had intercourse, nearly half of all adolescents. In 1976, 41% of the girls between the ages of 15 and 19 were sexually active (Zelnick et al, 1981). Sixty percent of Black adolescent males are sexually active by age 16, and 42% are sexually active by age 15. Sixty percent of the Black females are sexually active by age 18 (Brooks-Gunn & Furstenberg, 1989).

This is not a benign occurrence. Sexually active adolescents experience problems. There are psychological problems related to sexual behaviors among adolescents. Cognitively, young adolescents are not ready for the realities of sex; and it may have negative effects on maturation of certain cognitive, emotional, and interpersonal skills (NIMH, 1978). Adolescents cannot think about a relationship in terms of "conceptual, non-egocentric, future-oriented terms until the middle or later stages of adolescence" (NIMH, 1978). Adolescents have situational ethics when involved with sexual activity (NIMH, 1978;

Sorensen, 1973), and cannot comprehend the whole view of sexuality nor can they relate realistically or responsibly to a sexual relationship (NIMH, 1978). The portrayal of sex in the media as "impermanent and emotionless" may be well suited for the egocentric adolescent who is unable to relate realistically to a sexual relationship. Adolescents' egos are not fully developed or values clarified (NIMH, 1978; Sorensen, 1973). Adolescents may experience low self regard and poor impulse control (lack of ego strength) (NIMH, 1978; Mast, 1986) as a result of sexual intercourse. Studies find that at least one-third of all sexually active adolescents experience anxiety and guilt regarding their behavior, especially for females (NIMH, 1978). In summary, adolescents, especially young adolescents, are not psychologically or emotionally prepared for sexual intercourse.

Adolescents are experiencing biological problems besides that of pregnancy. Sexually transmitted diseases are increasing within the adolescent population. Between 1956 and 1976 gonorrhea had increased by 2-1/2 times for male adolescents and 4-1/2 times among female adolescents. In 1976, 2.6 million cases were reported annually for ages 15 - 19 (Zelnick, et al, 1981). Sexually transmitted diseases are increasing in the preadolescent ages as well. It is estimated that 2.5 million adolescents contract sexually transmitted diseases annually (Gordon et al, 1979). There are risks of contracting such diseases as syphilis, herpes, and chlamydia. Brooks-Gunn and Furstenberg (1989) states that "female teenagers have the highest rates of gonorrhea, cytomegalovirus, chlamydia cervicitis, and pelvic inflammatory diseases of any age group" (p. 254). There is also risk of

contracting the most deadly disease, AIDS (Brooks-Gunn & Furstenberg, 1989; Mast, 1986).

AIDS, acquired immune deficiency syndrome, "is an epidemic that has already killed thousands of people, mostly young..." (Koop, 1986, p. 3). AIDS is the most severe of all the sexually transmitted diseases and is ultimately fatal. There is no cure for AIDS or preventive vaccine. It is estimated that 1.5 million people in the United States are infected with the AIDS virus. The number of known cases in the U.S. is over 25,000, and of these, almost half have died of the disease (Koop, 1986). This problem elevates the seriousness of adolescent sexuality to a threat of death, and it alone warrants great concern and urgency to prevent occurrences of AIDS within the adolescent population.

Pregnancy is a well documented and publicized problem of adolescents. Of the 12 million sexually active adolescents, approximately 30% use contraceptives (Janus, 1981; NIMH, 1978). The younger the adolescent, the more unlikely it is that they will use contraceptives. Consequently, pregnancy rates have risen along with the rate of sexual activity. In 1983, there were 1.1 million pregnancies and more than 500,000 births (Children's Defense Fund, 1986). More than half of all births in the United States are to adolescent mothers (House Select Committee on Population, 1979). The Department of Health, Education and Welfare reported in 1978 that 9,000 babies were born to girls 11 years old and younger. These figures do not include abortions, miscarriages, and unreported births and pregnancies.

There are numerous problems associated with adolescent pregnancy and parenthood. The mortality rate for adolescent births is high, and the chances of birth defects are greater (Janus, 1981). Among adolescent parents, there is an increased incidence of unfinished education (2/3 never finish school), unskilled employment, welfare dependency and family instability (Bignell, 1982; Children's defense Fund, 1986; Levering, 1983). The suicide rate for teen mothers is 10 times that of the total population (Bignell, 1982; Children's Defense Fund, 1986).

Adolescent pregnancy, as stated by the Children's Defense Fund (1986), is a national problem, but is a crisis in minority communities. Of the 500,000 births to adolescent mothers, 142,105 are to Black mothers, or 24.2%. By 18, 22% of Black females are mothers (Ladner, 1987).

A factor compounding these problems is ignorance. Ignorance concerning sex and related issues is pervasive among adolescents. The majority of adolescents report that they learn about sex from friends, and much of this information is inaccurate (Finkel & Finkel, 1983; Gordon, et al, 1979; Fabes, 1984; Kirby, 1980; Quinn, 1981). Adolescents are also accumulating a vast amount of information from the media (Jorgensen & Alexander, 1983; Thornburg, 1981) which presents a shallow and biased view of sexuality relating solely to the physical act of sexual intercourse, often coupled with violence. Many suggest that the influence of mass media has encouraged children to become sexually active (NIMH, 1978; Sorensen, 1973).

Certainly, given the problems experienced by the sexually active adolescents, one can conclude, as Sorensen has, that there is an

"unfortunate tendency for premature intercourse among adolescents." Sexuality education is a potential preventive tool which can be used to address and ameliorate the problems occurring for sexually active adolescents.

Sexuality Education: Overview

Sexuality education began in the late 1800's and early 1900's and has had popular support from its inception. Over time, it has assumed a monumental responsibility of addressing the problems related to adolescent sexuality. Though sexuality education is widely supported, the amount and the quality of sexuality education obtained by adolescents varies. In 1979, three-fourths of metropolitan area young men and women were estimated to have received sex education in school, and one-third to one-half of all U.S. schools provide some sex education though such instruction is rarely a comprehensive, separate course, and most instruction is given in the high school (Gurman & Jacknik, 1980). Only 10% received comprehensive sexuality education (Maslach & Kerr, 1983). Little is known of the impact of sexuality education for junior high level adolescents.

Whether or not sex education can have an impact on adolescent sexual activities is still uncertain. Many suggest that the goals of sexuality education are too idealistic and that it is unrealistic to believe that sexuality education can change attitudes and behaviors related to sexuality or behaviors in general, especially when adolescents are being influenced by many other "powerful and frequently contrary influences" such as the media (Kenney & Orr, 1984; Obstfeld & Meyers, 1984; Kirby, 1980; Strouse & Fabes, 1985) and peers.

Evaluations of sexuality education suggest that it is effective in increasing knowledge but has very little impact on attitudes and behaviors (Kirby, 1980; Kirby, 1985; Kenney & Orr, 1984). However, these studies usually lack adequate experimental designs which include random assignment of subjects, adequate sample size, use of control groups and use of longitudinal designs to measure the effects over time (Kirby, 1985; Strouse & Fabes, 1985). Therefore, these studies do not adequately determine effects and the conclusions based on these studies are weak.

There may be several reasons why sexuality education presumably has failed to attain the implicit or explicit goals. According to Shirreffs & Dezelsky (1979), sexuality education is "inadequate, erroneous and poorly timed." Strouse and Fabes (1985) have suggested that sexuality education usually lacks adequate design (most programs are not comprehensive), is not relevant to the cognitive and moral needs of the youths nor does it adequately address the powerful influence of the media.

These and other researchers recommend that sexuality education be comprehensive (presenting a wholistic view of sexuality which encompasses biological, social, psychological, and moral aspects of sexuality), and begin at earlier ages and continue until late adolescence. They also recommend that sexuality education have adequately trained teachers, include issues related to the media's influence on behaviors, teach parents to understand and address this influence, use standardized measures of attitudes, and have long-term data collection. Still others recommend that the needs of the adolescents be incorporated into the program development, and that

teens, parents, and the community be involved in the development of the sexuality program. Scales (1985) recommends that sexuality education be a part of a wholistic approach and be integrated within programs that enhance motivation.

Therefore, proponents of sexuality education are convinced that given the right constitution, it can have sufficient impact to prevent problems related to adolescent sexual activity.

Literature Review: Sexuality Education

The literature examined for this thesis reviewed prior efforts to assess the informational needs and interests of adolescents and their parents for sexuality education, as well as examined evaluations of sexuality education programs.

Assessment of Needs

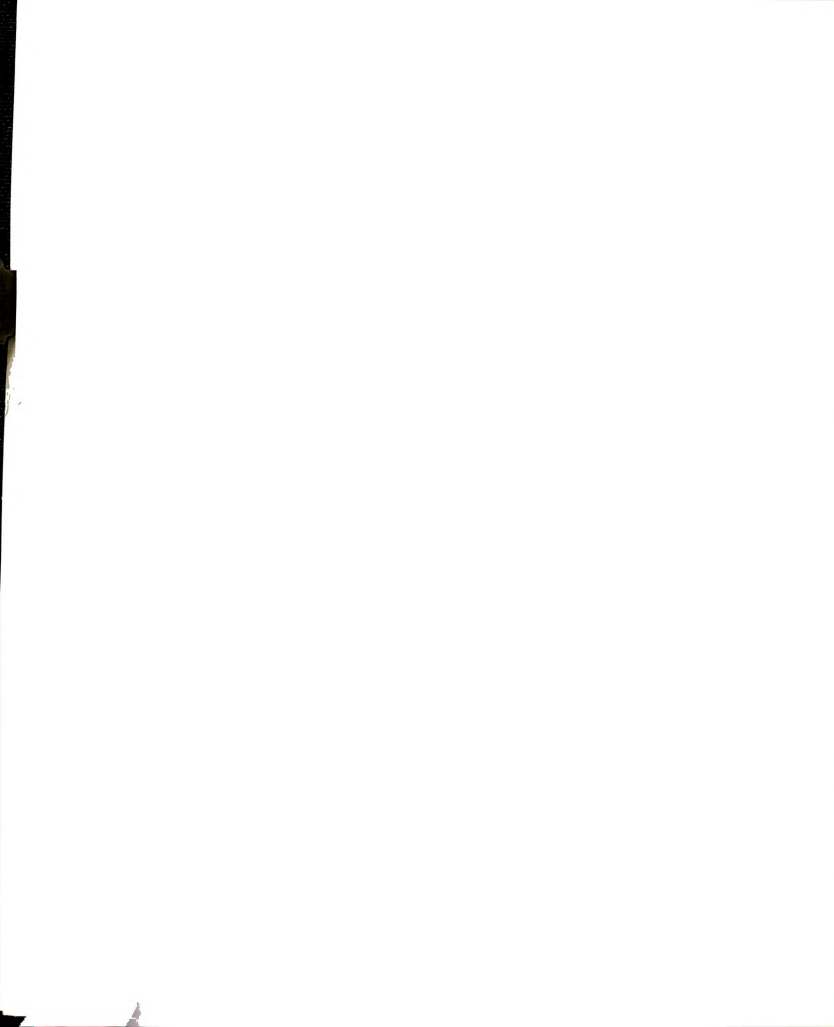
Adolescents. Maslach & Kerr (1983) examined data from the *Contraception Among Adolescent Study* (CAA) project to obtain information about what topics should be presented in sexuality education, how the material should be effectively presented, and who should present the material. Eighty eight adolescents from the ages of 11-19, grades 7th through college from Buffalo, New York were interviewed using unstructured interviews given by trained interviewers to obtain information regarding adolescents' general attitudes and experiences about dating, sexuality, and contraception. The sample was predominately white females.

The results indicated that a sexuality education curriculum should include topics about "double standards," "labelling people," and "single parents." It should emphasize the physical and emotional

aspects of sexual intercourse while presenting various viewpoints on those issues. There should be specific classes for parents to help them understand teenagers' sexual needs. For class format, it was suggested that there should be small classes of same sex students with occasional coed class for "debate" or discussion. The presenters or teachers of the class should be outside lecturers or regular teachers who were open, spoke "freely," who were straightforward and honest, and who could answer all questions and be tolerant. Generally, the lecturer should be the same sex as the class members.

This study had several weaknesses. First of all, the study used qualitative data (unstructured interviews). The findings were inadequately presented without any indications of how the data were analyzed. For example, it was stated that a content analysis was done but there were no details of the procedure used or results. There was no report of reliability or validity of the measures. There were also no indications of statistical analyses. Also this study had limited external validity because participation was voluntary, there was no random selection of subjects, and the subjects were primarily white and female though attempts were made to include other races and males.

Rubenstein, Watson, Drolette, and Rubenstein (1976) surveyed 130 ninth grade adolescents in the Boston area in 1973 to determine which aspects of sex they were most interested in learning about, and how girls and boys differed in their interests. The sample included 65 boys and 65 girls from 5 schools (1 public co-ed, 1 Catholic girls, 1 Catholic boys, and 2 private non-religious co-ed). Their participation was voluntary. The instrument developed for this study was the *Sex Education Vocabulary Check List* (SEVC), a list of 112 randomly



ordered sexual terms. The students were asked to indicate their degree of interest by indicating how much more they wanted to learn about the subject- "very much, a little, not at all, or I don't know what the words means." The data were analyzed using analysis of variance to examine group and male-female differences.

The results indicated that there were strong similarities and a few differences between the girls and boys in their top interest terms. Girls and boys had twelve terms in common for each of their top 13 selections. Girls' top 13 selections were birth control, abortion, birth control pill, venereal disease, pregnancy, love, fear of sex, guilt about sex, rape, enjoyment of sex, sexual intercourse, sex offenses, and prostitution. The boys' top 13 selections were venereal disease, enjoyment of sex, sexual intercourse, birth control, love, oral intercourse, pregnancy, abortion, guilt about sex, birth control pills, fear of sex, sex offences, and prostitution. Despite similarities, differences existed. Girls scored significantly higher than boys on birth control, abortion, birth control pills, and rape. Boys scored higher than the girls but not significantly differently on enjoyment, oral intercourse, sexual intercourse, and venereal disease. There were no significant differences found between the 5 groups of girls (from the 5 different schools) in interest in 8 of their 13 top words nor were there any significant differences found between the 5 groups of boys in interest in 11 of their 13 top choices.

Rubenstein, et al. (1976) concluded that girls and boys had similar interests and:

were not primarily interested in learning more about anatomy or physiology, or topics traditionally considered of interest to adolescents, such as necking, petting, dating, masturbation, and menstruation. Their principle concerns were sexual

intercourse, its consequences and its context, with each sex having a somewhat different point of view. As a result, we recommend that these concerns be presented as central issues and discussed scientifically and in a straightforward manner in any book or curriculum purporting to teach young adolescents about sex. (p.495).

This study had a few weaknesses. First, though the schools within this study reportedly represented various SES regions and represented various educational and religious philosophies, they were not randomly selected. This limited the external validity of the study. Secondly, there was no report on reliability or validity of the measures or on the statistical procedures used to analyze the data. Last, the sample was not adequately described. There was no indication of the race or ethnic background of the subjects.

Shirreffs & Dezelsky (1979) assumed that past educational attempts for sexuality were "inadequate, erroneous, and poorly timed." They surveyed 417 adolescents in 1972 and 194 adolescents in 1978 to determine adolescents' knowledge and perceptions about sex and sexuality, adolescents' reported needs for additional information, and whether differences existed regarding perceived needs or knowledge levels between adolescents in 1972 and 1978. The sample included adolescents in grades 9-12, ages 13-18 who lived in Maricopa County, Arizona. Volunteers were from church youth groups, high schools, and social and service clubs. The sample was given a self-administered questionnaire developed for the 1972 study which included demographic data and 49 questions related to sex education issues. The data were descriptively analyzed.

The responses were grouped into 5 sections - characteristics of the study population, background exposure to information about sex, opinions about sex education, attitudes toward sexuality, and

comparison of 1972 and 1978 adolescent responses. In 1972, the sample was 46% male and 54% female. In 1978, the sample was 36% male and 64% female. In 1972, most were 14 - 15 years old, and 42% were Protestant, 48% were Catholic, and 11% were other. In 1978, 27% were Protestant, 34% were Catholic, and 39% were other.

In the 1972 sample, 53% received their first information about sex during elementary school, in 1978 61% did. Both the 1972 and 1978 samples primarily reported friends were their primary source of information. Mothers more frequently than fathers were the first source of sex information, especially in the 1972 sample. From 1972 to 1978, there was an increase in media as a source of information.

For preference of sources of information, in 1972 they found that most preferred schools (22%), then mothers (20%), mothers and fathers (20%) and friends (11%). In 1978, most preferred friends (32%) then media (17%) and mothers (13%). The results of this comparative study indicated that in 1972 sex education in schools and from parents were preferred sources of sex education, while in 1978 friends and media were preferred sources.

Both samples identified areas that were important for adolescents' understanding of sex. In 1972 venereal disease, reproduction, pregnancy, and biology of females and males were ranked most important areas to understanding sex. In 1978 pregnancy and preparing for marriage were listed as first priority, while birth control, understanding yourself and preparing for parenthood were next.

The results indicated that while there were some similarities between the 2 groups, sharp contrasts in expressed opinions also

existed. In both samples, the majority of respondents who received their first sex information prior to entrance into school was small by comparison with those who received their first instruction in school. In 1978, fewer adolescents were receiving sex education in the schools. Only one-third as many students in 1978 as compared with 1972 preferred this source of sex education. In 1978, respondents preferred to obtain information about sex and sexuality through the media, not the schools. From 1972 to 1978, masturbation, pornography, homosexuality remained the lowest ranked topics.

Overall, based on 1972 and 1978 studies, subjects in both samples viewed accurate information about sex and an improved understanding of sex and sexuality as a definite need for young people. The subjects felt that sex education should include biology, psychology, religion and morals, and that such education should begin in elementary school. Friends and media were becoming increasingly important and preferred sources of sex information. Topics such as preparation for marriage and parenthood, birth control/contraception and strategies designed to assist adolescents in understanding themselves were much more important in 1978 than they were five years before.

From these results, Shirreffs & Dezelsky (1979) concluded that sex education programs should be a part of the total educational process of adolescents, and adolescents should be included in the planning of sexuality education programs.

This study had a major flaw. No methodological basis was given for a comparison between the 2 samples. Few sample characteristics and no sampling procedures were reported, and there was no

indication that the samples were from the same populations. If the samples different on many demographic variables, a valid conclusion could not be made.

Parents and Adolescents. Yarber (1979) examined and compared the views of students, parents, teachers, and principals regarding the amount of instructional emphasis that should be given to family life (FL) and sexuality education (SE). A sample of 1819 3rd, 6th, 9th, and 12th grade students, their parents (N=1108), and their teachers (N=68), and principals (N=38) were given a questionnaire to assess their views. Using chi-square analysis and Cramer's V test, Yarber found that more than 90% of all four groups said that sex education should have a major emphasis or minor emphasis. Students indicated strong interest for FL/SE at all four grade levels, and elementary levels indicated a strong desire for more FL/SE. Family life and sexuality education was supported similarly at each grade level by the parents of the groups.

Yarber (1979) concluded that a large percentage of each group at each level supported at least some instructional emphasis in FL/SE. All groups supported more comprehensive FL/SE. Teachers and principals favored a more comprehensive education at secondary level. The groups felt that the majority of health science areas should be given more emphasis than FL/SE at the elementary level, and FL/SE should be given more priority than other areas at the secondary grades.

This study had several limitations. The sample was not adequately described to be able to assess the characteristics of the population. The only sample characteristics reported were grade



level, teacher, principal, and student. It was stated that "most of the district patrons are middle-income families with generally conservative social and political values" (p. 264). Though it was large, the sample only represented a "large, county ... school corporation" (p. 264). The results were not generalizable beyond this population. Also there was no indication of race or ethnic background, no indication of how the sample was chosen, and there was no report on reliability and validity of the measures used. Finally, though statistical analyses were performed, no results from these analyses were reported.

Rubinson & Baillie (1981) conducted a study to assess community needs for sex education, identify sex education topics for curriculum development (those which were accepted and supported by parents and teens), and identify methods of assessment. A random sample of 204 parents and teens from a small midwestern community responded to a survey. Two questionnaires were used for assessment. Chi-square analysis, t-tests, correlational procedures and factor analyses were used to analyze the data.

The results indicated that the community needs assessment was effective in reducing negative political input and facilitating use of schools for use as public health resources; there were major differences between parents and teens in perceptions of sex education needs, especially in identification of important social problems; and there were differences between parents' perception of adolescents' sexual behavior and adolescents' reported sexual behavior.

This study had a few weaknesses. This study was based on a model of sexuality education called "PRECEDE." The model was reported to have seven phases. The researchers made the assumption

that the reader understood and was familiar with the model. Therefore, the variables and terminologies of this model were not operationally defined. Because of this flaw in reporting, it was difficult to comprehend the study's meaning, and it was difficult to understand the rationale for the statistical procedures used. Also the sample was not adequately described. No information was given on the characteristics of the sample except that they were from a small midwestern community.

Parents. Silverstein and Buck (1986) sampled 240 parents to determine their preference for sex education topics for preadolescents. These parents were randomly selected from a class list of sixth graders in Buffalo, New York, and mailed a self-administered questionnaire. One hundred forty six parents responded. The questionnaire included 4-point Likert-type items addressing 48 sex education topics arranged in five categories, - personal growth, relationships, reproduction, physical growth, and other. The respondent was asked to agree or disagree on whether this topic should be included in a sexuality education course. Also assessed were eight socio-demographic variables. The sample was predominately white, female, young, married, Protestant and higher SES.

Four topics were "unanimously" chosen by parents (100% of the parents responding agreed that these topics should be included) - self esteem, peer pressure, concern and responsibility for others, and communication with parents. "Advantages of premarital sex" was the topic with the lowest approval. Except for the 15 "sensitive topics" as defined by the researchers, parental approval for the topics ranged

from 100% to 81.1%. Range of parental agreement to the combined 15 sensitive topics was from 80.6% for child molesting to a low 32.4% for advantages of premarital sex. The majority of parents agreed with the inclusion of the more sensitive topics except for advantages of premarital sex and masturbation as morally wrong.

Cross tabulation of select socio-demographic variables with the topics revealed that religion was systematically associated with parental response. In a Protestant-Catholic comparison, Catholics favored the inclusion of several topics including some opposed by the Church - birth control, sterilization, and abortion. The sex of the child did not have an apparent impact on parental response except for vaginal discharge. Twenty five percent of the respondents with male children disagreed with the inclusion of this topic as compared to only five (8.2%) respondents with female children. Comments from open-ended questions related to support of sex education focused on the need to include responsibility for behaviors and moral issues regarding sexual intimacy.

Silverstein and Buck (1986) concluded that this study lent support to "the growing body of research that finds parents to be supportive of sex education, and the majority of respondents agreed on the inclusion of a broad range of topics including some that are relatively sensitive" (p. 976).

This study was well done in general; however, it had limited external validity because the sample was selected from only one school district.

Summary: Assessment of Needs

There were six studies which assessed the needs of adolescents and their parents relating to sexuality education. These studies suggested that adolescents, their parents, teachers and administrators supported sexuality education and indicated a need for adolescents' greater understanding of sexuality which included a broad range of topics to be presented within a supportive environment and within a moral and ethical context. The topics for sexuality education not only included anatomy and physiology but such topics as marriage and family, pregnancy, parenthood, peer pressure, communication with parents, self-awareness, sexual intercourse and "its consequences and context" (Rubenstein, et al., 1976, p. 495).

The results of these studies must be interpreted with great caution because of their methodological and structural weaknesses and limitations. Only one study was methodologically sound (Silverstein & Buck, 1986), that is, adequately describing the study, randomly selecting subjects, reporting reliability and validity of measurements, and reporting appropriate statistical analyses. The other studies were fraught with the following problems: inadequate description of sample and procedures, subjects were not randomly selected or assigned, and reliability and validity of measurements or statistical analyses were not reported. Poor reporting procedures and methodology rendered much of the findings on assessment of sexuality education for adolescents and parents impotent.

Only 2 of the studies adequately described the sample well enough to determine the race/ethnic background of the subjects, and these 2 samples were predominately white. It was apparent that none



the studies reviewed above exclusively focused or assessed the needs of Black adolescents and their parents for sexuality education.

Evaluations of Sexuality Programs

The subsequent studies provided a review of evaluations of various types of sexuality education programs, and were useful to examine the content, the curriculum, and the variables related to "successful" sexuality programs, the measures used for assessment, and to note the suggestions and recommendations for subsequent research. This section was divided into subsections which reflected the type and nature of the program being evaluated such as school based and non-school based programs.

School Based Programs

Thomas, Long, Whitten, Hamilton, Fraser, and Askins (1985) examined the long-term retention of sex education knowledge of 9th grade students in a rural South Carolina school. A sample of 359 9th graders from a large public school (the experimental group) were compared to 258 9th graders at a different school (the control group). Seventy percent of the experimental group were white and 30% were non-white. Sixty five percent of the control group were white and 35% were non-white. The study was pre- and posttests and experimental and control groups design with 1 and 2 year follow-ups. A 38 item measure was used as a pre- and posttest. The sample sizes with all four tests were 155 for the experimental group and 98 for the control. The experimental group received 12 - 2 hour units of sexuality education. The instruction methods used were lectures,



written exercises, and multimedia presentations. Topics covered were human growth and development, communication and decision-making, male anatomy, female anatomy, teen pregnancy, pelvic exams, personal hygiene, birth control, sexually transmitted diseases (STD's), factors influencing reproductive health, labor and delivery, positive parenting, pregnancy alternatives, and date and stranger rape.

The results indicated that knowledge scores for the students completing the course increased significantly from pre- to posttest and sustained high scores on the 1 and 2 year follow-ups. The experimental group's posttest mean was significantly higher than the control group's posttest mean. It was concluded that knowledge significantly increased and that the experimental group achieved and maintained scores greater than the control group for two years.

This study was generally methodologically sound and well reported, however, the study lacked external validity because the subjects were not randomly selected. Also students from two different schools were compared. There was no indication of how these two groups might have differed. If these groups were significantly different before the pretest measurement, the findings would be considerably unreliable.

Parcel & Luttmann (1981) evaluated the effects of an 8 session sex education course presented to 8th graders to determine the effectiveness of instructions, to provide data to make decisions for developing or modifying future instructional programs, and to assess participants' understanding of and comfort with their current stage of sexual development. A sample of 110 students (54% female, 46% male; 42% white, 38% Black, and 18% Mexican-American) was



divided into 3 groups - nonattenders, irregular attenders and regular attenders and measured on 4 tests - knowledge test, sex guilt scale, sex concerns check list, and sex attitudes. The evaluation used a quasi- experimental design using pre- and posttest measurements, with no control group. The sex education program was offered as after school elective. The methods of presentation were large group presentations and small group discussions. There were 8 1-1/2 hour sessions. The data were analyzed by ANOVA's.

The results revealed significant difference in mean knowledge scores between attendance groups in both pre- and posttests. Regular attenders had higher scores than irregulars or nonattenders. The differences between irregular attenders and nonattenders were not significant. The regular attenders and irregular attenders increased significantly in knowledge. There was a significant interaction between time and attendance. For guilt, there was no significant difference between groups either on pre- or posttest. For sex concerns, there were no overall differences among groups but there was an overall significant decrease in concern scores from pre- to posttest. The increase of participants' understanding of the information was independent of a reduction of guilt or change in level of worry. Instructions had an impact on knowledge but not on sexual guilt or sexual concerns.

This study lacked both internal and external validity. There was no control group comparison, and there was no report of the reliability or validity of the measure. Participation was voluntary with no random selection of subjects. These methodological weaknesses severely limited the interpretability and utility of this study.



Schinke, Blythe, and Gilchrist (1981) evaluated a sexuality program in which 36 students were randomly assigned to 4 conditions, pretest and training and posttest; training and posttest, pretest and posttest; and posttest only. Fourteen 50 minute training sessions were given to students by 2 trainers. The topics covered were reproductive biology, contraceptive methods, problem solving, and communication skills. The measures used included a knowledge measure, problem solving scale, *Means-end Thinking Test*, and a performance test which was a video recording of interactions with opposite-sex, age-mate confederates. The data were analyzed using t-tests.

The results indicated that people given pregnancy training answered more correct questions on human reproductive and birth control than control group. The problem solving, cognitive-behavioral condition youths were more skilled with interpersonal problems than control condition youths. For the performance test, cognitive behavior groups did better in use of eye contact, saying no when responding to social pressure and statements refusing to risk pregnancy, and requesting that partners share responsibility for birth control and cognate sexual decisions. The 6 month follow-up revealed that the trained group had a better attitude towards family planning, showed more habitual contraception use, had greater protection at last intercourse, and were less reliant on inadequate birth control.

Though this study was methodologically sound, there were limitations. The sample size was small. There were 4 groups and 36 subjects. This meant that 9 subjects were assigned to each group. This size of the sample was not large enough to adequately determine



effects. Also the sample was not randomly selected. This limited the external validity of the findings. Finally, the sample was not adequately described. There was no indication of race/ethnic background.

Parcel, Luttmann, and Meyers (1979) evaluated the effectiveness of sexuality education course for 8th graders. Fifty five 8th grades, (32 pre- and posttests) 19 white, 8 Black, 2 Mexican-American, and 2 other attended 10 - 90 minute sessions of an sexuality education course. The course was offered as an elective after school. It was divided into 2 parts for each session. In the 1st half hour factual information was presented using audio-visual materials. The 2nd hour was small group discussions relating to values clarification, and beliefs and feelings concerning sexuality. The subjects were given pre- and postmeasures using three instruments: a sexual knowledge questionnaire, *Reiss's Premarital Sexual Permissiveness* (PSP) scale, and an adaptation of the *Sexual Concerns Check List* (Kirkendall & Calderwood). The data were analyzed using frequencies and t-tests.

The results indicated that there was no overall significant change in the number of concerns. Four items showed change - how to tell if someone loves you, meaning of slang terms, and the effects of masturbation. Boys were concerned about sex dreams. There was little effect in reducing concerns relating to various topics, and some items showed increase in concerns.

The most significant impact was an increase in students' knowledge of sexual development, functioning, and behavior. There was a significant change in attitudes towards premarital sexual permissiveness but the change was limited to relationships involving

affection, love and commitment for marriage and not for relationships in which affection was not involved.

Parcel, et al. (1979) recommended that sexuality education be flexible enough to deal with individual differences. They also suggested that subsequent evaluations provide feedback on the short-ranged impact of sexuality education courses.

This study had several weaknesses. It lacked a control group, participation in the program was voluntary, subjects were not randomly selected, and the sample size was small. These factors severely limited the interpretation and conclusions made by these findings.

Philliber & Tatum (1982) designed a study to evaluate the impact of sex education on high school students which compared students from the same school who had taken with those who had not taken sex education. The juniors, sophomores, and seniors of George Mason Senior High School, a predominately white, middle class school in Falls Church, Virginia, were surveyed by questionnaires to assess the impact of a full year of instruction given in the 9th grade. The course presented information on genetics, reproduction, contraception, anatomy, physiology, and general issues relating to human sexuality. No pretest was given to any of the students.

Four dimensions were used to measure the impact of the sex education program on students at George Mason High School. These were the amount and kind of discussion about sexual topics with parents and peers, sexual and contracepting behaviors, sexual and contraceptive attitudes, and knowledge about sexuality, reproduction, and contraception.

The results indicated that there were significant differences between males and females on the discussion, attitudes, and knowledge scales. There were no significant differences between males and females on the behavior measure. For the discussion scale, females were more likely to have recent conversation about sex with parents and friends. For attitudes, there were sex differences on every dimension of attitudes toward sex before marriage. Females were significantly more likely than males to view such activity as bad, common, stupid, dangerous, immature, embarrassing, and difficult. For behaviors, there were no statistically significant differences. In the projective situation, 51% of the males indicated they would have intercourse, but 68% of the females said they would not. There were significant differences between males and females on knowledge measures. Females were more likely to achieve high scores.

Those who had sex education were significantly different from those who had not had sex education in grades and class level. Those not taking sex education were older and received better grades. A hierarchical regression indicated that the sex of the student and grade achievement had independent effects on discussion, sexual attitudes, and sexual knowledge. Class level was significantly related to both sexual intercourse and contraceptive use, with older students being more likely to have had intercourse and more likely to use contraception regularly.

It was concluded from this study that students who enrolled in the sex education course were different initially from those who did not enroll. Some of these differences suggested that the course was attracting those most at risk of unplanned pregnancy since those not

taking the course were higher achievers in school who might be expected to do better on exams of any kind, and might refrain from early sexual activity because of their higher educational aspirations. Students exposed to sex education knew more about sexuality, contraception, and reproduction than do the students without it. In designing sex education programs, more attention should be paid to the gender identities and male-female norms of the students.

This study was severely flawed. There was no indication that the samples were comparable, the sampling procedures were the same, or that the subjects were from the same population. No attempt was made to control for differences in sample characteristics before assessment. In addition, there was no report on the reliability or validity of the measurements used. Therefore, no valid conclusions could be made from this study based on its lack of scientific methodology.

Herz, Goldberg, and Reiss (1984) examined the impact of a family life education program for 56 Black 7th and 8th grade school students from two "economically disadvantaged" schools in Chicago. A stratified random assignment procedure was used to designate experimental and control group members. The students were matched for grade level and gender and assigned to control and experimental groups. The control group was randomly selected from the 7th and 8th grade population of the 2nd school. All participants were Black and ranged from age 11 to 15 years. Fifty five percent were Baptist, while slightly over one fourth (27.3%) had no religious affiliation. There were few pretest differences between experimental and control groups on demographic characteristics.

The experimental group participated in *The Family Life Education Program*. The major goals of this program were to reduce the risk of pregnancy by helping young teens develop a positive self-image and promoting responsible sexual and contraceptive decision-making. Curriculum topics included the following: personality development, physical and emotional changes during puberty, nutrition and hygiene, male and female reproductive anatomy, the processes of conception, contraception and pregnancy, familial, platonic and romantic relationships, and developing educational and career goals. Separate 7th and 8th grade FLE classes met once a week for 40 minutes for a total of 15 sessions or 10 hours. Teaching methods included informal lectures with question and answer sessions and role playing.

The program's impact was assessed by a self-administered survey designed to measure: general decision-making style, comfort with and clarity of personal sexual values, social desirability response bias, general knowledge about contraception and pregnancy, awareness of various birth control methods, sexual and contraceptive decision making, and future orientation. Repeated-measures analyses were performed.

The results indicated that there was no significant difference on the social desirability scale, a significant increase in knowledge scores from pre- to posttest for the experimental group, and significant differences between experimental males and females on the knowledge measure. For sexual and contraceptive decision-making, no significant differences were found between males and females.



However, grade level was a factor. The FLE program did not appear to have an impact on preferences for different forms of birth control.

Half or more of the respondents liked the following content areas: physical growth and development, emotional changes during puberty, male and female reproductive systems, different kinds of birth control methods, how pregnancy happens, and developing future goals. The least popular topics included nutrition and hygiene.

Compared to the control group, program participants in the present study displayed the following: improved knowledge about contraception, reproductive physiology, and adolescent pregnancy outcomes (especially among females), as well as increased awareness of the existence of specific birth control methods.

Based on these findings, the authors suggested that curriculum components be strengthened for older age groups, and revisions be made in material relating to the time of greatest risk for pregnancy during the monthly menstrual cycle.

Though this study was methodologically sound, there was one limitation. The sample size was small. Effects would be difficult to determine from a sample of this size, and therefore, valid and reliable statistical conclusions could not be made.

Gumerman, Jacknik, & Sipko (1980) presented and evaluated a sexuality education program which was designed to provide a basis for wise decision-making with the understanding of reproduction, human sexuality and contraception, and to promote responsibility and self-assertiveness among students. Four 1 hour long units of sexuality education were presented to a sophomore health class. These units were decision-making, alternatives to and consequences of becoming

pregnant, birth control, and informal group discussions. A 65 item pre- and posttest was given to this group to assess their knowledge, and a survey was given to assess the students' interest in sexuality topics.

The results indicated that there were significant differences between pretest and posttest scores, and therefore, there were significant gains in knowledge. The students rated the topic of personality highest. Others topics rated highly were love, marriage, friendship, and aspects of sexuality.

The authors made the following recommendations: sexuality education be reinstated in the subsequent school year and begin at the freshman level, the teaching be transferred to the faculty, sexuality education be incorporated into family life course, and a committee of faculty, student body, school board, community and service agencies should initiate plans for family life course. They concluded that a week long course was effective in increasing knowledge.

Because this study lacked a control group for comparison, did not report the reliability and validity of measures, and inadequately described the sample, the conclusion made should be considered highly unreliable.

Nonschool Based Programs

Powell & Jorgensen (1985) designed, implemented, and evaluated a program for sexuality education to enhance the accurate sexual information, self-esteem, and clarity of personal values within a church setting where, as they suggested, sexual values could be clarified with freedom to discuss sexuality in context of values and

moral decision-making. One hundred fifteen teens, ages 14-18 from two upper middle class Protestant churches in Dallas, Texas suburbs, were chosen to participate in this study. A pre- and posttest, control and experimental group design was utilized for this study. Seventy four teens were selected as the experimental group from one church, and 41 teens were selected as the control from the second church. Approximately 10 hours of information and discussion of sexual issues was presented to the experimental group using male and female resource persons and group leaders in large and small group settings. Films, panel discussions, and question and answer periods were used to present the material. The topics included: sex-role options and sexual identity, sexual arousal, premarital sex, conception, abortion, masturbation, and homosexuality. The measures used were a knowledge test, Rosenberg's self esteem scale, and Kirby's scale for clarity of personal values. The data were analyzed using ANCOVA's and t-tests.

Results indicated that there was a significant difference for pre- and posttest for sexual information and values. There was no significant difference for self-esteem between the groups.

The authors made several recommendations. They recommended continued scientific evaluations of church programs using adequate, program specific measures, and evaluations which provide follow-up assessments. They suggested that sexuality education programs should be short and should utilize the expertise of "outside" resources. They also recommended that parents and teens be involved in the development of the program.



This study had limitations. It lacked external validity because the subjects were not randomly selected from the population or randomly assigned to groups. Therefore, the results would not be generalizable beyond the population. Also the sample was inadequately described. No information was given on race/ethnic background.

Summary: Evaluation of Sexuality Education Programs

These studies which evaluated sexuality programs within the schools and nonschool organizations revealed that sexuality education was being presented to adolescents ranging in age from 11 to 18, with most sexuality courses being directed to 8th and 9th graders. The duration of the programs and length of each class ranged from a few sessions over a few weeks to many sessions over one year's period. Most programs presented between 10 to 24 hours of instruction and discussion. A variety and wide range of topics were included in the programs including human growth and development, communication, decision-making, male and female anatomy, emotional and physical changes during puberty, teen pregnancy, personal hygiene, nutrition, birth control, STD's, parenting, pregnancy alternatives, values clarification, beliefs and feelings concerning sexuality, familial, platonic and romantic relationship, problem-solving, and rape. The material was presented in large group lectures and small group discussions using various multimedia tools.

Two studies assessed adolescents' concerns about sexuality and determined that adolescents were concerned about being able to tell if someone loved them, how far to go with sex, and when it is right to have sex. Also they were concerned about the effects of masturbation

and sex dreams. Most of the concerns were regarding sexual development and behaviors.

Because of the lack of scientific methodology and inadequate samples, reliable interpretations or conclusions could not be made from the studies nor could generalizations be made to the adolescent population as a whole. Also though some of the studies did include Black adolescents within their samples, the majority of the samples were non-Black. One study exclusively focused on Black adolescents, yet none of the studies focused on Black adolescents within the Black church. Therefore, given the findings of the studies reviewed above, continual assessment of the needs and concerns for each sample of adolescents under observation must be made using scientific methodology to adequately assess needs and make valid conclusions.

Research Questions

The literature suggested that the needs of adolescents and their parents as they related to sexuality be incorporated into the planning and the implementation of a sexuality program. It also suggested that a few programs had incorporated a large range of topics and issues which were relevant to the needs of adolescents. This body of literature strongly implied that continual assessment of the needs of adolescents and their parents be done for each group of adolescents under observation. This must occur for several reasons. There must be continual assessment, first, because the nature of issues of sexuality was determined often by values, morals and ethics, and less by absolute fact, and these issues were often dependent upon the demographics of a given population; because there was no research

which had substantial internal and external validity to allow generalization beyond that specific group under study, and because evaluations of sexuality education programs were failing to find significant affects in sexual behaviors and attitudes. The question still remained of how could a sexuality education significantly affect behavior and attitudes. Also the literature provided no insight to the needs of adolescents within the Black church for sexuality education. It was obviously inappropriate to generalize findings of non-Black adolescent samples to the Black adolescent population because of the the lack of external validity from prior studies and, most importantly, because of the vast cultural differences which existed. According to Scott & McKenry (1977), "culture plays a significant role in the process of human development...", and "it is important that family life educators have some understanding of adolescent experiences as they exist in Black communities throughout America" (p. 47). The Black church was an integral part of Black culture and provided a rich cultural and religious based setting in which to assess the needs of Black adolescents.

Therefore, the following questions could be asked for youth and parents within the Black church to assess their needs and concerns regarding sexuality education:

What topics and issues did adolescents want more information about?

What topics and issues did parents want their adolescents to have more information about?

Were there differences between male and female preferences for potential sexuality education topics?

Were there differences between adolescents' and their parents' preferences for topics and issues?

What level of knowledge of sexuality did adolescents currently have?

Were there differences between the knowledge level of males and females?

What were the sexual concerns for adolescents?

Were there differences in sexual concerns for males and females?

What was the relationship between the adolescents amount of sexual knowledge and their sexual concerns?

Had adolescents ever had prior sexuality education?

What was the relationship between adolescents having taken a sexuality education course and their current knowledge regarding sexuality?

What was the first source of sexuality information for adolescents?

Were there differences between males and females for the first source of sexuality information?

What was the preferred source of information for adolescents?

Were there differences in preferred sources of sexuality informaton for males and females?

What were adolescents' current sources of sexuality information according to the parents?

Were there differences between the adolescents' current sources of information as reported by adolescents and current source as reported by parents?

What were parents' preferred sources of sexuality information for adolescents?

Were there differences between adolescents' preferred sources for sexuality information and parents' preferred sources of information for adolescents?

How often did adolescents discuss sexuality with parents?

How often would adolescents like to discuss sexuality with parents?

How comfortable did adolescents feel when discussing sexuality with parents?

How often did parents discuss sexuality with adolescents?

How often would parents like to discuss sexuality with adolescents?

How comfortable did parents feel discussing sexuality with adolescents?

How much did parents know about sexuality according to adolescents?

How much did parents feel they know about sexuality?

How much sexuality education had adolescents had in school?

Did parents want to be the primary educators for sexuality?

Did parents feel they had enough knowledge to be primary educators for sexuality?

Did parents want help to become primary educators for sexuality?

Were parents willing to attend classes to learn how to become primary educators for sexuality education?

What was the appropriate age to begin sexuality education according to adolescents?

What was the appropriate age to begin sexuality according to the parents?

Were there differences between appropriate ages to begin sexuality education as stated by adolescents and as stated by the parents?

CHAPTER 2

Methodology

Sample

A sample of 57 youths, ages 9 -17, and their parents (N= 48) was obtained from 3 Pentecostal Churches, the Pentecostal Church of Christ in Cleveland, Ohio, New Jerusalem Church in Lansing, Michigan, and King's Chapel Assembly in Fort Wayne, Indiana. The three churches were predominately African American (Black), and had a diverse membership in age, SES, and educational background. The Pentecostal Church of Christ had a membership of approximately 1,000, New Jerusalem's had approximately 200, and King's Chapel Assembly had approximately 60.

The pastor of each church was contacted by phone or in person and given information concerning the study. The researcher asked for permission to conduct the study within their church. Each pastor agreed.

Once permission was obtained, a list of adolescents and their parents was compiled from each church. For the Pentecostal Church of Christ, a list of all adolescents between the ages of 11 - 16 was compiled by surveying the adolescents in attendance of Sunday morning services over a period of several weeks. For New Jerusalem Church, a list of adolescents was compiled from the church membership roster. The names of families who had children between the ages of 11 - 16 were selected from the roster. Adolescents within these families were identified by the church's youth director. For

King's Chapel Assembly, the pastor sent a list of adolescents and their parents to the researcher of all the families within the church who had children between 11 - 16 years of age.

Once the lists were received, the parents were notified by letter introducing the study and asking their permission for themselves and their adolescents to participate in the study.

Questionnaires were sent to 117 adolescents within the 3 churches; 64 adolescents from the Pentecostal Church of Christ (PCC); 42 adolescents from New Jerusalem Church (NJC); and 11 adolescents from King's Chapel Assembly (KCA). There was a total response rate for adolescents of 51%; 60 questionnaires were returned (50% (n=32) were received from adolescents of the PCC; 48% (n=20) from NJC; and 73% (n=8) from KCA).

Questionnaires were sent to 87 parents from the 3 churches; 49 to parents from the Pentecostal Church of Christ (PCC); 27 to parents from New Jerusalem Church (NJC); and 11 to parents from King's Chapel Assembly (KCA). The total response rate for parents was 55%; 48 questionnaires were returned (51% (n=24) from PCC; 56% (n=15) from NJC; and 82% (n=9) from KCA).

Fifty seven youths and 48 parents were included in this analysis. The sample had the following socio-demographic characteristics. For the youths, 96% were African American (Black). Fifty eight percent (n=33) of the youths were females and 42% (n=24) were males. Their ages ranged from 9 to 17 years old, with a mean, median, and mode of 13 years old. Their grade level in school ranged from 6th grade to 12th grade. The mean grade level was 9th grade. Most of the subjects were in the 7th grade (32%). An overwhelming majority of the

subjects (90%) were members of their respective churches, and 51% (n=29) were members for more than 5 years, while 46% were members for less than 5, and 4% (n=2) were not members at all.

For the parents, 96% (n= 46) were African American (Black). Ninety percent (n=43) were females and 10% (n=5) were males. In age, the parents ranged from 30 to 57 years old. The average age was 39 years old. Their educational background ranged from 8th grade or less to having obtained a graduate degree. Most of the parents had some college, 46% (n=22), while 13% (n=6) obtained a undergraduate degree, 13% (n=6) obtained a graduate degree, 17% (n=8) graduated from high school, 10% (n=5) had some high school education, and 2% (n=1) had an eighth grade education or less. For marital status, most were currently married, 56% (n=27), while 33% (n=16) were separated or divorced, 4% (n=2) were widowed, and 6% (n=3) were never married. For family income, most of the families had an income of more than \$30,000 a year or 42% (n=20), while 17% (n=8) had an income between \$20,000 and \$30,000, 13% (n=6) had an income between \$10,000 and \$20,000, and 28% (n=14) had an income of less than \$10,000. The number of children the parents had ranged from 1 to 13, with most, 40% (n=19) having 2, 25% (n=12) had 3, 15% (n=7) had 4, 10% (n=5) had 1, and 8% (n=4) had 5, and 2% (n=1) had 13 children. The number of children they had between the ages of 11 and 16 ranged from 1 to 5 with 56% (n=27) having 1, 17% (n=17) had 2, 6% (n=3) had 3, and 2% (n=1) had 5. The majority of parents were members of their respective churches, 94% (n=45), and most had been attending for more than 10 years.

Design

This research was a survey of the needs of adolescents and their parents for issues regarding sexuality.

Procedure

After the list was obtained from the churches, a letter was sent to the parents explaining the study and requesting their and their children's participation. One week after the preletter was sent, questionnaires, accompanied by a cover letter, were sent. A separate questionnaire was sent to the mother of each family and to each adolescent in that household between the ages of 11 - 16. (There were 2 questionnaires, one for the adolescents and one for the parents.) If there was no mother in the household or the mother was not able to complete the questionnaire, the father was sent a questionnaire. Parents and adolescents were asked to complete the questionnaire independently and to the best of their ability. They were informed that the information on the questionnaire would be both confidential and anonymous, and their participation would be voluntary. They were instructed to return the completed questionnaire to the researcher as soon as possible. An addressed and stamped envelope was enclosed within the parents envelope. They were asked to be responsible to return of theirs and their children's questionnaire. Confidentiality and anonymity were preserved by asking the parent and the youth to seal their questionnaires within an envelope immediately after completing it. The youths were then asked to give their sealed envelope to their parents so the parents

could return it to the researcher. The parents were asked not to look at the children's questionnaire or to help them in any way.

A reminder letter with a second questionnaire was sent to each subject within two weeks after the questionnaires were sent reminding the subjects to return the questionnaires and also thanking those who had returned them. A final reminder post card was sent to all of the subjects within 4 weeks after the first questionnaires were sent.

Research assistants assisted the researcher with sending out the letters, questionnaires and post cards, and also helped to collect, code, and analyze the data.

Once received, each questionnaire was given an identification number which identified the church from which the questionnaires were sent, whether the questionnaires were from a parent or adolescent, and one which matched parents with children.

Once the questionnaires were received, they were coded and then were entered into the computer for analysis using SPSSx by the researcher and the research assistants.

Instruments

The adolescents' questionnaire consisted of 110 items. Included were general information items and three scales: sexuality topics, sexual knowledge, and sexual worry scales. The topics scale was developed by Silverstein & Buck (1986) and was used to survey parents of sixth graders in a high socioeconomic suburb of Buffalo, New York. It was a 4 point, Likert-type scale of 45 possible topics for sex education where the respondent would indicate whether they



agreed or disagreed (ranging from strongly agree to strongly disagree) to including a topic in a sexuality education course. The reliability of the original scale was measured by Cronbach's alpha with a coefficient of .95.

The measure was modified for use in this study. Topics which were suggested in the literature as being important to adolescents were included such as "sex in the media," while other items were condensed into categories. For example, "growth spurts" and "changing voice" were condensed into the topic "physical changes during adolescence." Also the Likert-type scale categories were changed. Instead of asking the respondents to agree or disagree, the researcher asked the respondents to indicate how much more information would they like to attain about each topic. The categories were "a great deal more," "much more," "a little more," or "none at all." The reliability of this scale was measured by Cronbach's alpha and the alpha coefficient was .96 (see Table 1).

The second scale was a knowledge test developed by Parcel, Luttmann, and Meyers (1979) and was used to assess the knowledge of sexuality obtained by eighth grade students attending a sex education course. This questionnaire evaluated the respondents' knowledge about pregnancy, intercourse, and sexual function, response and behavior. The students were asked to respond "true," "false" or "I don't know" to each of the items. Examples of the items on this measure were: "The clitoris is a part of the female's sex organs;" "Attitudes and fear during pregnancy can result in damage to the baby;" "Ejaculation is the active release of sperm from the penis...." The reliability was

Table 1

Alpha and Corrected Item-Total Correlations for Adolescents' Topics Scale

Alpha = .96

Topics	Item-Total Correlations
Love	.63
Achieving independence	.43
Self esteem	.59
Decision-making skills	.57
Femininity	.47
Masculinity	.62
Dealing with peer pressure	.70
Emotional needs during adolescence	.57
Defining sexuality	.63
Religious values	.54
Responsibility and concern for others	.57
Communication with parents	.60
Becoming comfortable with the opposite sex	.70
Dating	.62
Premarital sex	.73
Sexual attraction	.74
Value and role of the family	.49
Romantic relationships	.63
Understanding yourself	.56
Divorce	.58
Homosexuality	.44
Sex in the media	.55
The male body	.66
The female body	.64
Sexual intercourse	.70

Table 1 (Cont'd)

Topics	Item-Total Correlations
Birth process	.75
Sterilization	.60
Abortion	.79
Sex role stereotyping	.58
Avoiding premarital sex	.68
Teen pregnancy	.80
Birth control	.72
Preparing for marriage	.65
Preparing for parenting	.59
Physical changes during adolescence	.72
Menstruation	.68
Vaginal discharge	.61
Erection	.63
Ejaculation of sperm	.67
Wet dreams	.73
Masturbation	.53
Pornography	.43
Sexually transmitted diseases	.65
Rape	.58
Child molesting	.51

determined by the Kuder-Richardson 20 formula for internal consistency and was .72.

This scale also was modified for this study. Two of the original 20 items were deleted. These were items that were thought might be offensive to church members and pastors. The items deleted were "Masturbation can sometimes be harmful," and "Sex play between two boys or two girls should be regarded as an illness." Reliability was assessed by Cronbach's alpha and the coefficient was .79 (see Table 2).

The third scale was a modified version of Kirdendall and Calderwood's (1970) *Sexual Concerns Check List*. This had been modified and used by Parcel and Luttmann (1981) to assess the effectiveness of a sexuality program for eighth graders. This measure assessed the concerns that adolescents might have regarding sexuality. It had 15 items with 3 subgroups, sexual behaviors, sexual adequacy, and decision making, and had a reliability alpha coefficient of .77. Examples of the items on this measure were: "I worry that my sex organs are too large;" "I worry about not being as feminine as other girls;" "I worry that I will not be sexually attractive to boys (girls)...."

This measure was modified for this study as well. Items which made a double statement in one question were changed. For example, the statement "I worry about not being as feminine as other girls or not as masculine as other boys" was changed to 2 items - "I worry about not being as feminine as other girls," and "I worry about not being as masculine as other boys." There were 17 items for this scale and the reliability was assessed by Cronbach's alpha and the coefficient was .78 (see Table 3).

Table 2

Alpha and Corrected Item-Total Correlations for Knowledge Scale

Alpha= .84 (14 Items)*

Knowledge Item	Item-Total Correlations
1. The clitoris is a part of the female sex organs.	.42
2. Sperm (male seeds) are produced in the testicles (male sex glands).	.46
3. Ejaculation is the active release of sperm from penis.	.49
4. Ova (eggs) are produced in the ovaries.	.41
5. The uterus is a female organ for having intercourse.	.40
6. A "wet dream" is normal release of fluid from the penis during sleep.	.42
7. You can tell if someone has had sexual intercourse because he or she will look different.	.60
8. Menstruation flow leaves the body from the vagina.	.56
9. Menstruation is a regular discharge of blood and lining of the uterus.	.59
10. An erection means that a boy's penis becomes larger and gets stiff.	.52
11. Ova (eggs) can join up with sperm after sexual intercourse to form a baby.	.63
12. Sexual intercourse is when a male puts his penis in a female's vagina.	.47
13. Boys have a monthly period something like the girls' period.	.38
14. A girl can get pregnant if she kisses a boy's penis or if a boy kisses her vagina.	.28

*Four items with non-significant item-total correlations ($r \leq .25$) were deleted from alpha analysis. These items were correlated with the above scale and the results were the following:

1. Attitudes and fear during pregnancy can result in damage to the baby.	.19
2. A baby comes out of its mother's body through the vagina.	.13
3. Boys develop later than girls.	.13
4. There are ways of having intercourse without becoming pregnant.	.25

Also included in the measure was an assessment of the degree or amount of parent-child discussion about sexuality, the amount of sexuality education received, how often and how long sexuality education should be held, the preferred class structure for sexuality education classes, the first, current, and, preferred sources of sexual information, parents' knowledge about sexuality as perceived by adolescents, and adolescents belief about the appropriate age to begin sexuality education. Six demographic variables also were included.

The parents' questionnaire was similar to the youths' questionnaire. It was a 68 item measure which included the topics scale as described above and questions relating to parent-child discussion about sexuality, the current and preferred sources of information for their adolescents, the importance of sexuality education, parents' perceived knowledge about sexuality, parents desire for more information to become primary source of sexuality information for their adolescents, how often and how long sexuality education should be held, and appropriate ages to begin sexuality education. Ten demographic items also were included. The reliability for the topics scale was measured by Cronbach's alpha and was .96 (see Table 4).

Table 3

Alpha and Corrected Item-Total Correlations for Worry Scale

Alpha = .82 (12 Items)*

Item	Item-Total Correlations
1. I worry about knowing when it is right to have sex with another person.	.36
2. I worry about having thoughts about sex.	.60
3. I worry about how to stop from going too far.	.35
4. I worry about how far to go with sex.	.33
5. I worry about having a desire to look at sexually exciting pictures.	.51
6. I worry about getting pregnant.	.41
7. I worry about getting someone pregnant.	.60
8. I worry about not being as masculine as other boys.	.69
9. I worry about wanting to see what other boys look like naked.	.44
10. I worry about not being as feminine as other girls.	.36
11. I worry that my sex organs are too small.	.51
12. I worry about wanting to see what other girls look like naked.	.53

*Five items with non-significant inter-item correlations ($r \leq .25$) were deleted from alpha analysis. These items were correlated (using Pearson's Correlation Coefficient) with the above scale score and the results were the following:

1. I worry that my sex organs are too large.	.05
2. I worry about the effects of masturbation.	.22
3. I worry whether petting is right or wrong.	.14
4. I worry about wanting to see what other girls look like naked.	.06
5. I worry about getting someone pregnant.	.08

Table 4

Alpha and Corrected Item-Total Correlations for Parents' Topics Scale

Alpha = .96

Topics	Item-Total Correlations
Love	.48
Achieving independence	.27
Self esteem	.28
Decision-making skills	.37
Femininity	.66
Masculinity	.48
Dealing with peer pressure	.53
Emotional needs during adolescence	.52
Defining sexuality	.62
Religious values	.39
Responsibility and concern for others	.39
Communication with parents	.57
Becoming comfortable with the opposite sex	.65
Dating	.64
Premarital sex	.52
Sexual attraction	.60
Value and role of the family	.60
Romantic relationships	.72
Understanding yourself	.79
Divorce	.61
Homosexuality	.58
Sex in the media	.51
The male body	.64
The female body	.80
Sexual intercourse	.67

Table 4 (Cont'd)

Topics	Item-Total Correlations
Birth Process	.79
Sterilization	.70
Abortion	.69
Sex role stereotyping	.74
Avoiding premarital sex	.60
Teen pregnancy	.57
Birth control	.69
Preparing for marriage	.74
Preparing for parenting	.74
Physical changes during adolescence	.64
Menstruation	.60
Vaginal discharge	.55
Erection	.55
Ejaculation of sperm	.58
Wet dreams	.53
Masturbation	.52
Pornography	.58
Sexually transmitted diseases	.59
Rape	.60
Child molesting	.60

CHAPTER 3

Results

The results were reported in 8 sections. These section were the following: topics for sexuality education for adolescents and parents, knowledge and worry scores for adolescents, sources of adolescent sexuality information according to adolescents and parents, parent- adolescent discussion about sexuality, parental knowledge about sexuality, amount of sexuality education taken by adolescents, appropriate age, format and time frame for sexuality education, and parents as primary source of sexuality education.

Topics for Sexuality Education: Adolescents and Parents

Of the 45 items on the topics scale, only 19 items were endorsed by a majority of adolescents (50% to 65%) (see Table 5). These items included the following (in rank order): "achieving independence," "preparing for marriage," "premarital sex," "sexual attraction," "child molesting," "decision-making skills," "sexually transmitted diseases," "preparing for parenting," "avoiding premarital sex," "religious values," "rape," "dating," "self esteem," "understanding yourself," "communication with parents," "becoming comfortable with the opposite sex," "teen pregnancy," "dealing with peer pressure," and "romantic relationships" (see Table 5). Adolescents had the least interest in the following 7 items which ranged in percentages from 28% to 33%. These were: "defining sexuality," "divorce," "male body," "wet dreams," "erection," "ejaculation of sperm," and "pornography."

A t-test examining the overall female-male differences on the topics scale revealed no significant difference ($t=1.25$, $p < .218$). A chi-square analysis revealed that only 2 items had significant differences when females and males were compared, "premarital sex" and "romantic relationships" (see Table 5)¹. Females wanted significantly more information on both topics.

Parents, responding to the same topics scales, had strikingly different responses than adolescents. Of the 45 items, 39 topics were endorsed by a majority of parents as those they wanted their children to have more information on (see Table 5). There were 15 items which received more than 80% of parental support. These items were (in rank order): "self esteem," "religious values," "dealing with peer pressure," "decision-making skills," "understanding yourself," "sexually transmitted disease," "avoiding premarital sex," "physical changes during adolescence," "achieving independence," "emotional needs during adolescence," "preparing for marriage," "rape," "value and role of the family," "defining sexuality," and "teen pregnancy" (see Table 5). There were only 4 items which received 50% or less of parental support. They were "sterilization," "menstruation," "abortion," and "wet dreams."

When parents' responses were compared to youths' responses on topics, a t-test on the overall scale revealed a significant difference between parents and youths ($t= 4.46$, $p < .0001$). A McNemar chi-square analysis revealed that there were significant differences on 32 items (see Table 5)². Parents wanted their children to have much

Table 5

Percentages, Gender Differences, Youth and Parents Differences for Sexuality Topics

Topics	YOUTHS		TOTAL / SIGNIFICANCE	
	<u>Female</u>	<u>Male</u>	<u>Youths</u>	<u>Parents</u>
Total Scale				
t= 1.25 (M/ F)	Mean = 65.68			
t= 4.46*** (P/Y)	S. D. = 12.53			
Achieving independence	72.7	54.2	64.9	85.4*
Preparing for marriage	63.6	37.5	63.2	83.3
Premarital sex	75.8	41.7*	61.4	79.2
Sexual attraction	72.7	45.8	61.4	62.9
Child molesting	60.6	62.5	61.4	79.2
Decision-making skills	60.6	58.3	59.6	87.6**
Sexually transmitted diseases	66.7	50.0	59.6	85.5*
Preparing for parenting	60.6	54.2	57.9	75.0
Avoiding premarital sex	51.5	66.7	57.9	85.4*
Religious values	60.6	54.2	57.9	91.7***
Dating	63.6	45.8	56.1	77.1
Self esteem	66.7	41.7	56.1	93.7***
Rape	66.7	41.7	56.1	81.3*
Understanding yourself	60.6	50.0	56.1	87.5***
Communication with parents	66.7	37.5	54.4	75.0*
Becoming comfortable with the opposite sex	54.4	54.2	54.4	66.7
Teen pregnancy	63.6	37.5	52.6	81.2*
Dealing with peer pressure	57.6	45.8	52.6	89.6***
Romantic relationships	63.6	33.3*	50.9	75.0*

Note. Female-male differences were measured by chi-square. Parent-youth differences were measured by McNemar chi-square.

*p<.05 **p<.01 *** p < .001

Table 5 (Cont'd)

Topics	YOUTHS		TOTAL / SIGNIFICANCE	
	<u>Female</u>	<u>Male</u>	<u>Youths</u>	<u>Parents</u>
Abortion	48.5	45.8	47.4	50.1
Sex Role stereotyping	42.4	54.2	47.4	66.6*
Vaginal discharge	48.5	45.8	47.4	58.4
Value and role of the family	45.5	50.0	47.4	81.3***
Responsibility and concern for others	51.1	37.5	45.6	77.1***
Physical changes during adolescence	45.5	37.5	42.1	85.4***
Emotional needs during adolescence	39.4	45.8	42.1	83.3***
Love	48.5	33.3	42.1	72.9***
Sexual intercourse	51.5	25.0	40.4	68.8*
Sterilization	39.4	41.7	40.4	47.9
Femininity	39.4	41.7	40.4	66.7*
Birth control	45.5	29.2	38.6	64.6*
Masculinity	30.3	45.8	36.8	62.5*
Birth process	39.4	41.7	35.1	64.6*
Menstruation	27.3	41.7	33.3	47.9
Sex in the media	39.4	25.0	33.3	66.7***
Defining sexuality	27.3	41.7	33.3	81.2***
Divorce	27.3	37.5	31.6	77.1***
The male body	33.3	29.2	31.6	60.4***
Masturbation	36.4	20.8	31.6	60.4***
Erection	36.4	20.8	29.8	52.1
Ejaculation of sperm	30.3	29.2	29.8	52.1*
Pornography	21.2	37.5	28.1	52.1
Wet dreams	30.3	20.8	26.3	47.9*
Homosexuality	36.4	20.8	25.8	64.6***

Note. Female-male differences were measured by chi-square statistic. Parent-youth differences were measured by McNemar chi-square statistic.

*p<.05 **p<.01 *** p < .001

more information on those topics than children wanted to have for themselves. When parents' highest 19 choices were compared to youths' highest 19 choices for topics, there were 13 items common to both though each ranked differently. These were "achieving independence," "preparing for marriage," "premarital sex," "child molesting," "decision- making skills," "sexually transmitted diseases," "avoiding premarital sex," "religious values," "dating," "self-esteem," "rape," "understanding self," and "dealing with peer pressure." A McNemar chi-square analysis revealed that there were significant differences between parents and youths on nine of these 13 items, again, with parents wanting their children to have more information on these topics than their children wanted. These items were "achieving independence," "decision-making skills," "sexually transmitted diseases," "avoiding premarital sex," "religious values," "self-esteem," "rape," "understanding yourself," and "dealing with peer pressure."

In summary, adolescents appeared to be only marginally interested in obtaining more information about sexuality. Only 19 topics were endorsed by a slight majority (from 50 to 65%) of adolescents. Adolescents, however, were interested in knowing more about such issues as interpersonal relationships, implications and consequences of sexual behavior, personal growth and development, familial preparation, and even social problem issues such as child molesting and rape. There was no significant difference between gender on the topics scale.

Parents, on the other hand, were overwhelmingly interested in having their children obtain more information in all areas of sexuality. A majority of parents indicated interest in 41 of 45 topics presented,

with 80% and more wanting their children to have more information on 15 topics. There was a significant difference between adolescents' and parents' topics score.

Knowledge and Worry Scores for Adolescents

For the knowledge scale, the number of correct responses for each subject ranged from 3 to 18 or from 17% to 100% on the 18 item scale. Eight subjects had a score between 0 and 50%, 15 subjects had a score of 51% to 75%, and 34 scored between 76 to 100%. Two subjects had a score of 100%. Eighty six percent of the subjects answered 51 to 100% of the items correctly. The mean individual score was 13.4 and the mode was 16.

Overall, the range of total respondents scores on each item were from 24.6% to 96.5% (see Table 6). Sixteen items were answered correctly by a majority of adolescents. The items with the highest overall correct responses were "A baby comes out of its mother's body through the vagina," "Sexual intercourse is when a male puts his penis in a female's vagina," and "A girl can get pregnant if she kisses a boy's penis or if a boy kisses her vagina." For each of these items greater than 90% of the respondents answered them correctly. Only two items were answered incorrectly by less than 50% of the respondents, and the item answered incorrectly most often was "Attitudes and fear during pregnancy can result in damage to the baby." Only 24.6% of the respondents answered this question correctly.

A t-test examined gender differences for the total score and no significant difference was found ($t = .40$, $p < .69$). A chi-square analysis revealed that there was only one item with significant difference when

males and females were compared (see Table 6)³. For the item "Menstruation flow leaves the body from the vagina," significantly more females answered it correctly.

For the worry scale, a majority of adolescents were concerned about only 1 item. Sixty percent of the respondents indicated that they worry about how to tell whether someone really loves them. The other 16 items received less than 50% indicating concern (see Table 7). However, 3 other items of most concern were "I worry about knowing when it is right to have sex with another person," "I worry about whether I will know how to have intercourse," and "I worry about how to stop from going too far." The item that least concerned the respondent was "I worry about wanting to see what other girls look like naked." Only 14% (n=8) indicated this concern.

A t-test examined gender differences and no significant difference was found ($t=1.57$, $p < .123$). A chi-square analysis was used to compare gender differences for each item on the worry scale (see Table 7)⁴. Six items revealed significant differences. Males worried more about their sex organs being too large, not being as masculine as other boys, wanting to see what other girls look like naked, and getting someone pregnant. Females worried more about not being as feminine as other girls and about getting pregnant.

Table 6

Percentage of Number Correct Responses and Gender Differences
on Knowledge Scale

Items	<u>Total</u>	<u>Female</u>	<u>Male</u>	<u>X²</u>
Total Scale $t=.21$, $p < .83$				
Mean = 13.39 S.D. = 3.59				
1. A baby comes out of its mother's body through the vagina.	96.5	93.9	100.0	.24
2. Sexual intercourse is when a male puts his penis in a female's vagina.	93.0	90.9	95.8	.03
3. A girl can get pregnant if she kisses a boy's penis or if a boy kisses her vagina.	91.2	93.9	87.5	.14
4. A "wet dream" is normal release of fluid from the penis during sleep.	87.7	87.9	87.5	.00
5. Ova (eggs) can join up with sperm after sexual intercourse to form a baby.	84.2	84.8	83.3	.00
6. Sperm (male seeds) are produced in the testicles (male sex glands).	82.5	81.8	83.3	.00
7. Ova (eggs) are produced in the ovaries.	82.5	84.8	79.2	.04
8. Boys have a monthly period something like the girls' period.	80.7	81.8	79.2	.00
9. An erection means that a boy's penis becomes larger and gets stiff.	77.2	72.7	83.3	.38
10. Ejaculation is the active release of sperm from penis.	77.2	69.7	87.5	1.59
11. Boys usually develop later than girls.	77.2	72.7	83.3	.39
12. You can tell if someone has had sexual intercourse because he or she will look different.	77.2	75.8	79.2	.00

Table 6 (Cont'd)

Items	<u>Total</u>	<u>Female</u>	<u>Male</u>	<u>X²</u>
13. Menstruation is a regular discharge of blood and lining of the uterus.	70.2	75.8	62.5	.62
14. There are ways of having intercourse without becoming pregnant.	70.2	63.6	79.2	.94
15. Menstruation flow leaves the body from the vagina.	68.4	81.8	50.0	5.12**
16. The clitoris is a part of the female sex organs.	50.9	51.5	50.0	.00
17. The uterus is a female organ for having intercourse.	47.4	51.5	41.7	.22
18. Attitudes and fear during pregnancy can result in damage to the baby.	24.6	30.3	16.7	.75

* p < .05 ** p < .01 *** p < .001

Table 7

Percentages and Gender Differences on Worry Scale

Items	<u>Total</u>	<u>Female</u>	<u>Male</u>	<u>X²</u>
Total Score $t=1.57, p<.12$ Mean = 7.28 S.D. = 5.35				
1. I worry about how I can tell whether someone really loves me.	59.6	63.6	54.2	.20
2. I worry about knowing when it is right to have sex with another person.	49.1	54.5	41.7	.48
3. I worry about whether I will know how to have intercourse.	48.6	48.5	25.0	2.32
4. I worry about having thoughts about sex.	47.3	45.5	50.0	.005
5. I worry about how to stop from going too far.	45.6	48.5	41.7	.06
6. I worry about how far to go with sex.	38.6	45.5	29.2	.94
7. I worry about having a desire to look at sexually exciting pictures.	35.1	30.3	41.7	.37
8. I worry whether petting is right or wrong.	28.1	27.3	29.2	.0
9. I worry about getting pregnant.	28.1	42.4	8.3	6.04**
10. I worry that my sex organs are too small	26.3	30.3	20.0	.24
11. I worry about getting someone pregnant.	24.5	9.1	45.8	8.24**
12. I worry about not being as masculine as other boys.	24.5	12.1	41.7	5.05*
13. I worry about wanting to see what other boys look like naked.	22.8	30.3	12.5	1.59
14. I worry about not being as feminine as other girls.	21.0	36.4	0	8.97**
15. I worry about the effects of masturbation.	17.5	18.2	16.7	.0
16. I worry that my sex organs are too large.	15.8	6.1	29.2	3.98*
17. I worry about wanting to see what other girls look like naked.	14.1	3.0	29.2	5.85*

* $p < .05$ ** $p < .01$ *** $p < .001$

The correlation between adolescents' knowledge score and worry score was measured by Pearson's Correlation Coefficient. There was no significant correlation between these measures ($r = .02$).

In summary, most of the adolescents surveyed had knowledge of basic sexual reproduction as indicated by their score on the knowledge scale, and there were no significant differences between males and females. Also adolescents were not highly concerned about the issues presented in the worry scale. There was only one concern in which greater than half of the respondents indicated concern. They were most concerned about being able to tell if someone really loved them. There was no significant difference found between genders on the total worry scale score.

Sources of Adolescent Sexuality Information According to Adolescents and Parents

Adolescents reported that mother and school were their first source of sexuality information, indicating 39% ($n=22$) and 37% ($n=21$) respectively. Friends were next with 32% ($n=18$). Brothers and sisters, church, and father were the sources in which the least amount of adolescents received their first sexuality information. The percentages for these sources were 2% ($n=2$), 5% ($n=3$), and 7% ($n=4$) respectively (see Table 8).

A chi-square analysis compared gender differences. Only one source revealed a significant difference: mother ($\chi^2 = 9.66$, $p < .007$) was the first source of information for more females than males (see Table 9).

Table 8

Percentages and Differences of Sources of Adolescents'
Sexuality Information According to Adolescents and Parents

Source	Parents		Youths			Significance	
	Curr.	Pref.	First	Curr.	Pref.	Curr.	Pref.
Mother	85.4	89.4	38.6	45.6	45.6	.0003	.0000
Father	39.6	45.8	7.0	10.5	19.3	.001	.0034
Brothers & Sisters	8.3	4.2	3.5	7.0	5.3	1.00	1.00
Friends	22.9	2.1	31.6	21.1	14.0	1.00	.03
Other Adults	16.7	4.2	8.8	10.5	5.3	.55	.100
Books, magazines & movies	18.8	8.3	10.5	15.8	7.0	.75	1.00
Church	27.1	85.4	5.3	10.5	21.1	.30	.0000
School	77.1	45.8	36.8	57.9	35.1	.19	.38
Other	2.1	0	8.8	14.0	14.0	.07	.008

Note. Differences measured by McNemar Chi-square.

Table 9

Percentages and Gender Differences for Adolescents'
Sources of Sexuality Information

Source	First			Current			Preferred		
	F	M	X ²	F	M	X ²	F	M	X ²
Mother	57.9	16.7	9.79**	63.6	20.8	8.6**	60.6	25.0	5.74*
Father	3.0	12.5	.73	12.1	8.3	0.0	18.2	20.8	0.0
Brothers & Sisters	6.1	0.0	.24	12.1	0.0	1.55	6.1	4.2	0.0
Friends	30.3	33.3	0.0	27.3	12.5	1.04	15.2	12.5	0.0
Other Adults	15.2	0.0	2.32	18.2	0.0	3.14	9.1	0.0	.84
Books, Magazines, & Movies	6.1	16.7	.72	24.2	4.2	2.84*	12.1	0.0	1.5
Church	6.1	4.2	0.0	18.2	0.0	3.14*	21.2	20.8	0.0
School	39.4	33.3	.03	48.5	70.8	2.0	36.4	33.3	0.0
Other	12.1	4.2	.33	18.2	8.3	.45	15.2	12.5	0.0

* p<.05 **p<.01 ***p<.001

When asked how they were currently receiving information about sexuality, adolescents reported that they were currently learning mostly from school and mother (see Table 9). These percentages were 58% (n=33) and 46% (n=26) respectively. Friends were next with 21% (n=12) of the adolescents selecting this source. Brothers and sisters, church and other adults were least selected as current source of information, with adolescents indicating 7% (n=4), 11% (n=6), and 11% (n=6) respectively.

A chi-square analysis of gender differences revealed that only one source, mother, was significantly different. Females reported that they were currently learning about sexuality from mothers more than males ($\chi^2 = 8.6$, $p < .003$) (see Table 8).

When asked how their children were currently receiving their sexuality information, parents reported that their children were mostly learning about sexuality from mother, school, and father, with parents indicating 85% (n=41), 77% (n=37) and 40% (n=19) respectively. Parents suggested their children were least likely to learn from brothers and sisters, other adults, and others, indicating 8% (n=4), 17% (n=8), and 2% (n=1) respectively (see Table 8).

A McNemar chi-square analysis examined the differences between how parents believed their children were currently obtaining their sexuality information and how children reported receiving sexuality information. There were 5 significant differences of sources. Parents chose mother as a current source much more than adolescents ($p < .0003$). Parents also chose fathers ($p < .005$) and church ($p < .001$) as current source significantly more than adolescents.

However, adolescents chose "other" as being a current source of sexuality information more than parents ($p < .07$) (see Table 8).

When asked about their preferred sources of sexuality information, adolescents reported that their preferred sources were mother, school, and church, with adolescents responding 46% ($n=26$), 35% ($n=35$) and 21% ($n=12$) respectively. The least preferred sources of sexuality information were books, magazines, & movies, other adults, and brothers and sisters. Seven percent ($n=4$) chose books, magazines and movies; 5% ($n=3$) chose brothers and sisters; and 5% ($n=3$) chose other adults (see Table 8).

A chi-square analysis examined gender differences. Only 1 source was significantly different. Females chose mothers as a preferred source of sexuality information significantly more than males ($\chi^2 = 5.74$, $p < .02$) (see Table 9).

When asked about preferred sources of sexuality information for their children, parents reported that their preferred sources were mother, church, father, and school. Ninety percent ($n=43$) of the parents chose mother, 85% ($n=41$) chose church, 46% ($n=22$) chose father, and 46% ($n=22$) chose school. The least preferred sources of information were other adults, friends, brothers and sisters, and other. Two percent ($n=1$) chose friends, 4% ($n=2$) chose other adults, and 4% ($n=2$) chose brothers and sisters. No one chose "other" as a preferred source (see Table 8).

A McNemar chi-square analysis examined the difference between parents' preferred source of information for their children and adolescents' preferred source of information. Five sources were significantly different. Parents chose mother ($p < .001$), father ($p <$

.0034) and church ($p < .001$) as preferred sources of information significantly more than adolescents. However, adolescents chose friends ($p < .03$) and other ($p < .008$) significantly more than parents (see Table 8).

In summary, adolescents reported that mother, school, and friends were their first sources of sexuality information. School, mother, and friends were their current sources, and mother, school, and church were their preferred choices of sexuality information. Parents, on the other hand, reported that mother, school and father were adolescents' current source of sexuality information, and mother, church, and father were parents' preferred source of information for adolescents. Parents included father as a preferred source significantly more than adolescents.

Parental-Child Discussion about Sexuality

Thirty three percent of the adolescents reported they discussed sexuality often or very often with their parents; 23% ($n=13$) often, and 11% ($n=6$) very often. Sixty eight percent reported that they either seldom or never discussed sexuality with their parents; 32% ($n=18$) seldom and 35% ($n=20$) never. Fifty six percent ($n=27$) of the parents reported that they discussed sexuality often or very often with their children; 31% ($n=15$) often and 25% ($n=12$) very often. Forty four percent ($n=21$) reported that they seldom discussed sexuality with their children.

A McNemar chi-square analysis examined the difference between parents' and adolescents' responses and revealed a significant

difference ($p < .008$) where parents indicated discussing sexuality with adolescents more than adolescents discussed sexuality with parents.

When asked how often would they like to discuss sexuality with their parents, 25% ($n=20$) of adolescents indicated that they would like to discuss it often or very often. Most indicated seldom - 42% ($n=24$), while 23% ($n=13$) said never. When parents responded to the same question, 92% ($n=48$) indicated that they would like to discussed sexuality often or very often with their children, while 8% ($n=4$) seldom would like to discuss it. None of the parents indicated "never" wanting to discuss sexuality with their children.

A McNemar chi-square analysis examined the differences between parents and youths. There was a significant difference between parents and youths where parents significantly more often wanted to discuss sexuality with their children than children wanted to with their parents ($p < .001$).

When asked how comfortable did you feel discussing sexuality with parents, most adolescents (60%) felt either uncomfortable or very uncomfortable. Twenty three percent ($n=13$) indicated they felt very uncomfortable, and 39% felt uncomfortable. Thirty nine percent felt either comfortable or very comfortable. Five percent felt very comfortable and 33% felt comfortable.

When parents responded to the same questions, how comfortable did you feel discussing sexuality with your children, most felt either comfortable or very comfortable discussing it. Forty two percent ($n=20$) felt comfortable and 48% felt very comfortable.

A McNemar chi-square analysis examined the differences between parents and youths on this item. It revealed that parents felt

significantly more comfortable discussing sexuality with their children than children with parents ($p < .0001$).

In summary, relatively few adolescents reported that they often discussed sexuality with parents, and usually felt uncomfortable in doing so. They also did not want to discuss sexuality with their parents to any great extent. In contrast, more parents reported often discussing sexuality with their adolescents than adolescents reported discussing it with their parents, and parents felt comfortable in doing so. Parents also overwhelmingly wanted to discuss sexuality with their children.

Parental Knowledge about Sexuality

When asked how much they thought their parents knew about sexuality, most adolescents believed their parents knew "a lot" or "quite a bit." Forty percent ($n=23$) believed their parents knew "quite a bit" and 49% ($n=28$) believed their parents knew "a lot." Two percent ($n=1$) believed their parents knew nothing at all, 2% ($n=1$) believed their parents knew "very little," and 7% ($n=4$) believed their parents had "some" knowledge.

When parents were asked how much they felt they knew about sexuality, most responded either "quite a bit" and "a lot." Fifty two percent ($n=25$) felt they knew "quite a bit" and 42% ($n=20$) felt they knew "a lot." Two percent ($n=1$) felt they knew nothing at all and 4% ($n=2$) felt they knew "some."

A McNemar chi-square analysis of this item revealed that there was no significant difference between parents and youths ($p < .50$).

Both adolescents and parents believed parents knew a great deal about sexuality.

Amount of Sexuality Education Taken by Adolescents.

When asked how much sexuality education they have had in school, most of the adolescents had either "quite a bit" (40%) or "a lot" (32%) of sexuality education. Only 4% (n=2) reported having no sexuality education. The most frequently reported source of sexuality education was through health class, 72%. Pearson's correlation coefficient was used to examine the relationship between the amount of knowledge which adolescents had as demonstrated by the knowledge scale and the amount of sexuality education. No significant correlation was found ($r=.16$).

Appropriate Age, Format and Time-frame for Sexuality Education

When asked how often sexuality education should be offered, 30% (n=17) of adolescents felt it should be offered "five days a week," 14% (n=8) felt it should be offered "3 days a week," 21% (n=12) felt it should be offered "2 days a week," 25% (n=14) felt it should be offered "once a week," and 11% (n=6) felt it should be offered "less than once a week." Sixty four percent felt it should be offered "two days a week" or more.

When parents were asked how often sexuality education should be offered, 4% (n=2) felt it should be offered "five days a week," 6% (n=3) felt it should be offered "3 days a week," 21% (n=10) felt it should be offered "2 days a week," 52% (n=25) felt it should be offered "once a week," and 17% (n=8) felt it should be offered "less than once

a week." Thirty one percent felt it should be offered "two days a week" or more.

Both parents and youths were asked how long sexuality education should last. Twenty eight percent (n=16) of the adolescents felt it should last "more than 1 year," 18% (n=10) felt it should last "7-12 months," 9% (n=5) felt it should last "3-6 months," 7% (n=4) felt it should last for "10-12 weeks," 21% (n=12) felt it should last for "6-9 weeks," and 18% (n=10) felt it should last for "less than 6 weeks."

When asked how long sexuality education should last, 33% (n=16) of the parents felt it should last "more than 1 year," 8% (n=4) felt it should last "7-12 months," 10% (n=5) felt it should last "3-6 months," 2% (n=1) felt it should last for "10-12 weeks," 33% (n=16) felt it should last for "6-9 weeks," and 13% (n=6) felt it should last for "less than 6 weeks."

When asked which class format would be preferred, 37% (n=21) preferred "small group discussion with boys and girls," 28% (n=16) preferred "large group lecture with boys and girls," and 14% (n=8) preferred "large group lecture with girls only."

Both parents and youths were asked what were appropriate ages to begin learning about sexuality. Forty two percent (n=24) of the adolescents felt the appropriate age was "older than 10 years," 25% (n=14) felt the appropriate age was "9-10 years old," 21% (n=12) felt the appropriate age was "7-8 years old," and 12% (n=7) felt the appropriate age was "5-6 years old."

Ten percent (n=5) of the parents felt the appropriate age was "older than 10 years," 17% (n=8) felt the appropriate age was "9-10

years old," 19% (n=9) felt the appropriate age was "7-8 years old," and 54% (n=26) felt the appropriate age was "5-6 years old."

In summary, most adolescents (65%) felt that sexuality education should be offered for 2 days a week or more. They were split on how long sexuality education should last. Half wanted it to last from one year to 6 months while the other half from 6 to 12 weeks. Most wanted to learn in small group discussion classes. Sixty seven percent felt that sexuality education should begin at 9 years old and older. A majority of parents (52%) felt that sexuality education should be offered once a week for 3 - 8 months to more than a year (51%), and it should begin at 5-6 years old.

Parents as Primary Source of Sexuality Education

When parents were asked how important sexuality education was for their teenager, 96% believed it was important; 77% (n=37) felt it was "very important"; 19% felt it was "important," and 4% (n=2) felt it was unimportant.

When parents were asked how much more information they felt they needed to be their children's primary source of sexuality information, 40% (n=19) felt they needed "quite a bit" or "a lot," 35% (n=17) felt they needed "some," and 25% (n=12) felt they needed "very little" or "none at all."

When parents were asked if they would like additional knowledge to become primary source of sexuality information, 83% (n=40) said "yes," and 96% (n=46) were willing to attend a class which would help parents to become primary source of sexuality education.

Parents of adolescents felt that sexuality education was important and willing to attend classes to obtain more knowledge to become primary sexuality educator.

Summary

The findings from the survey presented an interesting comparison between parents and adolescents regarding sexuality education. Parents and their children often expressed dissimilar interests and often contradicted one another when asked the same or similar questions. There were, however, a few similarities.

Adolescents appeared to be only marginally interested in obtaining more information about sexuality. Only 19 topics were endorsed by a slight majority (from 50 to 65%) of adolescents. However, these topics covered a wide range of areas of sexuality which included biological, psychological, and social perspectives. Adolescents were interested in knowing more about such issues as interpersonal relationships, implications and consequences of sexual behavior, personal growth and development, familial preparation, and even social problem issues such as child molesting and rape.

Parents, on the other hand, were overwhelmingly interested in having their children obtain more information in all areas of sexuality. A majority of parents indicated interest in 41 of 45 topics presented, with 80% and more wanting their children to have more information on 15 topics. These topics, as with adolescents, covered a wide range of areas of sexuality which included biological, psychological, and social areas. Most of the more preferred topics for parents referred to personal growth and development.

There were some similarities between the topics about which adolescents desired more information and what topics about which parents wanted them to have more information. Both wanted more information on the following topics: achieving independence, preparing for marriage, premarital sex, child molesting, decision-making skills, sexually transmitted diseases, avoiding premarital sex, religious values, self esteem, dating, rape, understanding yourself, and dealing with peer pressure. However, the degree of support and range of each topic varied greatly. For example, achieving independence had the highest percentage of adolescents indicating that they want more information, while this same item had the ninth highest percentage among parents. Preparing for marriage was second for adolescents and eleventh for parents. This contrast was consistent throughout.

The least supported topics for both groups were different for parents and adolescents. Adolescents were least likely to chose topics regarding male reproduction and other topics such as homosexuality and pornography, while parents were least likely to chose such topics as sterilization, menstruation, abortion, and wet dreams.

Most of the adolescents surveyed had basic knowledge of sexual reproduction as indicated by their score on the knowledge scale, and there was no significant differences between males and females. The range of scores was wide, however, 86% of the adolescents had a score higher than 50%.

Adolescents were not highly concerned about the issues presented in the worry scale. There was only one item in which greater than half of the respondents indicated concern. They were most concerned about being able to tell if someone really loved them.

Other concerns, though not for a majority of the sample, were when it was right to have sex, whether they would know how to have intercourse, and how to stop from going too far. Adolescents might have been concerned about other sexuality issues which were not assessed by this measure.

Male-female differences on the worry scale were found but these differences were for items which were gender specific. For instance, more females worried about getting pregnant while more males worried about getting someone pregnant. Overall, there was no significant difference between how much males or females were worried about those issues of sexuality.

Adolescents reported that mother, school, and friends were their first sources of sexuality information, while siblings, father, and church were least chosen as first sources of information. Mother was more likely to be the first source for females than for males.

They also reported that their current sources of sexuality information were school, mother, and friends, while siblings, church and other adults were the least likely to be current sources of information. Mother was more likely to be the first source for females than for males.

Parents, however, reported that their children's current sources of information were mother, school, and father, while they were least likely to report their children's current sources as siblings, other adults, and "other." Adolescents indicated mother and school as being current sources, however, there was a sharp contrast between parents and adolescents for father. Adolescents reported father as one of the

least likely sources and parents reported father as one of the more likely sources.

Adolescents' preferred sources of sexuality information were mother, school, and church, while their least preferred sources were book, magazines, and movies, other adults, and siblings. Females chose mother as preferred source more than males.

Parents' preferred sources of information for their children were mother, church, and father, while their least preferred sources were other adults, friends, and siblings. Parents' choices differ from their children's choices. Parents preferred father as a source and were significantly less likely to prefer friends as a source of sexuality information.

Relatively few adolescents reported often discussing sexuality with parents, and usually felt uncomfortable in doing so. In contrast, more parents than adolescents reported that they often discussed sexuality with their adolescents and felt comfortable in doing so. Still another contrast, while most adolescents did not want to discuss sexuality with their parents to any great extent, parents overwhelmingly wanted to discuss sexuality more with their children.

Both adolescents and their parents believed that parents knew a great deal about sexuality. However, while parents believed they knew a great deal, they were still interested in obtaining more knowledge to become primary sexuality educator for their children, and were willing to attend a class to become primary sexuality educator.

CHAPTER 4

Discussion

The purpose of this research was to assess the distinct needs of Black adolescents who attended Black churches. The findings presented an interesting comparison between youths and parents as each related their interests and concerns about sexuality education. It suggested that there were some distinction as well as some similarities between this population and those previously sampled, mostly white, school affiliated groups.

Adolescents within the Black churches surveyed indicated wanting to learn about a broader range of topics than was indicated by adolescents in the literature. These topics covered a wide range of areas which emphasized personal growth and development, interpersonal relationships, and consequences of sexual behaviors more than physiology and anatomy. Anatomy and physiology were not considered as top choices for sexuality education. (This must be interpreted carefully, however, since the definition and understanding of sexuality had changed over time to become more "comprehensive" in nature, including a wide range of topics relevant to adolescent development as well as sexuality.) Also Black adolescents within the Black churches indicated wanting more information about religious values. It would, however, logically fit that adolescents within a church setting would be interested in religious values.

Though adolescents surveyed wanted more information on a wide range of topics and issues, their interest was marginal for only a

few of the topics presented. There was no suggestion in the literature of how much interest adolescents expressed for any of the topics outlined in the literature.

Parents within the Black church had relatively similar responses to parents in the literature. They were overwhelmingly interested in having their children obtain more information on most of the topics presented. However, Silverstein & Buck (1986), who surveyed parents of high socio-economic status, concluded that this overwhelming response was due to the parents high socioeconomic status. This study did not support this conclusion. The sample was of various socio-economic and educational backgrounds. What this did suggest was that parents within Black church, no matter what their SES was, supported most of the sexuality education topics presented. SES was not a factor for this issue within this study.

Rubinson & Baille (1981) suggested that there were differences between parents and youths interests for sexuality education. This study supported that assertion. While adolescents were marginally interested in only a few topics, parents were overwhelmingly interested in most of the topics presented. However, adolescents and parents of this study were in more agreement about their most preferred topics than those in Rubinson & Baille's (1981) study. Youths and parents agreed on 13 of 19 of their most preferred topics.

Black adolescents surveyed demonstrated basic sexual knowledge with 86% of the sample answering more than 50% of the questions correctly. This result was an indication that adolescents were receiving or had received basic biological facts about sexuality. However, as indicated by the results of the topic scale, adolescents

wanted to have a more "comprehensive" view of sexuality than what biology provided. Most of the adolescents surveyed reported receiving their formal sexuality education from a "health class." This might suggest that health classes were primarily presenting basic biological sexual information.

Adolescents within the Black church were not, to a great extent, concerned about the issues presented. However, because the majority of adolescents did not indicate any substantial amount of worry, it should not be interpreted that adolescents had no concerns about sexuality. It might suggest that their concerns were not assessed by the measures presented. Measures might be developed to more sensitively discern the concerns of adolescents within the Black church.

The results from the knowledge and worry scales could be directly compared to the results from two previous studies which used the same or modified versions of these measures. Parcel, Luttman, and Meyers (1979) developed a 20 item knowledge scale, modified the *Sexual Concern Check List* (Kirkendall & Calderwood, 1970), and used these measures to evaluate a sex education program presented to 8th grade students. The knowledge scale was the same measure used in this study although 2 items were deleted. There were eleven items from their modified sexual concerns scale which were identical to items from the worry scale used in this study.

For the second study, Parcel & Luttman (1981) modified their original 20 item knowledge scale and the *Sexual Concern Check List* (Kirkendall & Calderwood, 1979) and used these measures again to evaluate a sex education program presented to 8th grade students.

The knowledge scale consisted of 30 items, 13 of which were used in the original scale and were part of the measure used in this study.

The *Sexual Concerns Check List* was a 15 item scale. This scale was modified slightly and used for this study.

Parcel, Luttman, and Meyers (1979) presented pre- and postmeasures of sexual knowledge and worry to 32 8th grade students between the ages of 13 and 14 years old. Nineteen of these students were "Anglo-American," 8 were "Black-American," 2 were "Mexican-Americans," and 2 were "other." The results on the knowledge scale indicated that a majority of students (on the pretest) were knowledgeable about basic sexual functioning and behavior with 60% or more answering 14 of the items correctly. Ten items were answered correctly by 75% or more of the adolescents. The mean score for the 20 items was 67.34%. The mean score for 18 items (those items used in this study) was 73.81%.

The results of the "concerns" scale indicated that the majority of adolescents assessed were not concerned about the issues presented. Of the 25 items, a majority of adolescents (50% to 59.4%) indicated being concerned about only 3 items: "what intercourse is like," "whether someone really loves me," and "will I know how to have intercourse." Of the 25 items, 11 items were identical to items used in this study. Of these 11 items, a majority of adolescents indicated being concerned about only 2 items, "whether someone really loves me," and "will I know how to have intercourse."

These results were comparable to those found in this study where Black adolescents within the Black church were knowledgeable about basic sexual functioning and behavior, and were not basically

concerned about the issues presented. For both studies, the mean scores on the knowledge scale were comparable (73.81% for Parcel, et al., and 74.4% for this study), and the majority of adolescents answered most of the items correctly. For the worry scale, adolescents in both studies were most concerned about how to tell "if someone really loves me" and "whether I will know how to have intercourse." It would seem that Black adolescents' sexual knowledge and concerns were similar to this racially diverse yet predominately white, school based group.

In the second study, Parcel & Luttmann (1981) presented pre- and postmeasures of knowledge and worry to 62 8th grade students. (No demographics were reported for these students.) The results on the 30 items knowledge scale indicated that a majority of students (50% to 85%) answered 18 items correctly. Thirteen items were identical to those used in this study, and of those 13, a majority of adolescents answered 9 of these items correctly (58%-85%). The mean score for the knowledge scale was 15.

The results on the 15 item worry scale indicated that a majority of adolescents were worried about 10 items (52%-76%). They were most worried about "how to tell if a boy or girl really loved me," and "how far to go with sex." More than 50% of these adolescents also were worried about "getting pregnant or getting someone else pregnant," some of their "thoughts about sex," and "when it is right to have sex with another person."

When compared to the results from Parcel & Luttmann's (1981) study, there was an indication that Black adolescents were as knowledgeable about sexual functioning and behavior as the other

sample. However, the sample studied by Parcel & Luttmann (1979) were more worried about the sexual issues presented than Black adolescents within the Black church. While the highest ranking concerns for Black adolescents were among those highest ranking concerns for the subjects in the Parcel & Luttmann (1981) study (i.e. "how I can tell whether someone really loves me," "knowing when it is right to have sex...", "having thoughts about sex"), the subjects in the Parcel & Luttmann's (1981) study were not only more concerned about these items but the other items as well. This suggested that there might be differential concerns between Black adolescents within the Black church and adolescents from other populations.

Black adolescents had first and were currently learning about sexuality from mother, school, and friends but they would prefer to learn from mother, school, and church. If adolescent had a choice, it seemed that church would replace friends as a source of sexuality information. This was certainly unique to this population. This contradicted the suggestion that media and friends were becoming increasingly important to adolescents as preferred sources of sexuality information.

Parents believed that adolescents were currently obtaining information from mother, school, and father but they would prefer their children to have information from mother, church, and father. Both parents and youths were considering mother and church as a preferred source of sexuality information.

It was imperative to make an assessment on parent-youth communication on sexuality to consider parents as a source of sexuality education. Parents would be willing to discuss sexuality with



their children and would feel comfortable in doing so while youths would not want to discuss sexuality with their parents or feel comfortable in doing so. Also parents wanted to be primary source of sexuality education and were interested in attending a class to do so.

This study suggested that there might be distinct needs of adolescents within the Black church which include covering a wide range of topics in sexuality education and including church as a source of sexuality information.

Limitations

This study presented a preliminary examination of the needs of adolescents and their parents for sexuality education. It was not exhaustive in assessing the needs of this population. Sexuality is a complex issue which encompassed biological, socio-cultural, psychological, and religious areas of human growth and development. According to Chilman (NIH, 1978), human sexuality is a complex integration of all that one is and will:

include a sense of gender identity and related concepts, behaviors, and attitudes about self and others as masculine or feminine persons in the context of society. ...Sexuality pervades virtually every aspect of the person's life. It is affected by the totality of what it means to be a male or female person; by one's past and present experiences and anticipations of the future; by one's stage of development and life situation; by one's physical-constitutional capacities and characteristics; and by the kind of society and period of time in which one lives (p. 3).

Given the complex nature of sexuality which is multidimensional, a more comprehensive examination of needs for sexuality education could include an assessment of sexual attitudes, values, behaviors of adolescents and their parents, along with assessing more environmental and social concerns and needs of adolescents such as

academic aspirations or home environment. A more ecological approach would examine the role of society upon sexual attitudes, values, and behaviors.

Sexuality education must be presented so that the target population could cognitively comprehend and integrate the information. Therefore, sexuality education must be appropriate for the cognitive level of the targeted age group. Age was a variable that should be examined in subsequent research. It would be important to know how needs vary for age and if there were significant differences between age groups.

Mechanisms and sources through which sexuality education could be presented would be important for subsequent research as well to answer such questions as: Did adolescents want parents to exclusively teach them about sexuality, and if so, how would parents do so? Who would be appropriate teachers within the church? What type of teaching techniques were beneficial or preferred by adolescents or by parents?

A closer examination of the relationship between demographic variables and the needs for sexuality education might be useful as well. It would help give a more precise description of the populations' needs given its characteristics.

The results of this study would not be generalizable beyond the samples examined. The churches or subjects were not randomly selected. Also participation was voluntary which suggested that there could be sample bias. It was not known how representative this sample was of the churches surveyed, the denomination or the Black church in general because the demographic information on which to

make this assessment was not available. However, it was assumed that only a subset of the population surveyed was represented in this sample, like most other samples. It might represent the more educated or those of higher SES status, or any other combination or subset of the populations demographic characteristics. Familial values and attitudes might be a factor when considering sampling bias. Those families who were more accepting of discussing sexuality issues might have been more likely to respond than families who were not. There could be a multitude of factors effecting sampling bias. Subsequent research could control for this lack of external validity by randomly selecting both churches and subjects.

Implications for Sexuality Education

The findings presented an interesting dilemma for sexuality education. The dilemma was that parents and youths had different perceptions and desires for sexuality education. Each presented their own model. The model of sexuality education implied by adolescents from this study was that sexuality education should begin at an age of 9 years old and older, be conducted in a small group setting, last for several weeks to several months, and meet for more than twice per week. Only a few topics should be presented but those topics should cover a wide range of areas of sexuality. The sources of sexuality education should be mother, church, and school. (This seemed to be a contradiction because adolescents indicated they were not comfortable about discussing sexuality with parents.) The model of sexuality education implied by parents was that sexuality education should begin at 5 or 6 years old, and be offered once a week for 3-8

months to more than a year. Many topics and issues which emphasized personal growth and development and included many other areas of sexuality, biological, social, psychological, and religious. The sources of sexuality education should be mother, church, and father. Parents were quite interested in being the primary source of sexuality information and would feel comfortable in discussing sexuality with their children.

The current model of sexuality education was school based, taught to adolescents between ages of 11 to 18 years old, and presented between 10 to 24 hours of instruction regarding sexuality. A variety and wide range of topics were covered though the subject areas seemed to concentrate on the physiological nature of sexuality. For the adolescents surveyed, this model might fit with their conception of sexuality education. They indicated school as one of their preferred sources of sexuality information. It would likely begin at an age greater than 9 (quite possible 11-12 years old), and would cover only a few topics but a variety of topics. However, this did not incorporate adolescents' desire for mother and church to be sources of sexuality information nor did it incorporate adolescents' desire to learn from a religious perspective. For parents, this model would be severely deficient. It would not begin at an appropriate age; the duration would be too short and not enough topics areas would be covered. School would be an inappropriate source of sexuality information because parents were more interested in themselves and church as sources of sexuality information. This model, therefore, was inadequate for the needs of adolescents within the Black church.

The information gathered from this study presented researchers with a unique opportunity for creative, social innovation, that is, to design a sexuality education program for adolescents within the Black church, and one which adequately minimized the incongruences between the model of sexuality education given by youths and the model of sexuality given by parents. It offered suggestions for building a model that was church based and utilized both church leaders and parents as sources of sexuality information, and one which would teach children from ages 5 to 18.

This research supported the assertion that needs for sexuality education was different or unique for various communities, cultures, or even religious groups. It provided strong evidence that these needs for both parents and adolescents within a given culture must be assessed before designing and implementing a sexuality program for adolescents. Once their needs were assessed, a sexuality program must be designed which minimized the dichotomy and polarization that existed between parents' and adolescents' interests and concerns in order to have a successful program. Parents' input and desires would be paramount, not just because they assumed the role of parents, but because they were and desired to be primary sources of sexuality information for their adolescents.

FOOTNOTES

- 1 A chi-square analysis was used to examine differences between gender for the total topics scale and individual items within that scale. Though using chi-square for individual items within each scale violated the assumption that the items were independent, the analysis was used to help facilitate specific curriculum planning, that is, which topics could be more appropriate for males or females.
- 2 A chi-square analysis was used to examine differences between adolescents and parents for the total topics scale and individual items within that scale. Though using chi-square for individual items within each scale violated the assumption that the items were independent, the analysis was used to help facilitate specific curriculum planning, that is, which topics were more appropriate according to adolescents and parents.
- 3 A chi-square analysis was used to examine differences between gender for the total knowledge scale and individual items within that scale. Though using chi-square for individual items within each scale violated the assumption that the items were independent, the analysis was used to help facilitate specific curriculum planning, that is, to determine whether there were certain items in which males or females had more knowledge.
- 4 A chi-square analysis was used to examine differences between gender for the total worry scale and individual items within that scale. Though using chi-square for individual items within each scale violated the assumption that the items were independent, the analysis was used to help facilitate specific curriculum planning, that is, which concerns were more prevalent for males or females.

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APPENDICES

APPENDIX A
Adolescents' Survey

SURVEY

This study is being sponsored by King's Chapel Assembly, and is being conducted by Jeanette M. Gassaway who is the principal researcher and master's degree candidate at Michigan State University. The survey is designed to understand the needs, concerns, and interests of adolescents and their parents for sexuality education. We would like to know what is important to **YOU** about *sexuality*, and how we can design a sexuality education program based upon **YOUR** needs and concerns. This survey will ask you about issues and topics that relate to sexuality.

Please complete this survey. **Your answers are very important to us.**

All of the information that you give within this survey will remain **confidential**, that is, this information will not be shared with anyone, not even your parents. All of the information received from you will be **anonymous**, too, which means that because you will not put your name on this survey, **no one** will be able to identify this survey as being from you. Please do not put your name anywhere on this survey.

Your participation is **completely voluntary**. It is your decision whether to complete this survey or not, and you are being asked to **freely consent** to complete this survey. If you choose to complete this survey, please fill it out and return it. By doing so, you will be consenting to participate in this survey. You can decide not to continue the survey at any time or can choose not to answer any question within the survey. Once you have completed and returned the survey, your participation in this study will be over.

All the results of this survey will remain confidential and anonymous. If you would like to know the results, they will be given to you in an anonymous and confidential manner, that is, only group information will be given so that no individual can be identified. The principal researcher will be the only person to see individual surveys and results.

Please, **DO NOT** share this information with **ANYONE** (not even with your parents) or ask anyone for help. Answer the questions the best **YOU** can.

You may return the survey to: Michigan State University, P.O. Box 6231, East Lansing, Michigan 48826 or you may return it in the envelope provided.

THANK YOU FOR YOUR PARTICIPATION

PART I

The following is a list of topics that relate to sexuality. Please let us know how much more information you would like to have about each topic. If you would like "**a great deal**" more information on that the topic, circle 4. If you would like "**much more**" information on the topic, circle 3. If you would like to have "**a little more**" information, circle 2, and if you would **not** like to have any information on the topic, please circle 1. **Circle only one number for each item.**

	A Great Deal More	Much More	A little More	None at all
Love	4	3	2	1
Achieving independence	4	3	2	1
Self-esteem	4	3	2	1
Decision making skills	4	3	2	1
Femininity	4	3	2	1
Masculinity	4	3	2	1
Dealing with peer pressure	4	3	2	1
Emotional needs during adolescence	4	3	2	1
Defining sexuality	4	3	2	1
Religious values	4	3	2	1
Responsibility & concern for others	4	3	2	1
Communication with parents	4	3	2	1
Becoming comfortable with the opposite sex	4	3	2	1
Dating	4	3	2	1
Premarital Sex	4	3	2	1
Sexual attraction	4	3	2	1
Value and role of the family	4	3	2	1
Romantic relationships	4	3	2	1
Understanding yourself	4	3	2	1
Divorce (why it occurs)	4	3	2	1

	A Great Deal More	Much More	A little More	None at all
Homosexuality	4	3	2	1
Sex in the media (i.e. TV, movies, magazines, etc.)	4	3	2	1
The male body	4	3	2	1
The female body	4	3	2	1
Sexual intercourse	4	3	2	1
Birth process	4	3	2	1
Sterilization	4	3	2	1
Abortion	4	3	2	1
Sex role stereotyping	4	3	2	1
Avoiding premarital sex	4	3	2	1
Teen pregnancy	4	3	2	1
Birth control	4	3	2	1
Preparing for marriage	4	3	2	1
Preparing for parenting	4	3	2	1
Physical changes during adolescence	4	3	2	1
Menstruation	4	3	2	1
Vaginal discharge	4	3	2	1
Erection	4	3	2	1
Ejaculation of sperm	4	3	2	1
Wet dreams	4	3	2	1
Masturbation	4	3	2	1
Pornography	4	3	2	1
Sexually transmitted diseases	4	3	2	1
Rape	4	3	2	1
Child molesting	4	3	2	1

Please list or describe any other topics you may want to include in a sexuality education course that is **NOT** listed above.

PART II

Below are statements about sexuality. Please tell us whether these statements are true or false or whether you don't know the correct answer. Please circle **2** if you believe the statement is true, **1** if you believe the statement is false or **0** if you don't know the answer. **Please circle only one number for each statement.**

	True	False	Don't Know
The clitoris is a part of the female sex organs	2	1	0
Sperm (male seeds) are produced in the testicles (male sex glands).	2	1	0
Attitudes and fear during pregnancy can result in damage to the baby.	2	1	0
Ejaculation is the active release of sperm from the penis.	2	1	0
Ova (eggs) are produced in the ovaries.	2	1	0
The uterus is a female organ for having intercourse.	2	1	0
A "wet dream" is normal release of fluid from the penis during sleep.	2	1	0
A baby comes out of its mother's body through the vagina.	2	1	0
You can tell if someone has had sexual intercourse because he or she will look different.	2	1	0
Boys usually develop later than girls.	2	1	0
Menstruation flow leaves the body from the vagina.	2	1	0
Menstruation is a regular discharge of blood and the lining of the uterus.	2	1	0
There are ways of having intercourse without becoming pregnant.	2	1	0
Boys have a monthly period something like the girls' period.	2	1	0
An erection means that a boy's penis becomes larger and gets stiff.	2	1	0

Ova (eggs) can join up with sperm after sexual intercourse to form a baby.	2	1	0
--	---	---	---

Sexual intercourse is when a male puts his penis in a female's vagina.	2	1	0
--	---	---	---

A girl can get pregnant if she kisses a boy's penis or if a boy kisses her vagina.	2	1	0
--	---	---	---

PART III

Below are statements of how someone may worry when they think about sex and sexuality. Please tell us whether you worry about the same things. For each statement, if you often worry about that thing, circle 2. If you sometimes worry, circle 1. If you don't worry about that issue at all, circle number 3. **Please circle only one number for each statement.**

	Often	Sometimes	Never
I worry that my sex organs are too large.	2	1	0
I worry that my sex organs are too small.	2	1	0
I worry about the effects of masturbation.	2	1	0
I worry about knowing when it is right to have sex with another person.	2	1	0
I worry about not being as feminine as other girls.	2	1	0
I worry about not being as masculine as other boys.	2	1	0
I worry about how I can tell whether someone really loves me.	2	1	0
I worry whether petting is right or wrong.	2	1	0
I worry about wanting to see what other boys look like naked.	2	1	0
I worry about wanting to see what other girls look like naked.	2	1	0
I worry about having thoughts about sex.	2	1	0
I worry about how far to go with sex.	2	1	0
I worry about having a desire to look at sexually exciting pictures.	2	1	0
I worry about getting pregnant.	2	1	0
I worry about getting someone pregnant.	2	1	0

	Often	Sometimes	Never
I worry about how to stop from going too far.	2	1	0
I worry about whether I will know how to have intercourse.	2	1	0

PART IV

How did you first learn about sex?

<input type="checkbox"/> Mother	<input type="checkbox"/> Friends	<input type="checkbox"/> Church
<input type="checkbox"/> Father	<input type="checkbox"/> Other Adults	<input type="checkbox"/> School
<input type="checkbox"/> Brother & Sisters	<input type="checkbox"/> Books, Magazines, Movies	<input type="checkbox"/> Other (1-2)

How are you learning about sex and sexuality now?

<input type="checkbox"/> Mother	<input type="checkbox"/> Friends	<input type="checkbox"/> Church
<input type="checkbox"/> Father	<input type="checkbox"/> Other Adults	<input type="checkbox"/> School
<input type="checkbox"/> Brother & Sisters	<input type="checkbox"/> Books, Magazines, Movies	<input type="checkbox"/> Other (1-2)

How do you want to learn about sex and sexuality?

<input type="checkbox"/> Mother	<input type="checkbox"/> Friends	<input type="checkbox"/> Church
<input type="checkbox"/> Father	<input type="checkbox"/> Other Adults	<input type="checkbox"/> School
<input type="checkbox"/> Brother & Sisters	<input type="checkbox"/> Books, Magazines, Movies	<input type="checkbox"/> Other (1-2)

How often do you discuss sex and sexuality with your parents?

<input type="checkbox"/> Very often (4)	<input type="checkbox"/> Seldom (2)
<input type="checkbox"/> Often (3)	<input type="checkbox"/> Never (1)

How often would you like to discuss sex and sexuality with your parents?

<input type="checkbox"/> Very often (4)	<input type="checkbox"/> Seldom (2)
<input type="checkbox"/> Often (3)	<input type="checkbox"/> Never (1)

How comfortable do you feel when you discuss sex and sexuality with your parents?

<input type="checkbox"/> Very comfortable (4)	<input type="checkbox"/> Uncomfortable (2)
<input type="checkbox"/> Comfortable (3)	<input type="checkbox"/> Very uncomfortable (1)

How much do you think your parent(s) know about sex and sexuality?

<input type="checkbox"/> A lot (5)	<input type="checkbox"/> Very little (2)
<input type="checkbox"/> Quite a bit (4)	<input type="checkbox"/> Nothing at all (1)
<input type="checkbox"/> Some (3)	

How much sexuality education have you had in your school?

<input type="checkbox"/> A lot (5)	<input type="checkbox"/> Very little (2)
<input type="checkbox"/> Quite a bit (4)	<input type="checkbox"/> Nothing at all (1)
<input type="checkbox"/> Some (3)	

What course(s) have you taken in school which discussed topics of sexuality?

- | | | |
|---|--|---|
| <input type="checkbox"/> Health | <input type="checkbox"/> Family Life Education | <input type="checkbox"/> Other |
| <input type="checkbox"/> Sex Education | <input type="checkbox"/> Home Economics | <input type="checkbox"/> No course offered it |
| <input type="checkbox"/> Physical Education | | (1-2) |

How often do you feel sexuality education should be offered?

- | | | | | | |
|--|-----|--|-----|---|-----|
| <input type="checkbox"/> Less than once a week | (1) | <input type="checkbox"/> Two days a week | (3) | <input type="checkbox"/> Five days a week | (5) |
| <input type="checkbox"/> Once a week | (2) | <input type="checkbox"/> Three days a week | (4) | | |

How long do you feel sexuality education should last?

- | | | | |
|--|-----|---|-----|
| <input type="checkbox"/> Less than 6 weeks | (1) | <input type="checkbox"/> 3-6 months | (4) |
| <input type="checkbox"/> 6-9 weeks | (2) | <input type="checkbox"/> 7-12 months | (5) |
| <input type="checkbox"/> 10-12 weeks | (3) | <input type="checkbox"/> More than 1 year | (6) |

In which of the following ways would you like to learn about sexuality?

- | | |
|---|-------|
| <input type="checkbox"/> Small group discussion with boys and girls | (1-2) |
| <input type="checkbox"/> Small group discussion with boys only. | (1-2) |
| <input type="checkbox"/> Small group discussion with girls only. | (1-2) |
| <input type="checkbox"/> Large group lecture with boys and girls. | (1-2) |
| <input type="checkbox"/> Large group lecture with boys only. | (1-2) |
| <input type="checkbox"/> Large group lecture with girls only. | (1-2) |

At what age should someone begin learning about sexuality?

- | | | | |
|--|-----|---|-----|
| <input type="checkbox"/> 5 - 6 years old | (1) | <input type="checkbox"/> 9 - 10 years old | (3) |
| <input type="checkbox"/> 7 - 8 years old | (2) | <input type="checkbox"/> 10 years old and older | (4) |

PART V

Please answer the following questions. Put a check mark in the box next to the correct answer where required.

What is your age (at your last birthday)? ____

What is your gender?

- | | | | |
|-------------------------------|-----|---------------------------------|-----|
| <input type="checkbox"/> Male | (2) | <input type="checkbox"/> Female | (1) |
|-------------------------------|-----|---------------------------------|-----|

What is your ethnic background?

- | | | | |
|---|-----|--|-----------|
| <input type="checkbox"/> African American (Black) | (6) | <input type="checkbox"/> Puerto Rican | (3) |
| <input type="checkbox"/> Anglo American (White) | (5) | <input type="checkbox"/> Native American | (2) |
| <input type="checkbox"/> Mexican American | (4) | <input type="checkbox"/> Other | _____ (1) |

What is your current grade level in school?:

- | | | | | | |
|------------------------------|------|------------------------------|------|-------------------------------|------|
| <input type="checkbox"/> 6th | (06) | <input type="checkbox"/> 8th | (08) | <input type="checkbox"/> 11th | (11) |
| <input type="checkbox"/> 7th | (07) | <input type="checkbox"/> 9th | (09) | <input type="checkbox"/> 12th | (12) |

☐ 8th (08) ☐ 10th (10) ☐ I am not enrolled in school (13)

Are you a member of King's Chapel Assembly?

☐ Yes (2) ☐ No (1)

How long have you been attending King's Chapel Assembly?

☐ less than 1 year (1) ☐ more than 10 years (4)
☐ between 1 to 5 years (2) ☐ I don't attend at all (0)
☐ between 6 to 10 years (3)

Are your parent(s) a member of King's Chapel Assembly?

☐ Yes (2) ☐ No (1)

THANK YOU FOR COMPLETING THIS SURVEY.

TAKE TIME NOW TO LOOK IT OVER TO MAKE SURE YOU HAVE NOT SKIPPED ANY QUESTIONS. ONCE YOU HAVE DONE THIS, PLEASE PUT YOUR SURVEY IN THE ENVELOPE BELOW AND SEAL IT. GIVE YOUR SEALED ENVELOPE TO YOUR PARENT SO SHE/HE CAN RETURN IT TO US. DO NOT HAVE YOUR PARENT REVIEW OR LOOK AT YOUR SURVEY.

APPENDIX B
Parents' Survey

SURVEY

This survey is being sponsored by King's Chapel Assembly and is being conducted by Jeanette M. Gassaway who is the principal researcher and master's degree candidate at Michigan State University. The survey is designed to understand the needs, concerns, and interests of teenagers and their parents for sexuality education. We would like to know what is important to **YOU** about your teenagers' **sexuality education**, and how we can design a sexuality program based upon **YOUR** needs and concerns for your teenagers. This survey will ask you about issues and topics that relate to sexuality.

Please complete this survey. **Your answers are very important to us.**

All of the information that you give us within this survey will remain **confidential**. All of the information we receive will be **anonymous**, too. Please do not put your name anywhere on this survey.

Your participation is **completely voluntary**. It is your decision whether to complete this survey or not, and you are being asked to **freely consent** to complete this survey. If you choose to complete this survey, please fill it out and return it. By doing so, you will be consenting to participate in this survey. You can decide not to continue the survey at any time or can choose not to answer any question within the survey. Once you have completed the survey and returned it in the envelop provided, your participation in this study will be over.

All the results of this survey will remain confidential and anonymous. If you would like to know the results, they will be given to you in an anonymous and confidential manner, that is, only whole group information will be given. The principal researcher will be the only person who will see individual surveys.

Please, **DO NOT** share this information with **ANYONE** nor ask anyone for help. Answer the questions the best **YOU** can.

Your teenagers will also be asked to complete a different survey and return it to us. It is very important that they do this independently, without your assistance or advice. Because we must *assure* the anonymity of their response, it is important that you **do not look at their responses**. It is also very important that they complete the survey voluntarily. Please do not insist or persuade them to do so if they have decided not to complete the survey.

You may return the survey to: Michigan State University, P. O. Box 6231, East Lansing, Michigan 48826, or you may return it in the envelope provided.

THANK YOU FOR YOUR PARTICIPATION

PART I

The following is a list of topics that relate to sexuality. Please let us know how much more information you would like your teenager to have about each topic. If you would like them to have "a great deal" more information on that topic, circle 4. If you would like them to have "much more" information on the topic, circle 3. If you would like them to have "a little more" information, circle 2, and if you would **not** like them to have any information on the topic, please circle 1. **Circle only one number for each item.**

	A Great Deal More	Much More	A little More	None at all
Love	4	3	2	1
Achieving independence	4	3	2	1
Self-esteem	4	3	2	1
Decision making skills	4	3	2	1
Femininity	4	3	2	1
Masculinity	4	3	2	1
Dealing with peer pressure	4	3	2	1
Emotional needs during adolescence	4	3	2	1
Defining sexuality	4	3	2	1
Religious values	4	3	2	1
Responsibility & concern for others	4	3	2	1
Communication with parents	4	3	2	1
Becoming comfortable with the opposite sex	4	3	2	1
Dating	4	3	2	1
Premarital Sex	4	3	2	1
Sexual attraction	4	3	2	1
Value and role of the family	4	3	2	1
Romantic relationships	4	3	2	1
Understanding yourself	4	3	2	1
Divorce (why it occurs)	4	3	2	1
Homosexuality	4	3	2	1

	A Great Deal More	Much More	A little More	None at all
Sex in the media (i.e. TV, movies, magazines, etc.)	4	3	2	1
The male body	4	3	2	1
The female body	4	3	2	1
Sexual Intercourse	4	3	2	1
Birth process	4	3	2	1
Sterilization	4	3	2	1
Abortion	4	3	2	1
Sex role stereotyping	4	3	2	1
Avoiding premarital sex	4	3	2	1
Teen pregnancy	4	3	2	1
Birth control	4	3	2	1
Preparing for marriage	4	3	2	1
Preparing for parenting	4	3	2	1
Physical changes during adolescence	4	3	2	1
Menstruation	4	3	2	1
Vaginal discharge	4	3	2	1
Erection	4	3	2	1
Ejaculation of sperm	4	3	2	1
Wet dreams	4	3	2	1
Masturbation	4	3	2	1
Pornography	4	3	2	1
Sexually transmitted diseases	4	3	2	1
Rape	4	3	2	1
Child molesting	4	3	2	1

Please list or describe any other topics you may want to include in a sexuality education program that is **NOT** listed above.

PART II

From what source does your teenager receive his/her sexuality education?

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Friends | <input type="checkbox"/> Church |
| <input type="checkbox"/> Father | <input type="checkbox"/> Other Adults | <input type="checkbox"/> School |
| <input type="checkbox"/> Brother & Sisters | <input type="checkbox"/> Books, Magazines, Movies | <input type="checkbox"/> Other (1-2) |

From what source do you **want** your teenager to receive his/her sexuality education?

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Friends | <input type="checkbox"/> Church |
| <input type="checkbox"/> Father | <input type="checkbox"/> Other Adults | <input type="checkbox"/> School |
| <input type="checkbox"/> Brother & Sisters | <input type="checkbox"/> Books, Magazines, Movies | <input type="checkbox"/> Other (1-2) |

How often do you discuss sex and sexuality with your teenager?

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Very often (4) | <input type="checkbox"/> Seldom (2) |
| <input type="checkbox"/> Often (3) | <input type="checkbox"/> Never (1) |

How often would you **like to** discuss sex and sexuality with your teenager?

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Very often (4) | <input type="checkbox"/> Seldom (2) |
| <input type="checkbox"/> Often (3) | <input type="checkbox"/> Never (1) |

How comfortable do you feel when you discuss sexuality with your teenager?

- | | |
|---|---|
| <input type="checkbox"/> Very comfortable (4) | <input type="checkbox"/> Uncomfortable (2) |
| <input type="checkbox"/> Comfortable (3) | <input type="checkbox"/> Very uncomfortable (1) |

How important would you say sexuality education is for your teenager?

- | | |
|---|---|
| <input type="checkbox"/> Very important (4) | <input type="checkbox"/> Unimportant (2) |
| <input type="checkbox"/> Important (3) | <input type="checkbox"/> Very unimportant (1) |

How much do you feel you know about sex and sexuality?

- | | |
|--|---|
| <input type="checkbox"/> A lot (5) | <input type="checkbox"/> Very little (2) |
| <input type="checkbox"/> Quite a bit (4) | <input type="checkbox"/> Nothing at all (1) |
| <input type="checkbox"/> Some (3) | |

How much more information would you need to be the primary source of sexuality information for your teenager?

- | | |
|--|--|
| <input type="checkbox"/> A lot (5) | <input type="checkbox"/> Very little (2) |
| <input type="checkbox"/> Quite a bit (4) | <input type="checkbox"/> None (1) |
| <input type="checkbox"/> Some (3) | |

Would you want additional knowledge to become the primary source of sexuality information for your teenager?

☐ Yes (2)

☐ No (1)

Would you be willing to attend a class which will help you be the primary source of sexuality information for your teenager?

☐ Yes (2)

☐ No (1)

How often do you feel sexuality education should be offered?

☐ Less than once a week (1) ☐ Two days a week (3) ☐ Five days a week (5)
☐ Once a week (2) ☐ Three days a week (4)

How long do you feel sexuality education should last?

☐ Less than 6 weeks (1) ☐ 3-6 months (4)
☐ 6-9 weeks (2) ☐ 7-12 months (5)
☐ 10-12 weeks (3) ☐ More than 1 year (6)

At what age should a child begin learning about sexuality?

☐ 5 - 6 years old (1) ☐ 9 - 10 years old (3)
☐ 7 - 8 years old (2) ☐ 10 years old and older (4)

PART III

Please answer all of the following questions. Place a checkmark in the appropriate box where needed.

What is your present age? ____

What is your current marital status?

What is your gender?

☐ Male (2)
☐ Female (1)

☐ Never married (1)
☐ Currently Married (2)
☐ Separated/Divorced (3)
☐ Widowed (4)

What is your ethnic background?

- ☐ African American (Black) (6)
☐ Anglo American (White) (5)
☐ Mexican American (4)
☐ Puerto Rican (3)
☐ Native American (2)
☐ Other _____ (1)

What is your present family income?

- ☐ Under \$5,000 (1)
☐ \$5,000 - \$9,999 (2)
☐ \$10,000 - \$14,999 (3)
☐ \$15,000 - \$19,999 (4)
☐ \$20,000 - \$24,999 (5)
☐ \$25,000 - \$29,000 (6)
☐ \$30,000 or more (7)

How much formal education have you had?

- ☐ 8th grade or less (1) ☐ Some college (4)
☐ Some high school (2) ☐ Undergraduate degree (5)
☐ High School graduate (3) ☐ Graduate degree (6)

How many children do you have? _____ (00)

How many children do you have between the ages of 11 and 16? _____ (0)

Are you a member of the King's Chapel Assembly?

- ☐ Yes (2) ☐ No (1)

How long have you been attending the King's Chapel Assembly?

- ☐ less than 1 year (1) ☐ between 6 to 10 years (3) ☐ I don't attend at all (5)
☐ between 1 to 5 years (2) ☐ more than 10 years (4)

THANK YOU FOR COMPLETING THIS SURVEY.

PLEASE LOOK IT OVER TO MAKE SURE YOU HAVE NOT SKIPPED ANY QUESTIONS. ONCE YOU HAVE DONE THIS, PLACE THE SURVEY IN THE ENVELOPE BELOW AND SEAL IT.

ONCE YOU HAVE SEALED YOUR SURVEY WITHIN THE ENVELOPE, PLACE IT IN THE STAMPED, ADDRESSED RETURN ENVELOPE. ENCLOSE YOUR TEENAGER(S)' SEALED ENVELOPES WHICH CONTAINS THEIR SURVEYS IN THE SAME RETURN ENVELOPE. PLEASE DO NOT REVIEW OR LOOK AT THEIR SURVEYS. ONCE YOU HAVE COLLECTED EACH OF THE SURVEYS AND PLACED THEM IN THE RETURN ENVELOPE, MAIL IT TO US.

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