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**MOTHERS' PREFERENCES REGARDING
SEX EDUCATION IN THE HOME**

After finishing a bachelors degree, the decision of continuing my education was by leading. Completing a bachelors in the Department of Family and Human Development was a difficult Cynthia R. Christopherson thought of acquiring a masters degree seemed unrealistic, but I realized that education is necessary to prepare me for my future goals. The past two years of hard work have been beneficial and sun beyond words.

A thesis submitted in partial fulfillment
of the requirements for the degree

of

MASTER OF SCIENCE

in

Family and Human Development

I have had the opportunity to work with very wonderful faculty members within this department. I would like to express my thanks for their help and encouragement in helping me through this process. I would also like to thank

ACKNOWLEDGEMENTS

After finishing a bachelors degree, the decision of continuing my education was challenging. Completing a bachelors in the Department of Family and Human Development was a difficult yet productive endeavor. The thought of acquiring a masters degree seemed unrealistic, but I realized that education is necessary to prepare me for my future goals. The past two years of hard work have been beneficial and fun beyond words.

I have had the opportunity to work with many wonderful faculty members within this department. I would like to express my thanks for their help and encouragement in helping me through this process. I would also like to thank the College of Family Life and all staff at the University for their encouragement and willingness to help.

The study of sex education has been interesting and rewarding, and I hope that my research will be of benefit to others. Adolescent pregnancy and sexually transmitted diseases are great concerns of society. I truly believe that education is the first step to prevention and intervention.

I was able to complete this thesis due to the guidance and counsel of my committee members. Thanks to Dr. Lee, who was my first association to this department, for his help in critiquing and giving insight. Thanks to Dr. Checketts, for

his ability to see the statistical side of things and for his way of helping me look at ideas in all directions.

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Cynthia R. Christopherson

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ABSTRACT

Mothers' Preferences Regarding

Sex Education in the Home

by

Cynthia R. Christopherson

Utah State University, 1990

Major Professor: Brent C. Miller, Ph.D.
Department: Family and Human Development

There is a large amount of evidence suggesting a need to educate children concerning sexual issues. The extent of adolescent pregnancy, sexually transmitted diseases, and the spread of AIDS are all indicators of the lack of appropriate education. In view of these social concerns, along with the controversy concerning sex education taught in school, it would seem to be helpful if parents provided more adequate sex education to their children. Parents are a primary source of sex education for their children, but many parents lack knowledge and feel inadequate in this role. Without appropriate sex education, children turn to other sources for answers to their sexual questions. These sources can provide false and sometimes harmful information to children.

One hundred and seventy parents from Cache Valley, Utah, were interviewed over the phone to ascertain their views regarding sex education for their children. Parental adequacy as sex educators, ages and places parents would

prefer their children be taught sexual issues, and content areas and materials parents would find most useful in teaching sex education were all evaluated. The results indicate that participants view themselves as better sex educators than their parents were. Overall parents prefer that sexual anatomy be taught at the youngest age and birth control at the latest age. Parents also prefer that sexual topics should be taught in the home, and many feel comfortable with sexual issues being taught both at home and at school. Parents prefer that topics including "everything," factual information, abstinence, and sex as positive should be included within a sex education program. On the other hand, they prefer that explicit or graphic materials, birth control, and sex as negative should not be included within a sex education program. They would also prefer a program in the home utilizing a combination of print and video materials. (50 pages)

CHAPTER I

INTRODUCTION

Statement of the Problem

Parents are a primary source of sex education for their children, but many parents lack knowledge and feel inadequate in this role. Gordon (1979) suggested that even though parents are the earliest source of sexual information for children, adolescents report they have not been taught about sexual issues by their parents. Gordon (1979) also reported that children prefer their parents as the source of sexual information. Roberts, Kline, and Gagnon (1981) reported that fewer than 15% of mothers and 8% of fathers had ever talked to their 3-11 year old children about premarital sex or sexual intercourse. Thornburg (1978) reported that the sexual information parents impart to their children is quite limited. Alter (1982) reported that both parents and children prefer sexual issues to be discussed at home, but parents feel uncomfortable about doing so.

Concerns are sometimes expressed about sex education in the schools. Some parents prefer that such a sensitive topic be taught within the home. Even among those parents who have no objection to school sex education, many would like to be more effective in their roles as teachers of sexual issues for their children. Concerns are also expressed

about peers as the source of information about sex, in that their information may be misleading or inaccurate (Andre, Fervert, & Schuchmann, 1989). Thornburg (1978) suggested that peers tend to be a primary source of sexual information, although the information peers provide is often-times incorrect.

Purpose of the Study

The purpose of this study was to find out how parents view the process of sex education, what areas/issues they would like help with, and when and where they think various sexual issues should be taught. It was anticipated that parents would state that they want to teach their children about sex education but would like resources and encouragement in doing so.

Objectives

The specific objectives of the study were to answer the following questions:

1. How adequate do parents feel regarding their roles as sex educators for their children?
2. What content areas do parents find most helpful in teaching sex education to their children?
3. At what ages do they want their children to learn about various sexual issues?

4. Where do they want their children to be taught various sexual issues?

5. What types of programs do parents want developed to teach their children about sexual issues in their home?

CHAPTER II

REVIEW OF THE LITERATURE

Sex Education: An Overview

A number of scientists have attempted to explain the reasons for unwanted pregnancies, sexually transmitted diseases, and other implications of early adolescent sexual activity (Alan Guttmacher Institute, 1981). Researchers also work to find intervention and prevention strategies to help alleviate these social concerns. It is believed that education concerning sexual issues may be one solution to some of these social concerns (Alan Guttmacher Institute, 1981).

School-Based Sex Education

Many sex education programs have been conducted within the public schools. These programs range from mandated state-wide curricula to individual classroom-based projects. These programs have been primarily based on increasing the knowledge of and influencing the attitudes of adolescents toward sexual issues. These programs have had very little effect on the adolescents' sexual behaviors and their outcomes (Stout & Rivera, 1989).

Support for sex education is increasing rapidly throughout America to help adolescents avoid pregnancy,

STDs, and AIDS. Larger school districts tend to cover a broad range of sex education, whereas smaller districts are more likely to be limited in their curricula. The primary emphasis within the curricula has been disease control, especially in light of the AIDS crisis. Although new curricula are being developed, the old sex education materials are not being updated to confront new issues and needs (Kenney, Guardado & Brown, 1989).

Forrest and Silverman (1989) found that teachers feel important sexual issues, such as AIDS, STDs, and prevention of pregnancy, are not being taught as they need to be. Many of the teachers find it difficult to adequately teach their students about sex because of opposition from some parents, the community, and the school.

There is a need to find ways to better teach children about sexual issues. There is an large amount of evidence suggesting a need to educate children concerning sexual issues. The extent of adolescent pregnancy, sexually transmitted diseases, and the spread of AIDS are all indicators of the lack of appropriate education. It is estimated that fewer than 10% of American children receive appropriate and meaningful sex education (Gordon, 1986). Good sex education should not only give children what they need to know but also what they want to know (Gordon, 1986).

Home-Based Sex Education

Parents and family members are usually the primary source of education in an individual's process of development (Fox, 1981; Bennett, 1984). Parents influence a child's moral values, gender identity, appropriate gender behaviors, and ways of expressing affection. The most basic sex education and sexual attitudes are learned within the home. There is also evidence showing that the source that most teenagers prefer for sex education is their parents (Bennett, 1984). It is important to understand that parents teach sex education from the moment their children are born until they are adults. This educational process takes place both by example and through direct communication.

In 1981, the Adolescent Family Life Act was developed with the goal of promoting parental involvement in helping to reduce sexual activity, thereby reducing adolescent pregnancy (Miller, McCoy, Olson, & Wallace, 1986). This in itself is an indicator of the concerns that both the families and the federal government have concerning adolescent sexuality and the role of parents.

Communication about Sex

Parents and peers are most often considered by adolescents to be the primary influences on their values and attitudes about sex. However, communication between teens and their parents, especially the direct discussion of

sexual subjects such as "intercourse and contraception" is minimal (Miller, et al., 1986, p.3). Newcomer and Udry (1985) clearly pointed out that teenagers are frequently unaware of their parent's beliefs and the attitudes they have towards sex related issues. Adolescents and parents also disagree about the types of sex-related conversations they have had. Inazu and Fox (1980) showed that even though mothers and daughters talk about sex-related issues, many feel uncomfortable about discussing these topics and are confused about the roles each plays in initiating discussion. When parents try to talk about sex, it is often too difficult to actually discuss what they want to say. This results in incorrectly perceived messages by both adolescent and parent.

Fisher (1985) found that when high levels of communication exist, there is a high correlation between communication and attitudes, and when there are low levels of communication, there is a low correlation between communication and sexual attitudes. Papini, Farmer, Clark, and Snell (1988) found that sexual disclosure with parents is strongly associated with the adolescent's perception of the openness and adaptiveness of family communication.

Parental Concerns

In discussing sexual issues, the climate between parent and child is often more defensive than the climate between

child and peer. Many parents regret that they did not receive adequate information from their own parents. Most parents feel inadequate in their information and ability to teach their own children about sex (Rozema, 1986). Marsman and Herold (1986) found that 69% of 130 mothers believe their own sex education was inadequate, indicating they would like help in learning how to better provide sex education to their own children.

Silverstein and Buck (1986) found that parents are aware that their children need sex education to better understand their own sexuality. A study conducted by Martin and Christopher (1987) acknowledged that in order for parents to provide sex education, there is a need for "parental attitudes, communication skills, and a solid knowledge base" p.363.

Rationale for Parents as a Source of Sex Education

In view of the high rates of pregnancy and sexually transmitted diseases along, with the controversy concerning sex education in the school, it would seem to be useful for parents to more conscientiously provide sex education to their children. Without "appropriate" sex education, children turn to other sources for answers to their sexual questions. These sources can provide false and sometimes harmful information to children (Rozema, 1986).

CHAPTER III

METHOD

Sample

The sample for this study was comprised of 170 parents, primarily mothers who were randomly selected from a middle school student phone directory. The student phone directory was chosen for ease of access to a group of parents who had children of the age where sex education was likely to be a salient issue.

Measures

The telephone interview was selected as the form of data collection for several reasons. Lavrakas (1986) verified that almost all homes (96%) now have telephones. He also states that the advantages of telephone interviewing far outweigh the disadvantages. Some of the advantages suggested are that one can gather high-quality data, cost-efficiency, and it is a speedy method. On the other hand, he suggested that it is limited in length, and it is tiring to keep someone talking for a great deal of time. Miller (1986) suggested that telephone interviews are now a practical choice for data collection because they are relatively inexpensive, quick, and high-quality data, usually results.

Interview questions were created for this study which were asked to the parents. These questions were asked over the phone (see Appendix). The questions were designed to ascertain the information necessary to describe this population and their perceptions concerning sexual topics and other issues concerning sex education. Questions were designed to obtain information needed to answer the questions posed in Chapter 1. The telephone interview was developed in four parts.

The first portion of the interview contained questions to ascertain how adequately sexual issues were taught by the respondents' parents and how adequate the parents feel in their roles as a sex educators for their children.

The second portion of the questionnaire consisted of a sexual topics check sheet designed so that the age and source parents feel their children should learn about various sexual issues could be answered.

The third portion consisted of questions regarding what types of sex education materials would be appropriate for their families, and what should and should not be included in materials that would be developed for home-based sex education.

The fourth portion of the interview consisted of various sociodemographic questions designed to more fully describe the sample and their families.

The levels of measurement varied according to the questions being asked. The questions varied from yes/no to open ended questions. The interview provided a basis for seeing what parents think about home-based sex education, and what kind of help parents would like in teaching their children about sexual issues.

Design and Procedure

This was an exploratory-descriptive study assessing the concerns and interest parents have in teaching their children about sexual issues. An interview with parents was the only source of data collection and analyses.

Before beginning the data collection a pilot test of 10 parents was done to evaluate the interview so that appropriate revisions could be made (Lavrakas, 1986). Because the introduction used in the pilot study was too long; it was decided to condense it. The original sexual topics check sheet was only prepared for specific ages and places and neglected other responses parents may feel are appropriate. In response to the question concerning the age children should be when they are taught about sexual issues, the categories of "increase with age" and "when the child asks questions" were added to the interview.

It was also found in the pilot study that the effects of the interviewers' vocal characteristics plays a big role in participants' response. Groves et al. (1988) suggested

that in telephone interviewing, participants do not have nonverbal cues to pick up on, so that verbal factors plays a great role in the ability to obtain participation and to continue the participation once an individual agrees to help. He suggests that those who speak with good punctuation, sounding friendly, competent and confident, and speaking loud and rapidly have lower refusal rates than those with opposite patterns. The interviewer was able to practice these skills during the pilot study. The information and practice was then helpful for the actual interviews.

Data Collection

A sample of 275 parents was randomly selected from a middle school student phone directory within Cache Valley. The phone interviewing then took place (see the form used in Appendix). The procedure for data collection was to:

1. First ask if I could speak to _____.
2. Then the following short introductory statement was made as structured by Lavrakas (1986).

"My name is Cynthia Christopherson, and I am calling from the Department of Family and Human Development at Utah State University. I am working with several professors on my Masters thesis. We are conducting a short survey concerning parent's feelings about teaching their children about sexual issues and values. Would you be willing to take a few minutes of your time to help us with this survey? All information will be confidential and your name will not appear on the findings."

3. Then two questions were asked (1) to ascertain how adequate the respondent felt his/her parents were as sex educators, and 2) to ascertain how adequate the respondents feel as a sex educators for their children.
4. Then the sexual topics check sheet was presented by stating:
"Now I want to ask you how you feel about teaching children about sexual issues. First tell me how old you think children should be when they learn about each sexual issue. Then tell me whether children should be taught about each issue at home, at school, or both."
5. Parents were then asked how many of the topics they had discussed with their middle school children.
6. Parents were then introduced to a summary of a project currently underway and were asked various questions concerning appropriate form and content of materials.
7. Participants were then asked various demographic questions to describe the sample.
8. Participants were then thanked for their help.

Analysis Plan

Most of the research questions guiding this study required only descriptive statistics. Initially, background information was evaluated in an effort to obtain a description of the participants. Descriptive statistics

including frequencies, means, and standard deviations were employed.

Relationships between some variables were examined. Parents adequacy as a sex educators was considered a dependent variable, and age, number of children, education, and how adequately the parents were taught about sexual issues were examined in relation to how adequate the parent felt as a sex educator for their children.

Analyses of sex, race, and religious affiliation were not done because of the high percentage of white, mormon, females.

CHAPTER IV

RESULTS

Response Rate

The sample included 170 participants who were interviewed over the phone. Originally 275 names were selected from the middle school student phone directory, but 78 could never be contacted after 4 attempted calls, and 11 had incorrect phone numbers. The sample who could be contacted consisted of 186 individuals, 170 (92%), of which were eventually interviewed. Seven (4%) refused to respond, and 8 (4%) said to call back but were never able to be contacted (refer to Table 1).

Characteristics of the Sample

Approximately 98% of the sample was female. Four males were interviewed because their wives were unable to participate (Table 2). The respondents ranged in age from 30 to 56 years of age, with a mean age of 41, and the mode being 39 years of age. The sample consisted primarily of Caucasian participants (98.8%). The nonwhite subjects were Hispanics and American Indians. The large majority (97.1%) of the participants were married.

Religious affiliation was collapsed into three categories: (1) Church of Jesus Christ of Latter-Day-Saints (Mormon), (2) Other Religion (protestant, catholic etc.),

Table 1

Participation Rate of the Sample

Number	Percent	Sample
275	-	Original sample
78	-	Never could contact
11	-	wrong number
186	100%	Useable sample
170	92%	Participants interviewed
7	4%	Refused
8	4%	Call back

Table 2

Characteristics of the Sample

Characteristic	n	%	mean	sd
Gender				
male	4	2.3	-	-
female	166	97.6	-	-
Age	-	-	40.88	5.73
Race				
white	168	98.8	-	-
non-white	2	1.2	-	-
Education				
<12	40	23.5	-	-
13	31	18.2	-	-
14	31	18.2	-	-
15	10	5.9	-	-
16	39	22.9	-	-
17	6	3.5	-	-
18+	13	7.6	-	-
Religion				
mormon	162	94.7	-	-
other	6	3.5	-	-
none	2	1.2	-	-
Marital status				
married	165	97.1	-	-
divorced/widowed	5	2.9	-	-
Number of Children	-	-	4.86	1.87
1	1	.6	-	-
2	14	8.2	-	-
3	26	15.3	-	-
4	40	23.5	-	-
5	29	17.1	-	-
6	30	17.6	-	-
7	15	8.8	-	-
8	11	6.5	-	-
9	9	1.2	-	-
10	0	0	-	-
11	1	.6	-	-
12	1	.6	-	-

and (3) No religion. Mormons comprised 94.7% of the sample; other religion, 3.5%, and no religion, 1.2%.

Education level of the participants ranged from 10th-grade in high school to six or more years of college. Approximately 23.6% of the sample reported 10th to 12th-grade as their highest level of education, 18.2% one year of college, 18.2% two years of college, 5.9% three years of college, 22.9% four years of college, 3.5% five years of college, and 7.6% six or more years of college.

Parents reported that the number of children in their families ranged from 1 to 12 children, with the mean being 4.9 children and the mode being four children. The number of boys in the families ranged from zero to eight with the mean number being 2.5 boys and the mode being two. The number of girls ranged from zero to seven with the mean being 2.37 and the mode being two. Ages of oldest children ranged from 10 years old to 33 years old, with the mean being 17.8 and the mode being 13. The youngest age child ranged from 1 month to 14 years old with the mean being 7.0 and the mode being 8.0.

Role as Sex Educators

A cross tabulation procedure was completed to find out how parents view themselves as sex educators relative to their own parents. As shown in the upper left cell of table 3, over 80% of the respondents who felt somewhat adequate as

Table 3

Relationship between Respondents' Adequacy as Sex Educators
and Perceptions of Their Parents

		Perception of parents' adequacy			Row Total
		not at all	somewhat	quite to very	
A d e q u a c y o f R e s p o n d e n t s	somewhat to not at all	33 80.5%	4 9.8%	4 9.8%	41 24.1%
	quite	44 49.5%	31 34.1%	15 16.5%	90 53.5%
	very	9 23.7%	20 52.6%	9 23.7%	38 22.4%
Column Total		86 51.2%	64 32.4%	28 16.5%	170 100%

Note: The upper figure in each cell is the number of cases. The lower figure is the percentage of respondents (row percentage).

$\chi^2=26.25$, $p<.00003$.

sex educators, viewed their parents as not at all adequate. As shown in the marginal percentages to the right of the table, over three-fourths of the respondents view themselves as quite or very adequate sex educators. That compared to only 16% of their parents who they view as having been quite or very adequate as sex educators (the marginal percent at the bottom of column 3). It can be concluded that respondents feel they are better as sex educators than their parents were.

The relationship between perceptions of parents' adequacy as sex educators and how adequately respondents view themselves was examined by using a chi-squared statistic. The relationship was highly significant ($\chi^2=26.25$, $p<.0003$) suggesting that there is a significant association between how respondents view themselves as sex educators and how they view their parents. It can be concluded that the more adequate participant's parents were viewed as sex educators, the more adequate respondents view themselves as sex educators.

The relationship between age and how adequate the parents feel as a sex educators for their children was examined by utilizing oneway analysis of variance. There was no significant relationship found ($F=.68$, $p<.564$). The relationship between number of children and how adequate the parents feel as a sex educators for their children was also examined using oneway analysis of variance. There was no

significant relationship found ($F=1.71$, $p<.167$). Last, the relationship between level of education and how adequate the parents feel as a sex educators for their children was examined using oneway analysis of variance. There was no significant relationship found ($F=1.40$, $p<.243$).

Ages to Teach Children

As previously stated, one objective was to see what ages parents feel their children should be taught about various sexual issues. A second objective was to assess parents attitudes about where (at home, school, or both) children should be taught sexual topics. Table 4 summarizes parents responses about the ages and places for children to be taught sexual issues.

The ages for sexual issues to be taught were ranked from lowest to highest as shown in Table 5 and Figure 1. In calculating the means, responses that did not give an age ("when they ask", "never", "increases as they get older") were not included. It can be seen that sexual anatomy was ranked the lowest with a mean age of 4.73. Values was ranked second lowest with a mean age of 6.77, pornography next with a mean age of 8.79, menstruation with a mean age of 9.49, masturbation with a mean age of 9.93, pregnancy

Table 4

Parent Responses About Ages and Places for Children to be Taught Sexual Topics

Topics	Ages to teach children											Where to teach children		
	ask	<5	6-7	8-9	10-11	12-13	14-15	16+	never	freq.	S	H	B	
Sexual anatomy	39 23%	82 48%	6 4%	15 9%	12 7%	6 4%	--	--	--	10 6%	1 1%	119 70%	50 29%	
Menstruation	3 2%	1 1%	9 5%	62 37%	89 52%	2 1%	--	--	--	4 2%	2 1%	44 26%	124 73%	
Nocturnal emission	11 7%	--	2 1%	25 15%	85 50%	41 24%	5 3%	--	1 1%	--	--	110 65%	59 35%	
Conception	19 11%	6 4%	10 6%	24 14%	58 34%	38 22%	7 4%	3 2%	--	5 3%	2 1%	87 51%	81 48%	
Pregnancy/childbirth	22 13%	15 9%	15 9%	20 12%	33 19%	41 24%	14 8%	2 1%	--	8 5%	2 1%	84 49%	84 49%	
Sexual values	3 2%	51 30%	12 7%	31 18%	25 15%	10 6%	1 1%	1 1%	--	38 21%	--	136 80%	34 20%	
Masturbation	14 8%	19 11%	9 5%	15 9%	49 29%	49 29%	8 4%	2 1%	8 4%	1 1%	--	144 85%	20 12%	
Petting	2 1%	2 1%	1 1%	11 7%	33 19%	73 43%	37 22%	6 4%	--	5 3%	--	140 82%	30 18%	
Sexual intercourse	12 7%	2 1%	3 2%	18 11%	31 18%	55 32%	42 25%	5 3%	--	2 1%	--	126 74%	44 26%	
Birth control	9 5%	1 1%	1 1%	7 4%	21 12%	46 27%	44 26%	19 11%	22 13%	--	1 1%	85 50%	62 37%	
Homosexuality	18 11%	1 1%	5 3%	31 18%	37 22%	45 27%	20 12%	2 1%	10 6%	1 1%	1 1%	112 66%	47 28%	
Pornography	10 6%	14 8%	31 18%	37 22%	41 24%	22 13%	2 1%	1 1%	1 1%	11 7%	--	116 68%	53 31%	
Sexually Transmitted Diseases	10 6%	2 1%	17 10%	23 14%	45 27%	58 33%	14 8%	1 1%	1 1%	1 1%	8 4%	47 28%	116 68%	
Avoiding teenage sexual involvement	1 1%	3 2%	--	17 10%	50 29%	88 40%	23 14%	3 2%	--	5 3%	--	116 68%	54 32%	

Table 5

Rank Order of Ages That Parents Think Children Should Be Taught About Sexual Topics

	Topic	Mean	When ask	Inc. w/age	Never
1	Sexual anatomy	4.73(n=121)	39	10	0
2	Values	6.77(n=131)	3	36	0
3	Pornography	8.79(n=148)	10	11	1
4	Menstruation	9.49(n=163)	3	4	0
5	Masturbation	9.93(n=149)	14	1	6
6	Pregnancy	10.00(n=140)	22	8	0
7	Conception	10.40(n=146)	19	5	0
8	Nocturnal emissions	10.77(n=158)	11	0	1
9	STDs	10.77(n=158)	10	1	1
10	Homosexuality	11.15(n=141)	18	1	10
11	Abstinence	11.64(n=158)	1	5	0
12	Intercourse	12.06(n=156)	12	2	0
13	Petting	12.26(n=163)	2	5	0
14	Birth control	13.06(n=139)	9	0	22

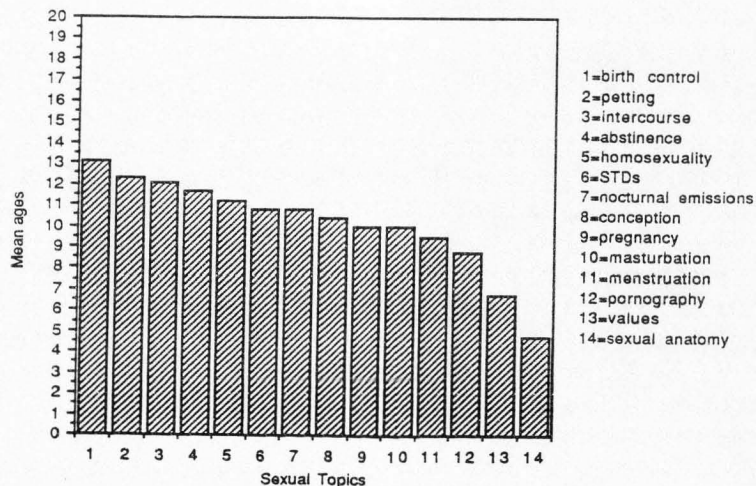


Figure 1. Mean ages parents prefer children to be taught sexual topics

with a mean age of 10.00, and conception with a mean age of 10.40.

Birth control was ranked highest with a mean age of 13.06. Petting was ranked second highest in age with a mean of 12.26, intercourse next with a mean age of 12.06, abstinence with a mean age of 11.64, homosexuality with a mean age of 11.15, STDs with a mean age of 10.77, and nocturnal emissions with a mean age of 10.77. Refer to Table 5.

Many parents reported that various sexual topics should be taught when their children ask questions about it. It can be seen that sexual anatomy was the highest with 39 responses, pregnancy second with 22, conception next with 19, and homosexuality with 18 parents reporting.

Some parents also stated that sexual topics should be taught increasingly as the children increase in age. It can be seen that values was the highest with 36 responses, pornography with 11, and sexual anatomy with 10.

There were also parents who reported that various sexual issues should never be taught to their children; the highest being birth control with 22 and homosexuality with 10. Based on what parents said during the interview, homosexuality and birth control were the two issues that they had the hardest time talking about.

Places to Teach Children

In looking at the places parents prefer their children to learn about sexual issues, (Table 3) it is clear that the majority prefer their children to learn about most issues in the home. Masturbation at 85%, petting at 82%, and sexual values at 80% were reported highest among the issues parents prefer to be taught within the home. Menstruation at 73% and Sexually Transmitted Diseases at 68% were reported highest among the issues parents prefer to be taught at both home and school. Sexually transmitted diseases at 4% was the highest issue parents reported should be taught at school. It can be concluded that parents prefer sexual topics to be taught in the home, and a large number also feel comfortable with sexual issues being taught at both home and school.

Topics Discussed

Parents were asked how many of the topics on the sexual topic check sheet they had discussed with their middle school child or children. Sixteen percent reported they had discussed "all" of the topics, 47.1% discussed "most" of the topics, 32.9% discussed "several", 2.9% discussed "1 or 2", and less than 1% said they had discussed "none".

Issues Parents Would Like Included in a
Home-Based Sex Education Program

The content areas parents would find most helpful in a sex education program was descriptively analyzed. Table 6 shows the numbers and percents of parents' suggestions of what they would like included within a sex education program. Also refer to figure 2. The issue that the greatest number and percent of parents suggested be included was "everything" at 44.7%, referring to all the topics asked about on the sexual topics check sheet as shown in the questionnaire in Appendix. The next most highly recommended sexual issue was facts at 33.5%, including definitions, body parts, and other factual information. The next issue suggested was abstinence and control at 25.3%, the next positive at 14.1%, meaning portraying sex as a positive issue, and the next consequences of teenage sexual behaviors such as pregnancy, STDs, and AIDS at 12.4%. Communication, values, social influences and respect were also suggested as issues to include in a sex education program. It should be noted that not all participants responded within this section of the interview.

Table 6

Sexual Issues Parents Would Like Included Within A Sex
Education Program

Issue	Percent	Number
Everything	44.7	79
Facts	33.5	57
Abstinence and control	25.3	43
Positive	14.1	24
Consequences	12.4	21
Communication	10.0	17
Values	6.5	11
Social Influences	5.4	9
Respect	5.3	9

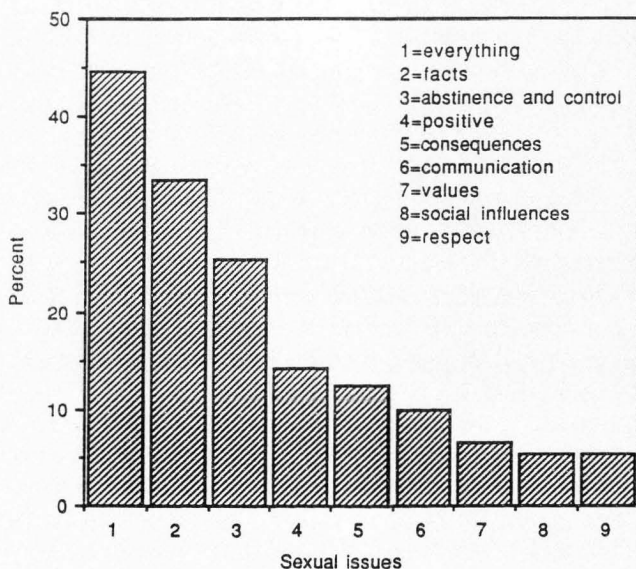


Figure 2. Sexual issues parents would like included within a sex education program

Issues Parents Would Not Like Included in a
Home-Based Sex Education Program

The content areas parents would not want in a sex education program were also descriptively analyzed. Not all participants chose to respond in this section of the interview. Table 7 presents the percents and numbers of parents suggesting issues they would not like included in a sex education program. Figure 3 gives a more visual description. The issue most highly discouraged by parents was explicit or graphic materials at 40%. Explicit or graphic is difficult to define, in that has various meanings to each participant. Birth control at 11.8% was the second highest issue parents prefer not to include in a sex education program, and portraying sex as negative at 5.9% was also discouraged as a issue. Homosexuality, masturbation, and values were also issues several parents prefer not to be included in a sex education program.

Form of Materials Most Preferred for a
Sex Education Program

The parents in this sample strongly prefer a home-based sex education program for their children. The form of the materials preferred was assessed by asking whether parents would prefer printed materials, video tapes, or both. The majority of the participants (90.6%) reported they would

Table 7

Sexual Issues Parents Would Not Like Included Within a Sex Education Program

Issue	Percent	Number
Explicit or Graphic	40.0	68
Birth Control	11.8	20
Negative	5.9	11
Homosexuality	4.1	10
Masturbation	3.0	8
Values	2.4	4

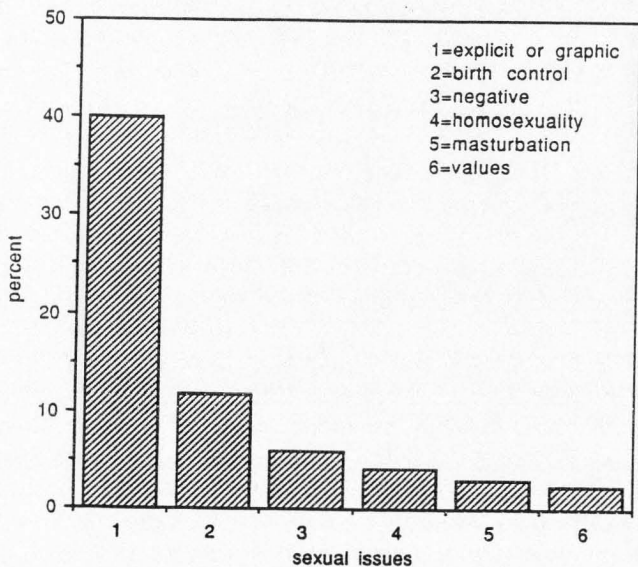


Figure 3. Sexual issues parents would not like included within a sex education program.

prefer both printed and video materials. Approximately 8.2% of the participants expressed a desire for only printed materials, 1.2% chose only video materials.

CHAPTER V

SUMMARY AND CONCLUSIONS

Although they are a primary source of sex education for their children, many parents feel inadequate in this role. Most parents would like to be more effective in their roles as teachers of sexual issues to their children. This study was conducted to see more specifically the views parents have regarding sex education for their children.

The main purpose of this study was to find out parents views regarding sex education for their children. More specifically, objectives included: (1) identifying how adequate parents feel in their role as sex educators for their children, (2) the ages parents would prefer their children be taught various sexual issues, (3) the places parents would prefer their children be taught various sexual issues, (4) determining the content areas parents would find most and least useful in teaching sex education to their children, and (5) identify the type of a sex education program parents would prefer in teaching their children.

The study was limited to a specific area of Cache Valley, Utah and included 170 respondent parents selected through a middle school student phone directory. Ninety-eight percent of the participants were females, 2% males. Ages of the respondents ranged from 30 to 56 years of age, with a mean age of 41. The sample included 166 whites and 4

non-whites. Ninety-seven percent of the participants reported being married. Approximately 76% of the sample had at least one year of college or vocational training.

A four-part telephone interview was completed with each parent respondent. The first portion of the interview consisted of two questions designed to measure how adequate participants feel their parents were as sex educators, and to measure how adequate they feel as sex educators for their children. Comparisons were made between participants' views regarding how adequate their parents were and how adequate they feel as sex educators for their children. In general parents view themselves as doing much better as sex educators than their parents. This difference in adequacy may be a result of generational differences, such as sex being a topic that is now discussed more openly in society. This interpretation must be tempered, however, by the fact that there was no significant relationship between respondents' age and their feelings of adequacy as sex educators. There might be a psychological phenomena taking place, in that respondents evaluate themselves more favorably than they evaluate others in general. This interpretation could be assessed by collecting perceptions of adequacy from two (or more) generations in the same families.

The second portion of the interview consisted of a check-sheet of fourteen sexual topics designed to measure

the ages and places participants feel their children should learn about various sexual topics. Sexual anatomy was given the lowest mean age and birth control was given the highest mean age. It may be that parents prefer to teach the sexual topics they feel are more sensitive at later ages, and/or parents prefer to teach sexual topics as each topic begins to apply to their child's process of development or interests. It was also found that parents feel that issues such as sexual anatomy, pregnancy, conception, and homosexuality should be taught more so when their children ask questions. It was also found that several participants prefer sexual values, pornography, and sexual anatomy as issues that should be taught increasingly with age. Many parents suggested that birth control and homosexuality should never be taught. This may be due to the phobic feelings some individuals have concerning these topics. It may also be that some topics are more difficult than others for parents to talk about. Parents might not be as knowledgeable about these topics, or the topics conflict with their sexual values. Another possible explanation for these findings is that some parents might feel that by discussing various sexual topics, "ideas" might be planted in their children's minds.

Overall, parents prefer that sexual issues be taught within the home, although many feel most issues should be taught both within the home and at school. Issues such as

menstruation and STDs were more often mentioned as issues which need to be taught within the school and at home. Many parents stressed that these topics were already being taught within the schools. Sexually transmitted diseases may be an issue parents feel the school has more accurate information on. Masturbation, petting, and sexual values were issues parents prefer their children to be taught about only in the home. These topics may be viewed as sensitive and/or more value oriented than others, so that parents would prefer they teach them to their children. In one phone interview a participant suggested that everyone's values are different and that she wants her children to know her own values, not some teachers values which may be completely different. It can be concluded that parents prefer sexual topics to be taught in the home, and many also feel comfortable with sexual issues being taught at both home and school.

The third section consisted of various questions designed to obtain information regarding the types and content of sex education materials parents would prefer most within their homes. Two of the questions were open-ended so that parents would feel free to respond as desired without any structured guidelines.

Many participants indicated that "everything", including all those issues previously discussed within the interview sexual topics check-sheet, be included within a sex education program. They reported that factual

information, abstinence and control, sex as positive, consequences of teenage sexual behaviors, communication, values, social influences and respect are also important issues to include. One participant stressed that the more a parent teaches their child correct sexual information, the less he will learn incorrect information and internalize it; suggesting that parents can't tell their children too much.

On the other hand, many parents suggested that explicit or graphic materials should not be included within a program. Many also suggested birth control, sex as negative, homosexuality, masturbation, and values as inappropriate issues to include. Again the same topics as discussed previously tend to promote some apprehensions.

Parents indicated that they would prefer printed and videotape materials in teaching their children about sexual issues to use within their home. There was not much support for printed alone or video alone, but a combination of both to supplement each other. Many parents stressed that they would prefer the printed, but their children would prefer the video. Several participants stated that children would pay more attention to the videotapes, but that they would rather read the information. It can be concluded from our findings that most participants would prefer a combination of printed and video materials to teach sex education at home.

The fourth portion consisted of demographic information. Analyses of the demographic data revealed that the sample was very homogeneous. Participants' were mostly white (99%), female (98%), married (97%), and Mormon (95%).

Participants reported that they had discussed at least several of the issues on the sexual topics check sheet with their middle-school children. The majority of the parents reported they had discussed most of the topics. The issue of discussion becomes interesting, meaning that briefly mentioning the topic may be discussion to some parents, where on the other hand, sitting down together and going over the issue in depth may be discussion to other participants. It is difficult to know how much discussion went on and how much was retained by the child.

This study assessed the preferences of parents regarding appropriate sex education for their children. In order to provide sex education materials for families it is essential to ascertain the information necessary to structure a program that is best suited for the group that will be utilizing it.

Limitations

The limitations of this study are due mainly to the sample. The present study utilized a non-random population of parents of middle school (10-14 year old) children in Cache Valley, Utah. The sample limitation raises the issue of external validity in that Utah, and especially Cache Valley, has a unique homogenous population, primarily white, Mormon, and family oriented. Results of this study cannot be generalized to more diverse populations.

In a study dealing with such sensitive issues, it is often difficult to achieve a high level of participation. It is also difficult to obtain responses from your sample with a phone interview. In this study, however, the majority of the parents who answered their phone were willing to respond.

Recommendations for Future Research

Considering previous research, and in light of the findings of the present study, the investigator suggests several areas for future study.

1. A replication of the present study utilizing a larger and more representative sample.
2. A replication of the present study utilizing a sample of fathers so that a comparison between

mother and fathers views regarding sex education could be analyzed.

3. A similar study utilizing more in-depth information from the respondents would add to our present knowledge of parental views regarding sex education.
4. The utilization of information to develop intervention and prevention programs to help adolescents and society reduce adolescent pregnancy, STDs, and AIDS.
5. Measurement might have been better to let parents state an age when they thought children should be taught about various sexual topics. Age categories were somewhat arbitrary and average ages calculated from categories were not really accurate because they were calculated from midpoints of intervals. Similarly, it might have been better to ask more open ended questions about who should teach children these various topics.

Some progress has been made towards providing sex education to children, but there is a long way to go to reduce the many societal concerns due to the lack of appropriate information and skills. The present study is limited, but is a beginning and a continuation of research regarding sex education, especially home sex education.

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APPENDIX

Interview

I. Introduction statement

Hello, is this _____?

My name is Cynthia Christopherson, and I am calling from the Department of Family and Human Development at Utah State University. I am working with several professors on my Masters thesis. We are conducting a short survey concerning parent's feelings about teaching their children about sexual issues and values. Would you be willing to take a few minutes of your time to help us with this survey? All information will be confidential and your name will not appear on the findings.

1. "How adequately would you say that you were taught about sexual issues by your parents? Would you say that you were taught..."

Not at all adequately	1
Somewhat adequately	2
Quite adequately	3
Very adequately	4

2. "How adequate do you feel in your role as a sex educator for your children? Do you feel..."

Not at all adequately	1
Somewhat adequately	2
Quite adequately	3
Very adequately	4

3. "Do you have any children between the ages of 10-14?"

Yes	1
No	2

II. Sexual topics check sheet

"Now I want to ask you how you feel about teaching children about sexual issues. First tell me how old you think children should be when they learn about each sexual issue. Then tell me whether children should be taught about each issue at home, at school, or both."

"What about ...?"

"How old should children be when they are taught about this?____"

"Should they be taught at home, at school, or both?"

Topic	Ages to teach children										Where				
	<5	6-7	8-9	10-11	12-13	14-15	16+	ask	never	incr.	school	home	both		
Sexual anatomy/ body parts															
Menstruation															
Nocturnal emissions/ wet dreams															
Conception/ eggs, sperm/ fertilization															
Reproduction/ pregnancy/ childbirth															
Sexual values/ right and wrong															
Masturbation															
Petting															
Sexual intercourse															
Birth control/ contraception															
Homosexuality															
Pornography															
Sexually Transmitted Diseases/ AIDS															
Avoiding teenage sexual involvement															

How many of these sexual topics have you discussed with your middle school child?

none

1 or 2

several

most

all

III. Sex Educators

1. "We are planing to produce some materials to help parents and children communicate more effectively about sexual issues, and we would like your ideas. We are planning to prepare the materials for use by parents and their early adolescents, who are about ages 10-14."

"Do you think that we should prepare printed materials, video tapes, or both?"

printed	1
video tapes	2
both	3

"Do you have any suggestions about what the materials should include?"

"Do you have any suggestions about what should not be included in the materials?"

IV. Sociodemographic Questions

"Now I am going to ask you six background questions."

1. "Are you female or male?"

Female	1
Male	2

2. "What is your race?"

White	1
Black	2
Hispanic	3
Asian or Oriental	4
American Indian	5
Other	6

3. "What is the highest level of education you completed?"

<u>High School</u>	
< High School	08
9th grade	09
10th grade	10
11th grade	11
12th grade	12

<u>College/Professional School</u>	
1 years	13
2 years	14
3 years	15
4 years	16
5 years	17
6 years or more	18

4. "What is your religious preference or membership?"

Mormon (LDS)	1
Protestant	2
Catholic	3
Other	4
No religion	5

5. "In what year were you born?" _____

6. "What are the ages and gender of your children from oldest to youngest?"

	Age of child:	Sex(m/f):
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____

7. What is your marital status?

Married	1
Single/nm	2
divorced/widowed	3

"Thank you very much for your help. If you have any questions at all I'd be happy to try and answer them."